

MANAGING MEDICINES POLICY

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Summary	This policy, in accordance with statutory guidance, aims to ensure that all students and staff with medical conditions are properly supported, so that they have full access to education, including academy trips, physical education and any other activities taking place off-site as part of normal educational activities. It also outlines staff responsibilities in relation to the secure use and storage of their own medication in the academies.
Responsible Person/Author:	Denise Kriens - Director of HR
Applies to: (please circle/delete as appropriate)	Staff <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/>
Ratifying Committee(s) and Date of Final Approval:	Trust Board - 11 July 2022
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Owner	The Rodillian Multi Academy Trust
Version	2

Document Control

Date	Version	Action	Amendments
June 2018	1	Policy first implemented	N/A
May 2022	2	Amendments	Paragraphs 2 and 33-35 and reformatted

Introduction

1. This document has been produced using the Department for Education (“DfE”) guidance for ‘Supporting pupils at school with medical conditions’ December 2015 to ensure that students with medical needs receive appropriate care and support. The policy is in place to enable the Rodillian Multi Academy Trust (“the Trust”) to comply with its responsibilities for safeguarding in relation to the [Education Act 2002](#), the [Equality Act 2010](#) and other statutory guidance including the [Special Educational Needs \(“SEN”\) Code of Practice 2015](#), [Keeping Children Safe in Education](#) and [Working Together to Safeguard Children](#).

Scope and Purpose of this Policy and who it applies to

2. The Policy is concerned primarily with the provision of guidance for the medical needs of students. It also refers to staff who bring their own medication into an Academy or take it with them on trips including residential trips. Staff should in particular refer to paragraphs 31 to 33.

Publication of this Policy

3. The policy will be held by the Trust and will be made available on request.

Responsibility for this Policy

4. The Trust Board has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory and Trust Framework. The Trust Board has delegated day to day responsibility for operating the policy to the Trust Executive, The Director of Human Resources (“HR”) and the Principal at each Academy.
5. Appropriate training and guidance will be provided by Health & Safety (“H&S”) staff and HR regarding the implementation of the policy for the relevant managers in relation to any new or revised procedures and guidelines where necessary.
6. Each Academy has a named lead that will ensure a personalised implementation structure is in place for the policy in their Academy.

Policy statement

7. We recognise the need to provide an inclusive, supportive and positive learning environment. We recognise that most children will at some time have short-term medical needs i.e. finishing a course of medicine, but that medicines should only be taken to the Academy or settings when essential. It is our belief that children with medical needs have the same rights of admission to an Academy or setting as other children and that our students should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to Academy trips or extra-curricular activities. Our Trust emphasises ethical practice sustaining a welcoming, effective and inclusive culture.

Aims of the Policy

8. The Trust aims to ensure that all students with medical conditions are properly supported so that they have full access to education, including academy trips, physical education and any other activities taking place off-site as part of normal educational activities. Where necessary further consultation with health and care professionals, students and parents will be made to ensure the needs of children with medical conditions are properly understood and effectively supported. The Trust Board will ensure that the arrangements as set out in this policy will be implemented effectively and that

Training

9. All staff who assist in the administration of medication will receive appropriate training/guidance as identified by the named lead in liaison with health care professionals. This training should be provided by the relevant health care professional who is qualified to identify and agree the type and level of training required.
10. Where needed, whole academy awareness training will be delivered to ensure medical conditions affecting a student is fully understood which includes preventative and emergency procedures.

Roles and Responsibilities

Principal Responsibilities

11. The Principal will ensure that all staff are aware of this policy and that procedures are in place for this to be implemented effectively. The Principal will consult and take advice from the Trust Facilities and Health and Safety Manager as necessary. They will ensure that sufficient named members of staff are in place to implement the policy and deliver against all Individual Health Care Plans, including in contingency and emergency situations and that this is managed by a Named Lead. They will monitor that staff are aware of medical needs and that appropriate training is being delivered.

