



Mowbray School

Supporting Pupils with Medical Needs Policy

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Supporting Pupils with Medical Conditions Policy

1 Introduction

The purpose of this policy and its implementation is to ensure that the Governing Body at Mowbray have arrangements in place to support all pupils across the school with medical conditions in a way which enables them to play a full and active role in school life, including trips and physical education. This includes ensuring that staff members are adequately trained and capable of supporting pupils with medical conditions.

At Mowbray we understand that medical conditions can impact on children's ability to learn, their confidence, self-esteem and ability to care for themselves. We recognise that long term absences due to health problems affect children's educational attainment and impact on their ability to integrate with their peers; this has an effect on their general wellbeing and emotional health. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed and appropriately supported to limit the impact on the child's educational attainment and general wellbeing.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be at greater risk of being bullied or develop emotional disorders such as anxiety or depression connected with their medical condition.

At Mowbray School we appreciate that families and carers of children with medical conditions can have concerns that their child's health may deteriorate when they attend the School. This may be due to conditions that affect the immune system, risk of infections and viruses, or deterioration in their health. It may also be because children with complex medical conditions may require on-going support, medication or care while at school to help them manage their condition and keep them well. Other children may require emergency care if their condition unpredictably or rapidly deteriorates while they are in the school. We recognize that it is vital for parents to have confidence in the staff's ability to provide effective support for their child and that their child feels safe. This policy will ensure that health and social care professionals (where appropriate), pupils and parents are consulted to ensure that the needs of children with medical conditions are properly understood and effectively supported.

This policy should be read in conjunction with the following documentation:

- Supporting Pupils at the School with Medical Conditions (DfE 2015)
- SEND code of practice: 0 to 25 years (DfE 2015)
- Child Protection Policy
- School Safeguarding Adult Policy
- Equality and Diversity Policy
- First Aid Policy
- Health & Safety Policy

- Complaints Policy
- Medication Procedures (Annex 1)

This policy applies to Mowbray School should be read by all staff. It will be regularly reviewed and amendments can only be made following the approval of the Business Committee. Instances of non-compliance with this policy will be reviewed by the Executive Headteacher and may be reported to the Health and Safety Executive.

2 Aims

- To ensure all children with medical conditions are properly supported so they can play a full and active role in school life, remain as healthy as possible and achieve the highest standards.
- To focus on the needs of individual children with medical conditions so they can access and enjoy the same opportunities as other children, encouraging and educating pupils to manage their own medical needs (where appropriate)
- To seek, listen to and act appropriately the views of families, carers and pupils with medical conditions
- To ensure families and carers feel confident that the school staff will provide effective support for their child's medical condition and that all pupils feel safe
- To establish effective relationships with appropriate health services in order to seek and fully consider any advice they offer in supporting children with medical conditions
- To assign appropriately trained staff to manage medication in school and adhere to set guidelines

3 Policy Implementation

The Headteacher is the person with overall responsibility for the implementation of this policy. This role will be fulfilled by working closely with dedicated trained staff, the school nurse team and staff with responsibility for the administration of First Aid. The Headteacher will ensure that a member of the Senior Leadership Team is responsible for the monitoring of staff training to ensure that this is in date and sufficiently supports the needs of the School.

In the event of staff absence, the school has arrangements in place for the administration of medication or treatment: a number of staff are trained and familiar with the school procedures for administering medications. There are adequate staff members trained to use/oversee any specialist equipment. There are sufficient staff members appropriately trained to accompany school visits and residential visits whilst ensuring those who remain in the setting are still fully supported by trained staff.

Where children have conditions that may require emergency care (e.g. anaphylaxis), all key staff are trained in administering the appropriate medication and a care plan is readily available. Supply staff members covering classes where children have medical conditions are briefed on their medical needs.

Pupils with medical conditions have this clearly identified on their pupil profile record and on their individual risk assessment. Individual healthcare plans (IHCPs) are also

completed on entry to the school and are reviewed annually with parents and health professionals (where appropriate) or sooner if a change in medical need requires it.

4 Procedures

When the school is notified that a pupil has a medical condition, procedures to support their medical needs and have adequate staff support should be in place for the start of the relevant term. If the child has a new diagnosis or moves into the school mid-term, then arrangements for an IHCP should be in place within 2 weeks.

If a pupil is awaiting a new diagnosis or their medical condition is unclear, then interim support measures can be implemented providing this involves some form of medical evidence and consultation with parents.

