

## **Supporting Pupils with Medical Needs Policy**

Version	Purpose/ Change	Resp.	Date
2	<ul> <li>Contents table added</li> <li>Head teacher changed to Principal p.7</li> <li>Children / Pupils changed to learners</li> </ul>	Office Manager	Nov 2020
3	Added copy of the non-prescribed form, Appendix D Added copy of updated missed/error record sheet	Office Manager	Nov 2022

Person Responsible: Principal Type of Policy Statutory Date of first draft: Oct 2018 Date of staff consultation: Oct 2018 Date adopted by the Trust Board: Oct 2018 Date of implementation: Oct 2018 Date reviewed: Nov 2022 Date of next review: Nov 2024

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#### Rationale

Quest Academy values the abilities and achievements of all its learners, and is committed to providing for each learner the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual learners, or groups of learners. This means that equality of opportunity must be reality for our learners. We make this a reality through the attention we pay to the different groups of learners within our Academy.

This policy is to be read in conjunction with Quest Academy:

- SEN Policy
- Inclusion Policy
- Safeguarding Policy
- Equality Policy
- · Health and Safety Policy

#### Introduction

The Children and Families Act 2014 states that arrangements for supporting learners at school with medical conditions must be in place and those learners at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Many learners, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in school activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other learners may have a medical condition that, if not properly managed, could limit their access to education.

This policy includes managing the administration of medicines, supporting learners with complex health needs and first aid. The school makes every effort to ensure the wellbeing of all learners, staff and adults on site.

## **Aims and Objectives**

- To ensure that learners with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To establish a positive relationship with parents and carers, so that the needs of the learner can be fully met Parents of learners with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because learners with long-term and complex medical conditions may require ongoing support, medicines and care while at school to help them manage their condition and keep them well. Other learners may require interventions in particular emergency circumstances. It is also the case that a learner's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe.
- To work in close partnership with health care professionals, staff, parents and learners to meet the needs of each learner – In making decisions about the support



they provide, it is crucial the Academy considers advice from healthcare professionals and listens to and values the views of parents and learners.

- To ensure any social and emotional needs are met for learners with medical conditions. Learners may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.
- To minimise the impact of any medical condition on a learner's educational
  achievement In particular, long term absences due to health problems affect
  learners educational attainment, impact on their ability to integrate with their peers
  and affect their general wellbeing and emotional health. Reintegration back into
  school should be properly supported so that learners with medical conditions fully
  engage with learning and do not fall behind when they are unable to attend. Short
  term absences, including those for medical appointments, (which can often be
  lengthy), also need to be effectively managed.
- To ensure that a Health Care Plan is in place for each learner with a medical condition and for some learners who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.

#### Responsibilities

Supporting a learner with a medical condition during school hours is not the sole responsibility of one person. Partnership working between Academy staff, healthcare professionals, and parents and learners will be critical.

#### **Academy Principal:**

- Ensures that a policy is in place to meet the needs of learners with medical conditions.
- Ensures that all staff are aware of the policy for supporting learners with medical conditions and understand their role in its implementation.
- Ensures that all staff who need to know are aware of the learner's condition.
- Ensures that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensures that the school is appropriately insured and that staff are aware that they are insured to support learners in this way.
- Ensures that the school nursing service is contacted in the case of any learner who
  has a medical condition that may require support at school but who has not yet been
  brought to the attention of the school nurse.
- Ensures that staff have received suitable training and are competent before they take on responsibility to support learners with medical conditions.

#### **Academy staff:**

- Understand that any member of Academy staff may volunteer or be asked to provide support to learners with medical conditions, including the administering of medicines, although they cannot be required to do so.
- All staff administering medication will be trained through the Medication Workbook and by completing the Level 1 in Safe handling of medication course online and



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- Senior Medication Staff will undertake the Level 2 in Safe handling of medication course online, to supervise where necessary.
- Understand the role they have in helping to meet the needs of a learner with a medical condition.
- Work towards/complete targets and actions identified within the Health Care Plan or the SEN Education, Health and Care Plan.

#### **Healthcare Professionals:**

- Notifying the Academy when a learner has been identified as having a medical condition who will require support in school.
- Take a lead role in ensuring that learners with medical conditions are properly supported in school, including supporting staff on implementing a learner's plan.
- Work with Principals to determine the training needs of Academy staff and agree who would be best placed to provide the training.
- Confirm that Academy staff are proficient to undertake healthcare procedures and administer medicines.