Named Lead Responsibilities

12. The Named Lead will consult and take advice from the Trust's Facilities and Health and Safety Manager as necessary.
13. The Academy will ensure that the Named Lead will be responsible for ensuring that all relevant staff have been made aware of the child's medical condition and that sufficient staff are suitably trained to support this. In case of staff absence or staff turnover they will assure that suitable cover arrangements are in place to ensure someone is always available. Where necessary the Named Lead will brief external parties and supply staff of any medical needs.
14. The Named Lead will monitor that all medical needs records are maintained and produced. This will include parental agreement forms; a medication log; a Medical Needs register; risk assessments for Academy visits; Personal Emergency Evacuation Plans ("PEEP's"); holidays, and other Academy activities outside the normal timetable; and individual healthcare plans.
15. Where long-term or frequent absences due to health problems or appointments connected with a student's medical condition the Named Lead will work with pastoral staff to ensure this is effectively managed. If absence has impacted on an individual's educational attainment the Named Lead will liaise with pastoral and teaching staff to establish a clear reintegration plan to support them to fully engage in their learning.
16. Where a new student requires medical support, transitional arrangements should be made to ensure that measures are in place to meet their medical needs in advance of them starting. In cases where a new diagnosis has been made or a student starts at short notice the Named Lead should ensure that arrangements are put in place within two weeks.

Special Educational Needs and Disability Co-ordinator (“SENDCO”) Responsibilities

17. The SENDCO will ensure the Named Lead is aware of all SEND or medical conditions. The SENDCO will consult and take advice from the Trust’s Facilities and Health and Safety Manager as necessary.
18. They will link with the Named Lead to ensure a Medical Needs Register is maintained and that it sits alongside the SEND Register to produce an Individual Health Care Plan using medical evidence, parental consultation and support from health care professionals where needed. When necessary, the SENDCO will support the Named Lead to ensure that any relevant staff training is delivered.
19. In addition to educational impacts, some medical conditions may have social and emotional implications. Children may become self-conscious about their condition, may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Where there are SEMH concerns the SENDCO will ensure that appropriate assessment, referral and intervention to support this need takes place.
20. Some children with medical conditions may be considered to be disabled under the definition set out in the [Equality Act 2010](#). Where an individual with a medical need has a SEND or an Education Health Care Plan (“EHCP”) which brings together their health and social care needs, as well as their special educational provision the SENDCO will work alongside the Local Authority and health bodies to ensure that these needs provided for those with SEND under [Part 3 of the Children and Families Act 2014](#) and that their needs are fully met in conjunction with the [SEND Code of Practice 2014](#).

Staff duty of care

21. All staff have a duty of care to act as a responsible adult for the children they work with to keep them safe. In exceptional circumstances, the duty of care could extend to administering medicine and/or taking action in emergency. All staff must ensure that procedures set out in this policy are followed, and that the Named Lead is notified when information is received that a student has a medical condition. Staff will never prevent a child from easily accessing their inhalers or medication and administering it when and where necessary.

Parental/Carers Responsibilities

22. All parents/carers have the primary responsibility for their child’s health and should provide the Academy with full, up-to-date information about their child’s medical needs, including details on medicines. Parents are responsible for making sure their child is well enough to attend the Academy. Where a child is acutely unwell, it is advised that the child be kept at home by the parent/carer. Where detailed medical needs exist, parents should work with the Academy to produce an Individual Health Care Plan.
23. Parents must provide written consent to the Academy for any medication to be administered by a member of staff. The Academy will not give medicine unless a parent has been consulted. If there is an urgent need for medication, then a parent will be contacted by telephone. For longer term medication needs it is the parent/carer’s responsibility to monitor when further supplies of medication are needed in the Academy/setting.

Student’s responsibilities

24. Students with medical conditions will, where appropriate, be fully involved in discussions about their medical support needs. They should contribute to the development of their Individual Health Care Plans and comply with them.

25. Some students may be competent to take responsibility for managing their own medicines and procedures. Where this is the case this should be formally agreed with parents/ carers and should be reflected in their Individual Health Care Plans.
26. If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but parents should be informed so that alternative options can be considered.

Individual Health Care Plans

27. Where a student has a long term medical need, the Academy will ensure that they have sufficient information about the medical condition. An Individual Health Care Plan will be produced by the Named Lead with the SENDCO where necessary using medical evidence, parental consultation and support from health care professionals to clarify for staff, parents and the child the help that can be provided. The Council for Disabled Children's Publication 'Including me' provides advice on managing complex health needs in academies and early years' settings.
28. All students with long term medical needs or disabilities are protected from discrimination under the **Equality Act 2010** and must not be discriminated against in relation to their access to education and associated services. Where an Individual Health Care Plan is in place unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet. The Named Lead, and SENDCO where appropriate, will ensure that information and guidance on health related issues is readily available for staff and any staff training needs are met. All Individual Health care plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed
29. The Individual Health Care Plan should consider:
 - The medical condition, it's triggers, signs, symptoms and treatments
 - The student's resulting needs including medication (dose, side effects and storage)
 - Other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc.
 - Specific support for the student's education, wellbeing and SEMH needs e.g. management of any absences, access arrangements, need for rest periods, additional support catching up with missed learning, counselling etc.
 - The level of support needed (some children will be able to take responsibility for their own needs whilst others may need targeted support etc.) including in emergencies.
 - Who will provide any support needed, expectations of their role, any training needs, healthcare professional input required and cover arrangements
 - Who needs to be made aware of the child's condition and the support required
 - Any confidentiality issues/agreements with the parent/carer and the individual about the medical condition
 - Any emergency procedures including whom to contact and contingency arrangements.