5 Role of the IHCP

The Governors should ensure that IHCPs are reviewed at least annually or earlier if evidence is presented that the child's medical needs have changed. They should always be developed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption to the learning.

Plans should be drawn up in partnership between the School, parents, and a relevant healthcare professional, with pupil involvement where appropriate. IHCPs should be accessible to all who need to refer to them, whilst preserving confidentiality.

6 Roles and Responsibilities

Mowbray School accepts that it must work in collaboration with a range of partners to ensure the needs of pupils with medical conditions are met effectively.

6.1 The role of the Governing Body

Governors must make arrangements to support pupils with medical conditions in School, including ensuring that a policy for supporting pupils with medical conditions in the School is implemented appropriately. They should ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.

6.2 The Headteacher

The Headteacher is responsible for ensuring that all staff (whether School or agency) are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher should ensure that all staff members who need to know are aware of the child's condition and that sufficient numbers of trained staff are available to implement the policy and are aware of any emergency procedures as detailed in the IHCP.

The Headteacher has overall responsibility for the development of individual healthcare plans. They will also ensure that School staff are appropriately insured to support pupils in this way. They will contact the school nursing service in the case of any

child who has a medical condition that may require support at the School, but who has not yet been brought to the attention of the school nurse.

6.3 School Staff

Any member of staff working within the School may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Class staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All School staff engaged in the care of pupils need to exercise caution in the use of physical contact. The expectation is that staff will work in a 'limited touch' culture and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. A second staff member will always be present where intimate procedures need to be followed and appropriate protection (e.g. gloves, apron) must be worn. Staff will protect the dignity of the pupil at all times wherever possible, even in emergency situations.

6.4 Parents/Carers

Parents/carers should provide the School with sufficient up-to-date information about their child's medical needs. They may in some cases be the first to notify the School that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's IHCP and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

6.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHCP.

6.6 School Nurse

Mowbray School has the support of a special school nursing team on site for a significant part of the school week. Along with those staff responsible for Health Care Plans, they are responsible for notifying the school when a child has been identified as having a medical condition which will require support in the school. Wherever possible, they should do this before the child enrolls with the school. The school nurse would not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHCP and provide advice and liaison, for example on training. Special school nursing colleagues can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

6.7 Other Healthcare Professionals

General Practitioner's (GP's), paediatricians and other healthcare professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at the School.

They may provide advice on developing IHCPs. Specialist local health teams may be able to provide support in the School for children with particular conditions (e.g. asthma, diabetes, epilepsy).

6.8 Local Authority (LA)

Under Section 10 of the Children Act 2004, the LA has a duty to promote co-operation between relevant partners such as schools, clinical commissioning groups and NHS England. This is with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. LAs should provide support, advice and guidance, including suitable training for School staff, to ensure that the support specified within IHCPs can be delivered effectively. LAs should work with the School to support pupils with medical conditions to attend full-time.

7 Staff Training and Support

The Headteacher is responsible for delegating a member of the Senior Leadership Team to coordinate the School's Continuing Professional Development (CPD) and will schedule relevant whole School training as appropriate and ensure this is in date. Only trained staff are able to administer medication or conduct a medical procedure. Staff who are not appropriately trained and are working with students that require medical procedures should report to the Head of School to arrange relevant training.

The school nursing team or relevant healthcare professional will inform the School of pupils with medical conditions and facilitate or provide advice on training of School staff in appropriate procedures of medical care. Training will be identified during the development or review of the IHCP. A first-aid certificate **does not** constitute appropriate training in supporting children with medical conditions.

Training will be sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions. They will have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. The relevant healthcare professional can provide confirmation of staff proficiency.

8 Arrangements for Children

The IHCP will reflect if the pupil is considered competent to take responsibility for managing their own medicines and procedures.

Wherever possible, if the pupil is considered competent to take responsibility for managing their own medicines and procedures, they should be supported and allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. These children will require an appropriate level of supervision. If this is not appropriate, relevant staff will help to administer medicines and manage procedures as directed in the IHCP. Actions to take if a child refuses medication or a medical procedure, including informing the parent/carer, will also be agreed in the IHCP.

9 Managing Medicines

Medicines should only be administered in the School when it would be detrimental to a child's health or School attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken at home. Medication will only be accepted in its prescribed packaging, clearly identifying student name, date of birth, prescribed drug, dosage and times to be administered.