#### **Assisting Learners with Long Term or Complex Medical Needs**

A proactive approach is taken towards learners with medical needs. Every learner with a long term or complex medical need will be offered a home visit from the Family Footing Facilitator and/or Class Teacher at the onset of condition or change in condition. This enables the Academy/parents to identify potential issues/difficulties before a learner returns to school. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Health Care Plan (Appendix 1) will be produced for any learner with long term/complex medical needs and will be reviewed on a regular basis. To assist learners with long term or complex medical needs, the school will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the learner to access a
  particular aspect of the curriculum or area of the school. Involving the home and
  hospital support service. Working in partnership with medical agencies and receiving
  advice/support from other professionals including the School Nurse;
- Arranging for additional adult support throughout specific parts of the school day;
- Adapting lesson plans;
- Establishing a phased attendance programme;
- Ensuring that there are procedures in place for the administration of medicine;
- Training for Support Staff/Teachers on a specific medical condition;
- Providing a programme of work for learners who are absent from school for significant periods of time;
- Providing appropriate seating during assembly/carpet time;
- Ensuring there is adequate supervision during play times so that the health and safety of all learners is not compromised;
- Ensuring that arrangements are made to include a learner with medical needs on school visits.

#### **Individual Health Care Plans**

An Individual Healthcare Plan (IHCP) is a document that sets out the medical needs of a learner, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done,



when and by whom. The level of detail within the plans will depend on the complexity of the learner's condition and the degree of support needed. This is important because different learners with the same health condition may require very different support.

Individual Healthcare Plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the learner. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the learner and their parents. Plans should be reviewed at least annually or earlier if the learner's needs change. They should be developed in the context of assessing and managing risks to the learner's education, health and social well-being and to minimise disruption. Where the learner has a special educational need, the individual healthcare plan should be linked to the learner's EHC plan where they have one.

Parents will receive a copy of the IHCP with the originals kept by the Family Footings Facilitator. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and reception medical file and given to the learner's Class Teacher for quick identification, together with details of what to do in an emergency.

## **Administering Medicines**

- Medicines should only be administered at school when it would be detrimental to a learner's health or school attendance not to do so.
- No learner 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 learner without the knowledge of the
  parents. In such cases, every effort should be made to encourage the learner to
  involve their parents while respecting their right to confidentiality.
- A learner 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.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The Academy 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 must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines must be stored safely. Learners should know where their medicines are
  at all times and be able to access them immediately. Where relevant, they should
  know who holds the key to the storage facility. Medicines and devices such as
  asthma inhalers, blood glucose testing meters and adrenalin pens should always be
  readily available to learners and not locked away.
- The Academy should otherwise keep controlled drugs that have been prescribed for a learner securely in a locked medication cabinet and only named staff should have access.
- Controlled drugs should be easily accessible in an emergency a member of staff may administer a controlled drug to the learner for whom it has been prescribed providing they have received specialist training/instruction.
- The Academy should keep a record of all medicines administered to individual learners, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.



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- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- There is no legal duty which requires staff to administer medication. However, staff at Quest Academy may administer medication to learners provided that the parent/carer has completed an Administration of Medication Form (see Appendix 2). We will only administer non-prescription medicines (such as paracetamol or Calpol) under exceptional circumstances and with parental consent. Occasionally, a learner will show an adverse reaction to a new course of treatment and for this reason the Academy will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during school time. Where the dosage is 3 three times a day it is usually acceptable that these doses are given at home before school, immediately after school and just before bedtime.
- Medication and the request form should be handed to staff by taxi escorts, never the learner. We encourage parents/carers to provide the correct dosage of medicine and should always be provided within the original box with the learner's name, date of birth and prescriber's instructions clearly displayed.
- It is also the parents/carers responsibility to ensure that they should inform the school and provide medical evidence that their learner's medication has changed. In addition parents and carers are responsible for making sure they keep a check on when to provide the school with more medication so that the school does not run out.
- Learners with asthma are encouraged to carry their inhalers with them. However, a spare inhaler for that learner should also be kept in the medical cabinet in the medical room.
- Learners with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.

## **Storing medicines**

- Quest Academy will store, supervise and administer medicine that has been prescribed for an individual learner.
- All medication will be stored safely in the locked medication cabinet in the medical room or in the staff room refrigerator if required. The only exception to this is emergency medicines, such as asthma inhalers and adrenaline pens are readily available to the learner— not locked away.
- Where a learner needs two or more prescribed medicines, each should be in a separate box with a separate MAR sheets.
- Staff should never transfer medicines from their original boxes.
- Students should know where their own medicines are stored.