Academy Implementation Structure

30. Each Academy will have an implementation structure in place that all staff will be made aware of. This document will be maintained by the Named Lead and a copy will be made available for staff reference. This document will contain details including the Named Lead; the location of medication storage; details of key documents including the Individual Health Care Plans and parental permission; recording procedures; and emergency procedures. A further record will need to be maintained which includes details of staff trained to administer medication and first aid staff, students with a Health Care Plan and a medical needs register. (See Appendix A & B)

Managing medicines on academy premises

31. All medicines will be stored safely and kept a clearly labelled locked cabinet or refrigerated when needed. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. All medication should be clearly labelled with:
- Student's name;
 - Prescribed dose;
 - Expiry date; and
 - Written instructions provided by the prescriber on the label or container.
32. When no longer required, medicines will be returned to the parent to arrange safe disposal. Sharpe boxes must always be used for the disposal of needles and other sharps.
33. Academy staff may need to bring their own medication into an Academy. Employees are wholly responsible for ensuring that their medication is not accessible to students. Medication should be stored securely as outlined in paragraph 31 or kept on the employee's person at all times. Staff medication does not need to be stored with students' medicines.
34. If the employee is using a finger prick device or lancet, or if they need to inject insulin they should liaise with the Principal to agree an appropriate location for the administration of these. Staff are responsible for the safe storage and disposal of such items.
35. If an employee has been prescribed a controlled drug for use during the course of the day they must inform the Director of Human and Resources ("HR") and the Trust's Facilities and Health and Safety Manager of this before it is brought onto Trust premises in order that the appropriate arrangements can be made. www.gov.uk/government/publications/controlled-drugs-list--2

Administering medicines

36. Medicines should only be administered at an Academy when they are not receiving the same is detrimental to a child's health or attendance. No child under 16 should be given prescription or non-prescription medicines without parent's written consent except in critical situations where verbal consent should be sought. If a parent is unavailable, verbal consent should be obtained from the other contacts known to the Academy or if these are not available the child's general practitioner
37. The only exception to this is where the medicine has been prescribed without the parents' knowledge. In such cases, every effort should be made to encourage the child to involve their parents whilst respecting their right to confidentiality.
38. All staff members giving medicines should check:

- Child's name
 - Prescribed dose
 - Expiry date
 - Written instructions provided by the prescriber on the label or container
39. A written record for each time medicines are given should be logged in the student's planner on the Academy Medical Room Record and in the First Aid book. Where stated on the Individual Health Care Plan any medication or treatment may need to be recorded on a separate medication log.
40. Staff administering medicines should do so in accordance with the prescribers' instructions. They should not make changes to dosages on parental instructions. Medicines that have been taken out of the container as originally dispensed (secondary dispensed) should not be administered. Alteration to the label is not acceptable. Any alteration to dosage must be accompanied by written instructions provided by the prescriber.
41. **Staff administering medication** - The administering of medicines is a voluntary role; however Academies should ensure they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.
42. **Self-administration of medication** - Academies should give serious consideration to whether it is appropriate for a student to self-administer medication and each case should be considered individually taking into account the age and needs of the student. Academies should seek medical advice, written parental consent and undertake risk assessments to ensure the safety of children and young people in their care. The Individual Health Care Plan should detail arrangements for self-administration of medication and the supervision for this.

Record keeping

43. Written details from the parent/carer should be provided either in the student's planner or as part of the Individual Health Care Plan contribution. The Student's Academy Medical Room Record page in their planner and the Academy's First Aid book should be completed as these records offer protection to staff and provide proof that agreed procedures have been followed, as well as ensuring that a child is not given extra doses of medicine by mistake. The following details should be checked:
- Child's name;
 - Name of medication;
 - Dose;
 - Method of administration;
 - Time / frequency of administration;
 - Any side effects; and
 - Expiry date
44. Tablets should never be crushed or capsules opened unless specified, as it is an unlicensed use of the medication. If the student is unable to take oral medication in the solid dosage form it should be referred back to the parent to seek an amendment to a suitable liquid/soluble preparation from the prescriber/pharmacist.