Medication coming into the School must be handed to the designated member of staff who must take it to the medical room, store it securely and record it. Medication leaving the School must be handed directly to a parent/carer, taxi driver or passenger assistant

The designated staff member should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which is generally available inside an insulin pen or a pump, rather than in its original container. The expiry date must be checked. Written records are kept of all medicines administered to children. Medicines no longer required are returned for safe disposal. For individual School arrangements please refer to Annex 1.

All medicines including controlled drug medicines with a Class B classification such as Methylphenidate (Ritalin, Concerta and Equasym) must be stored safely, locked in the medical cupboard. Medication taken on an educational trip, including controlled medicines must be transported and kept in a locked container and administered by a member of staff qualified to administer medication. If appropriate, children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available. This is particularly important when outside of the School e.g. on visits.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) known as Epi-Pen devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare adrenaline auto-injector (AAI) should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare adrenaline auto-injector (AAI) has been provided. Or under the medical guidance in an emergency, for example as advised by 111/999.

The school's spare adrenaline auto-injector (AAI) can be administered to a pupil whose own prescribed adrenaline auto-injector (AAI) cannot be administered correctly without delay.

An anaphylactic reaction always requires an emergency response

Any adrenaline auto-injectors (AAI) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own adrenaline auto-injector (AAI). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an Epi-pens should carry two of the devices at all times. This guidance does not supersede this advice

from the MHRA,¹ and any spare adrenaline auto-injector (AAI) held by a school should be in addition to those already prescribed to a pupil (see individual pupil IHCP and Annex 1 for individual School arrangements)

Sharps and adrenaline auto-injector (AAI), Epi-pen – all sharps or lancets must be disposed of in a sharps bin, located within the medical room, immediately after use. adrenaline auto-injector (AAI) emergency medication must only be administered by staff with current adrenaline auto-injector (AAI) training.

Pupil's should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma who has an asthma Care Plan, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty), (see individual pupil IHCP and Annex 1 for individual School arrangements)

Adrenaline auto-injector (AAI) and Inhalers (Salbutamol) can be used on someone having a reaction under medical guidance during a 999 call, being advised by the 999/111 advisor to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed by the designated staff member.

Paracetamol should not be given for more than 3 consecutive days without a doctor prescription. Paracetamol capsules should not be given to a child under 16.

Appropriate trained staff may administer a controlled drug to the child for whom it has been prescribed. This will do so in accordance with the prescriber's instructions. The School will securely store controlled drugs in a non-portable container and will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This must always be witnessed and countersigned by a second person who assumes equal responsibility for stock checks and balances including the amount of controlled drug administered and remaining amount held. Any side effects of the medication to be administered at the School should be noted.

10 Covert Administration of Medication

10.1 Disguising medicines in food or drink is generally not permitted.

10.2 In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary but is only lawful (in accordance with

the Mental Capacity Act 2005) where the individual lacks capacity and it is in the individual's best interest. Before covert administration of medicines can proceed, the medication administrators must have the agreement including written support to administer covert medication set out below.

10.3 Considerations for covert administration of medicines are as follows:

- The individual's best interests are considered at all times.
- The medication is essential for the individual's health and well-being
- The decision to administer a medicine covertly should be a contingency measure after an assessment of the individual
- Parents, carers' and the multidisciplinary team (including the prescriber and pharmacist) should be involved in the decision
- The method of administration should be agreed with the GP and pharmacist

10.4 The decision, action taken and details of all parties concerned must be documented in the students' individual healthcare plan (IHCP) and reviewed at appropriate intervals. The process for covert administration is as follows

- An assessment of the person's mental capacity should be undertaken to make a specific decision about their medicines
- The senior leader with responsibility to oversee medication should seek advice from the prescriber about other options e.g. whether the medicine could be stopped
- A best interest meeting must be held to agree whether giving medicines covertly is in the person's best interest
- The senior leader with responsibility to oversee medication must record any decisions and state who was involved with the decision making process
- The senior leader with responsibility to oversee medication must ensure that this record be kept securely and decide who has access
- The senior leader with responsibility to oversee medication must seek advice from the Pharmacist to plan how the medicines can be given covertly
- The GP must provide authorisation and the senior leader with responsibility to oversee medication must provide clear instructions in the support plan.
- The senior leader with responsibility to oversee medication must ensure the staff are trained and assessed as competent to give the medicine covertly
- The senior leader with responsibility to oversee medication must set a date to review the decision to give medicines covertly

10.5 It should be noted that if a student requests that their medication is added to food or drink, this is not "covert" as they are fully aware. Advice should be sought from the Pharmacist to ensure it is appropriate to mix the specific medication in the proposed food/drink to ensure the delivery method will not alter the uptake, dosing or efficacy of the medication.