### **Disposal of Medicines**

Any medication that is past its expiry date or has been dropped must be recorded and disposed of according to the following:

- Doses dropped must be recorded on a Missed/Error Record sheet and parent/carer informed. The medication will be handed to reception and disposed of to a local pharmacy and records marked accordingly.
- Expired medication must be recorded on the Central Drugs register and a Returned medication form prior to returning to parents for disposal.



#### **Safety Management of Medicines**

The storage of medicines must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

#### **Emergency Procedures**

In emergency situations, where possible, the procedure identified on a learner's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action. If it is deemed a learner needs hospital treatment as assessed by the First Aider the following procedures must take place:

- 1. Stabilise the learner
- 2. Notify Principal
- 3. Dial 999
- 4. Contact parent/carer

The most appropriate member of staff accompanies learner to hospital with all relevant health documentation (Inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior member of staff should attend the hospital to speak to parents if deemed necessary.

## **Hygiene and Infection Control**

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. Gloves are available if required as protective measures towards spillages of blood and body fluids.

## **Sporting Activities**

Some learners may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

#### **Educational Visits**

We actively support learners with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a learner's medical condition will impact on their participation. Arrangements will always be made to ensure learners with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that learners with medical conditions are included. This may require consultation with parents/learners and/or advice from school staff that are responsible for ensuring that learners can participate. A copy of the learner's health care plan should be taken in the purple lockable grab bag on any trips.

The Trip Leader must also ensure that medication such as inhalers and epi-pens are taken on all trips in the purple lockable grab bag and given to the responsible adult that works alongside the learner throughout the day. A first aid kit must be taken on all school trips.

A first aider should attend all trips especially when a learner with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the



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risk assessment. The Trip Leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any learner with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to learners on school trips should follow the guidelines above.

#### **Staff Training**

Any member of staff providing support to a learner with medical needs must have received adequate training. Training must be sufficient to ensure that staff are competent and have confidence in their ability to support learners with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting learners with medical conditions.

It is important that all staff are aware of the school's policy for supporting learners with medical conditions and their role in implementing that policy. The Academy should ensure that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)

Parents can be asked for their views and may be able to support school staff by explaining how their learner's needs can be met but they should not provide specific advice, nor be the sole trainer.



## **APPENDIX A - INDIVIDUAL HEALTH CARE PLAN**



#### INDIVIDUAL HEALTH CARE PLAN

STUDENT INFORMA	ATION		
Student's Name:			Insert Photo
Date of Birth:			
Student's Address:			
CONTACT INFORMA	ATION		
Family Contact No.1		Family Contact No.2	
Name:		Name:	
Tel - Work:		Tel - Work:	
Mob:		Mab:	
Home:		Home:	
Relationship to Student:		Relationship to Student:	
DOCTOR INFORMA	TION	<u> </u>	
Doctors Name:			
Surgery Address:			
Phone No:			
CLINIC / HOSPITAL	SPECIALIST INFO	RMATION	
Clinic/Hospital Name	:		
Specialist Name:			
Phone No:			
MEDICAL DIAGNOS	IS OR CONDITION	N	
Details of Diagnosis/0	Condition:		





#### INDIVIDUAL HEALTH CARE PLAN

Describe medical needs and give details of child's symptoms:  Medication prescribed (including dosage, frequency etc)  Is an Intimate Care Plan required?  Paily care requirements: (e.g. before sport / lunchtime)  Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:  Headteachers Signature:					1		
Is an Intimate Care Plan required?  Daily care requirements: {e.g. before sport / lunchtime}  Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:	Describe medical need	s and give details of child's symp	ptoms:		l		
Is an Intimate Care Plan required?  Daily care requirements: {e.g. before sport / lunchtime}  Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
Is an Intimate Care Plan required?  Daily care requirements: {e.g. before sport / lunchtime}  Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
Is an Intimate Care Plan required?  Daily care requirements: {e.g. before sport / lunchtime}  Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:	NA - dia- air		t				
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Daily care requirements: (e.g. before sport / lunchtime)  Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
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Staff involved in daily care requirements:  Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:	Is an Intimate Care Pla	n required?		Yes 🗆 No 🗆			
Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:	Daily care requirement	:s: (e.g. before sport / lunchtime	:)				
Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
Describe what constitutes an emergency for the child, and the action to take if this occurs:  Date of Plan:  Date for Review:  Date:							
Date of Plan:  Date for Review:  Parents Signature:  Date:	Staff involved in daily o	:are requirements:					
Date of Plan:  Date for Review:  Parents Signature:  Date:							
Date of Plan:  Date for Review:  Parents Signature:  Date:							
Date of Plan:  Date for Review:  Parents Signature:  Date:	189 20 1 a 22a		Int	25.12			
Parents Signature:  Date:	Describe what constitu	ites an emergency for the child,	and the action to tak	e if this occurs:			
Parents Signature:  Date:							
Parents Signature:  Date:							
Parents Signature:  Date:							
Date:	Date of Plan:		Date for Review:				
Date:	Daniel Cincern						
	Parents Signature:						
Headteachers Signature:	Date:						
	Headteachers Signatur	Headteachers Signature:					
n .							
Date:	uate:						