Risk assessment and management procedures

45. Academies and settings should ensure that risks to the health of others are properly controlled. This may involve undertaking individual risk assessments for students with long term medical

needs. Academies and settings should be aware of the health and safety issues of dangerous substances and infection.

Emergency procedures

46. The Named Lead will ensure that all staff are aware of clearly defined emergency procedures and symptoms for all students with an Individual Health Care Plan. In the event of an emergency general risk management processes should be followed. All staff should know how to call the emergency services. The Academy's First Aiders are responsible for carrying out emergency procedures in the event of need including where it is suspected a student or member of staff has suffered an overdose. A member of staff should always accompany a student taken to hospital by ambulance and should stay until a parent/carer arrives. Where possible the parent should travel from the Academy with the student in the ambulance. Staff should refrain from taking students to hospital in their own vehicle. Where parents are not available; health professionals are responsible for any decisions on medical treatment.
47. The Academy Designated Safeguarding Lead should report any student suffering an overdose to the Local Authority Duty Advice Team.

Education visits, residential trips and sporting activities

48. Arrangements for taking any necessary medicines will need to be taken into consideration when going on educational visits, residential trips and sporting activities. Staff supervising visits must always be aware of any medical needs and relevant emergency procedures in accordance to the 'Learning Outside the Classroom & Offsite Visits Policy & Guidelines'. The Named Lead should be consulted and all staff aware of how an individual's medical condition will impact on their participation. A copy of Individual Health Care Plan should be taken on visits in the event of the information being needed in an emergency. Where necessary reasonable adjustments must be made and a risk assessment produced.

Liability and indemnity

49. The Principal will accept responsibility for members of staff administering or supervising students taking prescribed medication during the Academy day. For the purposes of indemnity, the administration of medicines falls within this definition and the Principal will ensure that all staff are provided with liability cover and protection as part of the Academy's insurance policies and that the Academy is a member of the DfE's Risk Protection Arrangement ("RPA").

Complaints

50. If a parent has a complaint about anything arising from this policy, they must follow the procedures laid down in the Trust's Complaints Policy.

Monitoring

51. HR will monitor the implementation and effectiveness of the policy by liaising with senior leaders in each Academy on a regular basis. Issues arising from regular reporting or audits will also help inform this process as will any ad hoc concerns raised by staff, students or the community
52. HR will monitor the relevant legislation, guidelines and information forthcoming from the relevant statutory bodies for any recommendation or changes.
53. HR will advise the Trust Board of any changes that are needed and a proposal will be submitted to the Trust Board within an appropriate timescale. There will be a full review of the policy by HR prior

to the stated review date where recommendations will be made for consideration by the Trust Board.

Other Documents

- [Supporting pupils at school with medical conditions](#)
- [Health and Safety at Work Act 1974](#)
- [The Medicines Act 1968](#)
- [Section 19 of the Education Act 1996](#)
- Trust First Aid Policy
- [Education Act 2002](#)
- [Equality Act 2010](#)
- [SEND Code of Practice 2015](#)
- [Keeping Children Safe in Education](#)
- [Working Together to Safeguard Children](#)
- Trust Learning Outside the Classroom and Offsite Visits Policy and Guidelines

Appendix A: Managing Medicines. Academy Implementation Structure

Academy	
Named Lead	
SENDCO	

Procedures for parental agreement for academy to administer medicine (short term)
Procedures for parental agreement for academy to administer medicine (long term)
Medical storage details and locations
Procedures for recording medicine administered for an individual child
Procedures for recording medicine administered for all children
Emergency procedures

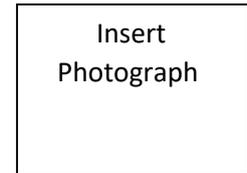
Appendix B: Managing Medicines. Training, Health Care Plan and Medical Needs Register

Staff Trained to Administer Medication	
Name	Training Received

Individual Health Care Plans	
Student Name	Staff Responsible

Medical Needs Register	
Student Name	Medical Need

Appendix C: Individual Healthcare Plan



This form should be maintained and reviewed regularly. It should be stored centrally in the Academy for reference as detailed on the Academy's Managing Medicine Implementation Structure. It should be referred to and taken on an academy trip or offsite activities by the named organiser/trip lead if a student with medical needs is attending.