11 Emergency Procedures

Individual healthcare plans (IHCPs) clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils should also know what to do in general terms, such as informing staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff will accompany the child and stay with them until the parent/carer arrives.

If a child has a 'Do not attempt to resuscitate' (DNAR) plan, the plan must be kept with the child at all times. The Executive Headteacher must be informed of such plans. The DNAR plan must be handed to the ambulance crew should an emergency arise.

12 Hygiene/Infection control

Staff should follow basic hygiene procedure. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment in yellow bags.

13 School Trips and Visits

Mowbray School actively supports pupils with medical conditions to participate in School trips or visits and in sporting activities. The School will make arrangements for the inclusion of pupils in such activities with any adjustments as required, unless evidence from a clinician advises against it.

Teachers must be aware of how a child's medical condition will impact on participation in day trips and residential visits. A full risk assessment is carried out for all visits and signed by the External Visits Coordinator (EVC). Individual pupil risk assessments and the IHCP are consulted to ensure that medication or medical procedure is appropriately managed and that pupil safety is paramount on visits.

Medicines on Residential Visits

Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a, 'Parental agreement for setting to administer medicine' form before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

Mowbray School will keep its own supply of standard paracetamol tablets for administration to pupils during a residential visit. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

14 Errors in the administration of medication

Mowbray School expects staff to report any errors openly, honestly and promptly with the safety of the students being the paramount concern. Whenever an error is reported a comprehensive assessment shall take place. It shall consider in full the context and circumstances surrounding the incident. Lessons learned will be disseminated to improve the knowledge base of colleagues and improve practice.

15 Missed or delayed administration of medication

Delayed and omitted doses of medicines pose a threat to the wellbeing of our students and

should be avoided wherever possible. A 'Missed Dose' is a scheduled dose of a medication that a student does not receive. A delayed dose is a dose of a medication given in excess of 2 hours of the scheduled time. In both instances staff should report this directly to the head or most senior member of staff on site. Medical advice and support must be sought as soon as possible and parents informed. The priority should always be to assess the students' condition and take necessary actions to reduce risks.