Copy to Student Yellow File & Medical Folder



#### APPENDIX C - MISSED/ERROR RECORD SHEET



## **Medication Error Record Form**

Following a medication error, this form must be completed as a record of the incident, and factors that contributed to it. It also serves as a record of the measures agreed to ensure the staff's continued competence to administer medicines.

Sections 1 & 3 – to be completed by the School Business Manager

Section 2 - to be completed by the staff member ONLY

Section 4 – to be to be agreed and completed by both the School Business Manager and staff member

The form is to be filed in the staff file of the academy and a copy held by the School Business Manager to aide annual reporting— DO NOT ARCHIVE

Note: All errors must be reported to the Principal in order to agree appropriate actions to be taken

# **Section 1: The medication error:** details about the specific incident and any previous medication errors

Academy name:		Date form completed:		
Name of person completing this form:		Job title:		
Name of staff member:		Job title:		
Endeavour House staff only:		Weekly contracted hours:		
State total hours staff member worked	for MacIntyre	On the shift in which	the error took place:	
Academies:		In the 14 days prior to	the medication error:	
Date of medication error:		Time medication error occurred:		
Name of medicine involved:				



☐ Misadmin of Medication						
		☐ Missed Medication	1			
	Apparent Cause/Hazard	☐ Missing Medication	n			
	Classification:	Refusal of Medicat	tion			
		Other (give details	)			
		☐ Wrong person	☐ Wron	g medicine	☐ Not pers	on's preferred way
		☐ Wrong route	☐ Misse	ed medicine	af 4 a laba as 14	,
Catego	ory of medication error:	☐ Wrong time	☐ Missir	ng signature	Other (g	ive details)
		☐ Wrong dose	☐ Late r	medicine		
Details	of medication e	rror:				
Describe brie	fly what the medicine is four siness Manager informed	r, what the error was, v	vhen was it no	ticed that an er	ror had occu	urred, when was
1	nomice manager imemice					
Immedia	ate action taker	following the	e medica	tion erro	r:	
	ergency call required a	_				
	was taken: include who	-		nat advisa/traat	mont woo air	von/ouggostod
	is been recorded?	was contacted for medi	car auvice, wri	iai auvice/ii eaii	nent was gr	veri/suggestea,
Diagon tight no	anla whom the madigation ar	ror has been reported to				
-	ople whom the medication err	ror nas been reported to:				I
Family/ Advocate:	NHS 111	Ofsted H	lead of Care:	Group Direc	ctor:	
Social Worker:	GP/Health Professional	LA Safeguarding:	rincipal:	Other: (plea	ase state)	
_	this one, how many other	medication errors has	the staff memb	per made in		l
the past 24 m	เบาเทร <i>า</i>					



Detail of previous errors identified: including date/time/academy it occurred in/category of
medication error

## Section 2: The reflection exercise:

This exercise is intended to help the staff member to reflect on their performance resulting in the medication error. It will help them to consider what the contributing factors were and what actions need to take place in order to reduce the risk of this type of error occurring again.

The sections below are to be completed by the staff member who made the error. Allow them time alone to complete and reflect.



Description	
In this section, <b>briefly</b> describe the medication error. Include important details to indicate what happened; such as who were you doing at the time, before and after, what you did, who was there and what they did.	hat
Ecolingo	
Feelings  In this section explore your thoughts or feelings that you had at the time of the event that may have contributed to the medication error. Do not include any further description of what happened.	
Consider questions such as: How did you feel at the time? What did you think at the time? What did you think about the incident afterwards? You can document your emotions honestly.	he



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$\neg$	u	73	

In your analysis, consider what you think was the cause/contributed to the error occurring? What might have helped or hindered. Think about the environment, what was happening around you?

#### **Evaluation**

This section gives you the opportunity to explore what was good about your practice administering the medicine and what did not go so well. It is important that you try to consider both the good and the bad, even if the error seemed totally negative

#### Conclusion

In this section, if you have completed all sections effectively, you should be able to identify how what you (or others) did led to the error. From this, you are able to identify how you can reduce the risk of this type of error occurring again. What would you do differently in the future? Does anything at the academy need to be done differently in future?

