

<b>Policy last reviewed:</b>	May 2025
<b>Next review due:</b>	May 2027
<b>Member of staff responsible:</b>	Assistant Headteacher – DSL
<b>Governor's Committee:</b>	FGB

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<b>Vision Statement:</b>	Our vision is to be a centre of excellence for learning, inspired by Christian values, where every person in our school community fulfils their potential.
<b>Mission Statement:</b>	Our mission is to be a deeply Christian inclusive community which values every individual as a child of God.
<b>Values Statement:</b>	The school aims to serve its community by providing an education of the highest quality within the context of Christian belief and practice. It encourages an understanding of the meaning and significance of faith and promotes Christian values through the experience it offers to all its students.

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<b>Dignity</b>	Underpinning all that we do is the core belief in the ultimate worth of each person as a child of God – precious, valued and loved by God. Dignity comes from the knowledge of our ultimate worth as human beings.
<b>Community</b>	Having understood our value as individual human beings, we express this value through the quality of the relationships that we share with each other. Community, living well together, is of very great importance to us as a school, as is the place we each take in the wider community locally, nationally and internationally.
<b>Wisdom</b>	As a school we seek to foster confidence, delight and discipline in seeking wisdom, knowledge and truth. This is achieved through the nurturing of academic habits and skills, emotional intelligence, resilience and creativity across the breadth of the curriculum.
<b>Hope</b>	As we prepare our students for the future we look to open up horizons of hope and aspiration, encouraging our students to embrace these with confidence and sending them out to make a difference to the world in which they live.

## Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions'. The governing body of The Holy Trinity Church of England Secondary School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting students at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of students with medical needs, promote regular attendance and minimise the impact on a student's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

**Organisation** The governing body will develop policies and procedures to ensure the medical needs of students at The Holy Trinity Church of England Secondary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at The Holy Trinity Church of England Secondary School is the Deputy Head Pastoral. In their duties staff will be guided by their training, this policy and related procedures.

**Implementation monitoring and review** All staff, governors, parents/carers and members of The Holy Trinity Church of England Secondary School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Head teacher's annual report to Governors.

**Insurance** Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

**Admissions** When the school is notified of the admission of any student, the Lead for Managing Medicines will ensure that parental consent is sought to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the student's medical needs will be completed. This might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHCP) and require additional staff training. The school will endeavour to put arrangements in place to support that student as quickly as

possible. However, the school may decide (based on risk assessment) to delay the admission of a student until sufficient arrangements can be put in place.

### **Students with medical needs**

The school will follow Government guidance and develop an IHP or EHCP for students who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, for anaphylaxis (Appendix 1).

Parents/guardians should provide the school with sufficient information about their child's medical condition and treatment, or special care needed at school. Arrangements can then be made between the parents/guardians, school staff, school nurse and other relevant health professionals to ensure that the student's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a student's medical condition.

All prescribed and non-prescribed medication on no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a student refuses their medication, they should not be forced. The school will contact the parent/guardian and if necessary, the emergency services. Students should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol, ibuprofen and antihistamine for administration with parental consent (template B or gained at the time of administration) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school medical room with the appropriate consent form - Template C and/or C1 (Appendix 2). At the end of each day the school will, by telephone, text or email using the details held in the MIS, inform the parent/guardian of the time and dose of any medication administered during the day.

**Confidentiality** As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the student if appropriate, as to who else should have access to records and other information about the student's medical needs and this should be recorded on the IHP or EHCP. It is expected that staff with contact to a student with medical needs will, as a minimum, be informed of the student's condition and know how to respond in a medical emergency.

**Consent to administer medication** Parental/guardian consent to administer medication will be required as follows:

- Short term ad-hoc non-prescribed medication - The school will request parent/guardian consent to administer ad-hoc non-prescription by either using Template B (Appendix 2) when the student joins the school or by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded). If the school is not informed of any changes by the parent/guardian, it will be assumed that consent remains current.
- Prescribed and non-prescribed medication - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

Prescription Medicines Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration in school will be recorded using CPOMS and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines Under exceptional circumstances where it is deemed that their administration is required to allow the student to remain in school, the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Students at School with Medical Conditions December 2015', the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the heading below - 'Short term ad-hoc non-prescribed medication' - the school will administer the following non-prescription medication:

- paracetamol (to students of all ages)
- ibuprofen ( to students age 12 and over ) • antihistamine

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on CPOMS;
- medication is licensed as suitable for the student's age;
- medication is suitable for the student i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);

- and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the student develops symptoms during the school day;
- if the student is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours, the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.

- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the School's Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

#### Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain

- o Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.

- o Standard Ibuprofen will only be administered in tablet form to pupils age 12 and over for period pain, migraines and muscle/skeletal disorders involving inflammation i.e joint sprains. Ibuprofen will NOT be administered to any pupil diagnosed with asthma.
- o For mild allergic reaction – antihistamine (see Mild Allergic Reaction)

- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medication suitable to the weight and age of the student will be administered during the school day.

Pain relief protocol for the administration of paracetamol if a request for non-prescribed pain relief is made by a student or carer/staff (advocate for a non-verbal/non-communicating student) before 12pm and Ibuprofen at any point during the day.