16 Unacceptable Practice

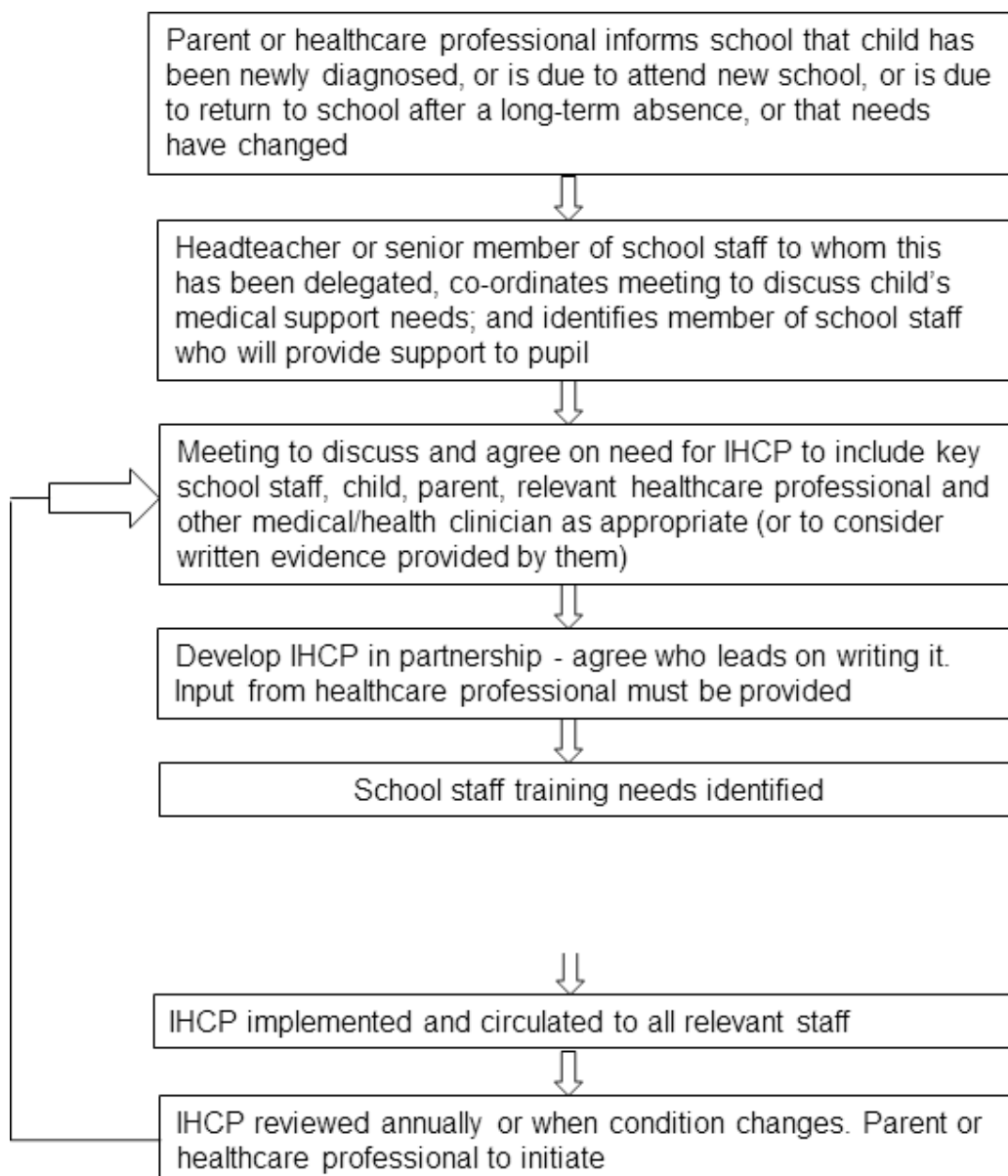
Mowbray School staff will use their discretion and judge each case on its merits with reference to the child's IHCP. It is not regarded acceptable practice to:

- prevent children from easily accessing their inhalers or medication or administer medication when and where necessary and appropriate due to individual pupil needs;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although the School may challenge this);
- send children with medical conditions home frequently for reasons associated with their condition or prevent them from staying for normal School activities, including lunch, unless this is specified in their IHCP;
- send ill students to the School office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged to attend the School to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the School is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of School life, including trips or visits, where it is appropriate and would not cause the child harm.

17 Complaints

Should parents/pupils be dissatisfied with the support provided they should discuss concerns directly with the Head of School. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Mowbray School Complaints Policy.

Appendix A
Model process for developing Individual Healthcare Plans



Annex 1 – Mowbray School 2022/2023

Policy Implementation	
Named Headteacher:	Rachel Hargeaves
Named Senior Leader Responsible for Monitoring of Staff Training:	Tina Masterman
Named Medication Lead:	Nicola Taylor (HLTA Bedale Site) Rebecca Swan (ATA, Ripon Site)

Procedures

Individual Healthcare Plan (IHCP) and review arrangements	<p>Paperwork to be sent home from special school nursing team for any pupils with a significant and/or complex medical issue. Examples of this include: asthma, epilepsy (particularly where requiring emergency medication), anaphylaxis (particularly where epi-pen is required), any pupils who require tube feeding, pupils who require respiratory suction and any other complex medical need (this list is not exhaustive). School staff contribute towards this alongside families to ensure information is accurate for individual pupils. Families are responsible for keeping the school and nurse team updated. School staff will follow the guidance of medical professionals to ensure IHCPs are supportive and will work alongside the following professionals: Community Nurses, Dieticians, Epilepsy Nurses, LDCAHMS, Supervising Consultants that support individuals, Feeding Nurse Specialists, School Nursing Team etc. All plans are reviewed on regular basis in line with needs/changes in status.</p>
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Staff Training and Support

Named Staff trained in the Administration of Medication	<p>Bedale Site Nicola Taylor Charlie Martin Caroline Mortimer Tracey Schofield</p> <p>Andrena McClements</p> <p>Alison- Tarleton-Hodgeson Mhari Williams</p>
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	<p>Charmaine- Healy-Carver Sam Kingdon Sarah Thompson Matt Cocker Jayne Scaife Sian Stewart Gary Burnham Holly Ralls Gemma Metcalfe Emily Oxtoby Rachel Brotherston Ripon Site Rebecca Swan David Lever Jane Jones Kelly King Donna Callum Sarah Geddes Teresa Pridmore Jen Whichello</p>