**Section 3: The Conclusion:** To be completed by the School Business Manager as an overall response to the medication error and the reflective exercise



aca	ademy local procedure to prevent this error from reoccurring?				
S	ection 4: The Action Plan to prevent reoccu	rrence:			
sup	be discussed and agreed jointly by the School Business Manager and star oport the staff member may need to ensure continued competence, what, i ademy may be required and what changes to external factors might need t	f any, improve			
		Tick	Who	en compl	eted
Ac	tions	step(s) selected	Staff Initial	SBM Initial	Date
	'Medication Awareness, Education' -IHASCO e-learning				

Conclusion: Any additional comments in response to the above reflective exercise, what can be done differently in the

	HICK				
Actions	step(s) selected	Staff Initial	SBM Initial	Date	
'Medication Awareness, Education' -IHASCO e-learning					
Complete external Medicines training					
Go through the relevant section(s) of the Supporting Children with a Medical Condition Policy					
Go through the medication system and procedure used in the academy					
Go through relevant Medicine Profile(s):  State names in comments below					
Shadow the member of staff administering medicines:  State number of occasions					
Disciplinary action to be started: (HR to be consulted)					



	Review local academy proce	dure and implem	ent changes		N/A		
	Review external factors (incliand implement changes	uding Pharmacy i	involvement)		N/A		
	Other (state):						
	No further action needed:						
Sc	hool Business Manager comm	ents: Include a time	e scale for the ac	tions to be com	pleted by:		
Sig	gn below to confirm agreement on	the above actions					
Sig	gnature of staff member:			Date:			
School Business Manager:				Date:			
Со	py to Principal:		Copy to staff file	e:			
	py to other academies (if plicable):		Copy to HR (if	disciplinary action started):			
	gn below if the staff member has oney are now/still competent to adm	-	ns above and th	e School Busir	ess Manage	er is cor	ntent that
Sc	hool Business Manager comm	ents, following co	ompletion of a	ctions:			
	_	,	•				
Sig	gnature of staff member:			Date:			
Sc	hool Business Manager:			Date:			
Со	py to Principal:	Copy to staff file:			• •		
	py to other academies (if plicable):	Copy to HR (if disciplinary action started):					
Sa	feguarding concern logged:						



## **APPENDIX D - Non-Prescribed Medication**

lease complete this form when administering non-prescribed medication (e.g. Calpol, aracetamol, Ibuprofen, Hay Fever Relief) and hand this into the Admin Team at Reception mediately.  Ref no: Date: Time: Name of Pupil/ Staff:  Medicine: Reason:  Parents Contacted (via Phone): Siven by Name:  Siven by Signature:
Date:  Time:  Name of Pupil/ Staff:  Medicine:  Reason:  Quantity/ Dosage: Parents Contacted (via Phone):  Siven by Name:  Siven by Signature:
Time: Name of Pupil/ Staff: Medicine: Reason: Quantity/ Dosage: Parents Contacted (via Phone): Siven by Name: Siven by Signature:
Name of Pupil/ Staff:  Medicine: Reason:  Quantity/ Dosage: Parents Contacted (via Phone): Siven by Name:  Siven by Signature:  Witness Name:
Medicine: Reason:  Quantity/ Dosage: Parents Contacted (via Phone): Siven by Name: Siven by Signature:
Reason:  Quantity/ Dosage: Parents Contacted (via Phone): Siven by Name: Siven by Signature:
Quantity/ Dosage: Parents Contacted (via Phone): Siven by Name: Siven by Signature: Witness Name:
Parents Contacted (via Phone): Siven by Name: Siven by Signature: Witness Name:
Parents Contacted (via Phone): Siven by Name: Siven by Signature: Witness Name:
Parents Contacted (via Phone): Siven by Name: Siven by Signature: Witness Name:
Siven by Signature:  Witness Name:
Vitness Name:
Vitness Name:
Vitness Signature:



#### **APPENDIX E – Returned Medication Form**



## MEDICATION RETURNED FORM # Name of Student: Date of Birth: Reason for Return: Name of Drugs to be Returned Checked by Agreed by Strength Na at of Drugs Tablets/Doses The above information is confirmed and medication is returned to the above named students parental carer. Signature of Staff returning Meds: Print Name: Signature of Parent/Carer: Print Name: Date of Return: For Office Use Only CDR Ref: Recorded by: Date:

COPY TO STUDENTS MEDICAL FILE/ COPY TO RECEIVER