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/guardians and if appropriate the student will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm: • The school will assume the recommended time between doses has elapsed and will, with parental consent, administer 1 standard dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school, but if appropriate the student will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

IBUPROFEN – the school will not administer Ibuprofen at all during the school day if it has been administered at home before school. The school will not administer Ibuprofen to a child diagnosed with asthma. The school will only administer 1 standard dose of ibuprofen if the parent / guardian has given consent and if it has been confirmed no other dose has been given on that day. The 4-hour rule no longer applies for this medication. Once given this will be recorded in Bromcom.

The school will inform the parent/guardian by email if pain relief has been administered. This will include the type of pain relief and time of administration. This will also be recorded in Bromcom.

## **Asthma**

The school recognises that students with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Students with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the students parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those students with severe asthma, and complete the Individual Protocol for students with mild asthma.

## **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to students diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendation that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Whilst the school will check and communicate with the parents if new medication is required, keeping a record of these communications, it is the responsibility of parents to keep these medicines up to date.

Mild Allergic Reaction Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the student must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for students to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

## **Hay fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

## **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the students IHP. The school will

administer 1 standard dose of antihistamine (appropriate to age and weight of the student) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time, students must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms and if the student has been prescribed an adrenaline auto injector it will be administered without delay. An ambulance will be called and the parents / guardians informed.

**Medical Emergencies** In a medical emergency first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a student who has an IHP or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHCP is given to the ambulance crew. If applicable the student's emergency medication will be administered by trained school staff. If the student's medication is not available, staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) and Adrenaline Auto Injectors will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the student joins the school using Template 2 for asthmatics and Templates 3, 4, for anaphylaxis (Appendix 1). The school will hold a register of the students diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the Medical Room (Appendix 2 Template G)

**Controlled Drugs** The school does not deem a student prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access (see Storage and Access to Medicines – below). Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

**Students taking their own medication** For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the student's IHP or EHCP and parents



should complete the self-administration section of 'Parental consent to administer medication' form (Appendix 2 Template C).

**Storage and Access to Medicines** All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by students is restricted). Medicines are always stored in the original pharmacist's container. Students are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the student, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual student to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the Medical Room. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the Medical Room fridge to which student access is restricted and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 8.

**Waste medication** Where possible, staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date-expired, it will be returned to the parent/guardian for disposal.

**Spillages** A spill must be dealt with as quickly as possible, and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary, parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in The Staff Handbook- Section 4.32 Dealing with blood injuries or other bodily fluids. If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

**Record Keeping – administration of medicines** For legal reasons records of all medicines administered are kept at the school until the student reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The student's

parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. Records are kept within the MIS.

Recording Errors and Incidents If for whatever reason there is a mistake made in the administration of medication and the student is:

- Given the wrong medication • Given the wrong dose • Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date • Or the wrong student is given medication

The incidents must be reported to the Schools Senior Leadership Team who will immediately inform the student's parent/guardian. Details of the incident will be recorded locally as part of the School's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to students. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedures adopted by the school by a person who has completed the Managing Medicines course. Staff given instruction MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the students with medical needs in their care. School staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all training must be maintained to show the date of training for each member of staff trained and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines may be arranged via the school nurse.

### **Educational Visits (Off - site one day)**

Parents should ensure: they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container, clearly labelled with the student's name and dosage. That medication is checked by the member of staff acting as Trip Leader on arrival to school that day.

It is the parent's responsibility to ensure that medication is provided on the day and the student's responsibility to look after it throughout the visit. In some circumstances medication may need to be the responsibility of staff, for example controlled drugs. In that case, as is explained above, the administration of the controlled drug would be witnessed by a second member of staff, and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held by the member of staff (Appendix 2 Templates D and E)

All staff involved in the visit will be briefed about any emergency procedures needed with reference to students where needs are known and copies of care plans will be taken by the responsible person.

Educational Visits (Off-site in the afternoon or after school) All above procedure for Educational Visits (Off-site one day) should be followed. Additionally, students must ensure that medication is brought to the First Aid/Medical room first thing in the

morning, so that it may be locked away for safekeeping, and picked up before leaving for the trip or Fixture.

Residential Visits (overnight stays) The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to students suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school may keep its own supply of non-prescription paracetamol for administration to students during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template B). The medication will be stored and administration recorded as for prescription medicines. Students should not bring non-prescribed medication on the residential visit for self-administration.

### **Risk assessing medicines management on all off site visits**

Students with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the students IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a student requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the students IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. The international emergency number should be on the care plan (112 is the EU number). Global Health Insurance Cards (GHIC) should be applied for by parents and supplied to the school prior to travel for all students that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints Issuing arising from the medical treatment of a student whilst in school should in the first instance be directed to the Executive Headteacher. If the issue cannot easily be resolved the Executive Headteacher will inform the governing body who will seek resolution.

#### Appendix 1 – WSCC Care Plan Templates September 2017

(currently known at Holy Trinity as:

Individual Health Careplan Asthma,

Individual Health Careplan Epilepsy,

Individual Health Careplan Type 1 Diabetes,

Individual Health Careplan for Other Medical Conditions,

Individual Health Careplan For Severe Allergies – Epipen).

#### Appendix 2 – WSCC Administering Medicines Templates September 2017

(currently known at Holy Trinity as Notification of a Medical Condition and Authorisation for the Administration of Medicines in School form – the “green” form)

#### Appendix 3 – Summary guidance medicines policy