Absence arrangements:

Senior leaders and phase leaders are notified of absences and alternative arrangements are made within phase for the administration of medication for individual pupils where required. Medication notes are stored within the medication file in the cupboard in the med

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Named Staff trained in
First Aid

Bedale

Mhari Williams
Reuben Elliott

Nigel Wilford
Jo Hammond
Charmaine Healy-Carver
Vicky Weaver
Hugh Watkins
Rachel Brotherston

Ripon

Clare Siniawski
Jackie Bridgen
Abi Earle
Jen Whichello

Named Staff trained in Emergency Care procedures

All staff working with pupils are given training in Epi-Pen awareness and Epilepsy training (covering the administration of emergency medication).

Arrangements for Children

We have no pupils in school who manage their own medication (Jan 23). They keep their Salbutamol inhalers on the person and use them when required, staff who work with them at the time are responsible for monitoring and recording after every use.

Managing Medicines

<p>Location of Medical Room and Medication Cabinet: Bedale and Ripon Sites have designated locked medical room. Medication that requires refrigeration is in a locked refrigerator.</p>	
<p>How/where is medication administered:</p>	<p>Generic medication is administered, within the medical room on either site. The appropriate paperwork must be completed by staff with relevant counter-signatory available to check that the medication has been administered as stated (Appendix 2). Staff should be trained in the administration of medication appropriately. Individual pupils who require controlled medication may be given their medication in an annex adjacent to their classroom provided the guidance in the attached risk assessment is adhered to. (Appendix 3). All paperwork can be located in the Managing Medications folder within Staff Shared area of the School's network.</p>
<p>How/where do children access responsive/emergency treatment (e.g. inhalers):</p>	<p>All located within classrooms within easy reach of staff but where pupils are unable to access. They must be able to be accessed quickly in an emergency.</p>
<p>Arrangements for medication coming in/out of the School:</p>	<p>Forms - see attached - must be completed (Appendix 4) by parents/carers prior to any medication being administered. Where a controlled drug is required, a separate form is required (Appendix 5). On arrival into school, medication can be handed to a member of school based staff (business support/teaching assistant, teacher) who must sign the appropriate paperwork (Appendix 7) and hand to a person appropriately trained in the administration of medication for safe storage. Both parties should sign the form (Appendix 7) and ensure that Passenger Assistants/Parents sign to say that the medication has been taken home at the end of the day.</p>
<p>Disposal Arrangements for expired/remaining medication:</p>	<p>Remaining/expired medication is to be returned to parents/carers. This must be handed to a member of staff acting as passenger assistant or directly to parents/carers. Controlled drugs are returned in a locked container which holds a book detailing the quantity remaining. This is signed by passenger assistants/parents or carers as well as school staff.</p>

Emergency Procedures

<p>How are emergency symptoms and procedures shared with staff?:</p>	<p>All pupils with emergency medication have a care plan in place detailing how to manage an emergency situation.</p> <p>All pupils with medical conditions are shared with staff at the beginning of the academic year in a paper document and are available on the staff room wall (Appendix 5).</p> <p>Updates are provided in briefings and documented on School online calendar for those staff who are not present in briefings.</p>
<p>DNAR plans and location:</p>	<p>No pupils currently identified</p>

School Trips and Visits

<p><i>Off-site (visits and residential) Medication Arrangements:</i></p>	<p>Day visit – medication required to be administered during a day visit is taken in a locked box with the key kept separately, medication is signed out and then signed back into school. Medication is administered by two trained members of staff.</p> <p>Residential visits – Parents bring medication required for the duration of the trip into school prior to the residential and sign the medication for the trip over using the authorisation for the administration of medication form. Medication required to be administered during the residential visit is taken in a locked box with the key kept separately. Medication is administered by two medically trained members of staff.</p>
<p>EVC's consultation of Individual Risk Assessments and IHCPs:</p>	<p>EVC process checks that all relevant medical information is considered as part of the whole group risk assessment and that it is recognised which pupils require medication on the visit. EVC is a member of SLT.</p>
<p>Staff Medication:</p>	<p>Staff should at no point leave medication for their own personal use in hand bags or any other area of a classroom. They must be in a locker and in a limited amount that covers the period of the same working day or an emergency.</p>