Date Completed		Review Date	
Child/young person's name			DOB
Home address		Tel No.	
Medical Diagnosis or Condition including known allergies			
Named person in Academy responsible for Healthcare Plan & their role (State if different for offsite activities)			
Academy		Tel No.	

Symptoms to watch out for in an Emergency	What to do	Follow Up Care

Contact Details	Name	Address	Telephone
Emergency			
Parent/Carer			
Parent/Carer			
GP			
Health Professional			
Other e.g. outside agencies			

Medication

Name of medication	Dose and when to be taken	Where is it stored?	Who will administer / monitor in the case of self-administration

Medical Procedure

Procedure	When	How	Who (including cover arrangements)

Staff

What is required by whom?	Frequency	Provider
Names of staff who this plan needs to be shared with		

Toileting / Personal Care assistance – if applicable (this section may not require the signature of a registered health professional and can be used as a stand-alone form if there are no other needs.)

Description of procedure for staff to follow Including hygiene control measures frequency / times location	
Identify which parts of the care the child/young person will do independently	
Resources required and provider	
Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional information e.g. <ul style="list-style-type: none"> • communication needs • behaviour 	
Management of wet/soiled clothing	
Names of staff identified to carry out procedures	

Health Care Plan Agreed by:

	Name	Signature
Registered Health Professional (if applicable RMAT)		
Academy representative		
Parent/Carer		
Child / young person		

Parent/Carer Consent: By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- Local Authority/Academy Insurance and Risk Management
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold The Rodillian Multi Academy Trust or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence

Parents Name.....
 Parent/Carer Signature
 Relationship to Child.....Date.....

Data protection:

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person. The information will be kept in accordance with Rodillian Multi Academy Trust policy regarding Data Protection

Plan reviews:

Date	Comments

Appendix D - Equality Impact Assessment

Equality, Diversity, Cohesion and Integration Screening

As a Trust and a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. Please also take due regard of Equalities considerations.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services

and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Organisation: Rodillian Multi- Academy Trust	Department responsible for the Policy: Human Resources
Lead Person: Denise Kriens – Director of HR	Contact Number: 01924 872252

1. Title: Equality and Diversity Policy
Is this a: <input checked="" type="checkbox"/> Policy If <input type="checkbox"/> , please specify

2. Please provide a brief description of what you are screening
In accordance with requirements of current relevant legislation, Academies must ensure the workplace is a fair and harmonious environment, that complies with the law and eliminates discrimination and harassment.

3. Relevance to equality, diversity, cohesion and integration		
<i>All the Trust’s policies affect service users, employees or the wider community. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.</i>		
<i>The following questions will help you to identify how relevant your proposals are.</i>		
<i>When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).</i>		
Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		x
Have there been or likely to be any public concerns about the Policy or proposal?		x
Could the proposal affect how services are organised, provided, located and by whom?		x
Could the proposal affect our workforce or employment practices?		x
Does the proposal involve or will it have an impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	x	

4. Considering the impact on equality, diversity, cohesion and integration

*If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.
Please provide specific details for all three areas below).*

- Scope of the proposal – all staff and potential employees
- Who is likely to be affected – as above.
- Equality related information – is held on individual academy and Trust records, payroll records and gathered through Equal Opportunities Monitoring Forms.
- Consultation and engagement activities with those likely to be affected – ongoing feedback from staff, applicants, candidates and HR, the Policy is made available to staff and is on our website.

5. Key findings

We have considered the potential positive and negative impact on different equality characteristics in relation to the Policy and do not believe that any groups will be adversely affected. The HR Team is vigilant in adhering to the appropriate legislation in relation to protected characteristics and to preventing discrimination. Managers are supported and trained in relation to these areas.

The Policy has taken into account religious, racial and gender-specific clothing requirements and those of staff with disabilities in line with the Equality Act.

We have considered the perception that the proposal could benefit one group at the expense of another and we do not believe that the Policy could be perceived to be discriminatory with regards to its wording or format.

• **Actions**

The Trust will continue to promote positive impact and remove/reduce negative impact through the application of this Policy within the organisation.

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Denise Kriens	Director of HR	December 2021

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

Date screening completed	December 2021
Date agreed at Trust Board	11 July 2022