Overley Hall School

MEDICATION POLICY AND PROCEDURE

Overley Hall School

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1. Rationale and principles

1.1 Purpose and regulatory framework

1.2 Overley Hall School recognises that learners with medical conditions should be properly supported so that they can access and participate fully in education, including physical education, educational visits, activities and other aspects of school life. The purpose of this Medication Policy is to establish a clear and consistent framework for the safe receipt, storage, administration, recording, monitoring and disposal of medicines within the school.

1.3 Definitions - For the purposes of this policy, the following definitions apply:

1.4 AAI (Adrenaline Auto-Injector) - A prescribed emergency medication device used to administer adrenaline in the event of a severe allergic reaction (anaphylaxis).

1.5 Controlled Drug (CD) - A medication that is subject to additional legal controls under the Misuse of Drugs legislation due to its potential for misuse or dependence. Examples may include certain medications prescribed for ADHD, pain management and epilepsy.

1.6 Emergency Medication - Medication that is administered in response to a medical emergency requiring immediate treatment to prevent serious harm. Examples may include adrenaline for anaphylaxis and salbutamol for an asthma emergency.

1.7 IHMNP (Individual Health and Medical Needs Plan) - A personalised plan that sets out a learner's medical needs, prescribed medication, required support, emergency procedures, risk assessments and agreed arrangements for managing their health within the school setting. Please note that the school's **Individual Healthcare Plan** (IHP) requirements are fulfilled through the Overley Hall School Individual **Health and Medical Needs Plan** (IHMNP)."

1.8 PRN Medication ("When Required" Medication) - Medication prescribed or authorised for administration only when required for a specific reason or symptom, rather than at a fixed time. PRN medication must be administered in accordance with the learner's agreed protocol and documented instructions.

1.9 Rescue Medication - Medication administered in response to a specific medical condition or episode to prevent deterioration and reduce the risk of serious harm. Examples include medication used to manage prolonged epileptic seizures.

1.10 MAR (Medication Administration Record) - The official document used to record the administration or refusal of medication. MAR records provide a clear audit trail of medicines administered within school.

1.11 Gastrostomy - A feeding tube inserted through the abdomen directly into the stomach, which may be used to provide nutrition, fluids and medication where a learner is unable to safely take these by mouth.

1.12 PA2AM - Parental Agreement for the Setting to Administer Medication.

1.13 MRF - Medication Request Form.

1.14 MRAF - Medication Request Agreement Form.

1.15 Overley Hall School operates within applicable health and safety legislation and guidance issued by the Health and Safety Executive (HSE), the Department for Education (DfE) and other relevant government and regulatory bodies. The school will comply with the Education (Independent School Standards) Regulations 2014, as amended, and relevant statutory guidance concerning the support of learners with medical conditions.

1.16 The school will have regard to the DfE statutory guidance *Supporting pupils at school with medical conditions*, as amended or updated from time to time, together with other relevant legislation, guidance and professional standards.

1.17 Core principles

1.18 Overley Hall School will ensure that medicines are managed in a manner that:

- Promotes the health, safety and wellbeing of learners;
- Supports learners to access their education as fully as possible;
- Recognises that each learner's medical needs, abilities, wishes and circumstances are individual;

- Ensures medicines are administered only by appropriately authorised, trained and competent staff;
- Ensures appropriate consent, medical information and healthcare planning are in place;
- Respects the dignity, privacy, confidentiality, cultural and religious beliefs of each learner;
- Promotes independence and self-management wherever this is clinically appropriate and can be undertaken safely;
- Provides clear accountability for the receipt, storage, administration, recording and disposal of medicines;
- Minimises the risk of medication errors, omissions, misuse, loss or inappropriate access; and
- Provides appropriate arrangements for responding to medication-related incidents, adverse reactions, errors and emergencies.

1.19 Learners' individual needs and independence

1.20 Overley Hall School supports learners with complex and varied needs, some of whom require significant support with the management and administration of medicines. The school recognises that a learner's ability to understand, manage or self-administer medication will vary according to their individual needs, development, competence, capacity and circumstances.

1.21 Where it is safe and clinically appropriate to do so, the school will promote the development of independence and self-management skills. This may include supporting a learner towards self-administration of medicines where this has been assessed as appropriate and is supported by the learner's healthcare arrangements and relevant risk assessment.

1.22 Medication will be administered in a manner that protects the learner's dignity and privacy and takes account of their communication needs, sensory needs, cultural and religious beliefs and individual preferences wherever reasonably practicable.

1.23 The school will respect the confidentiality of learners and ensure that information relating to their medical conditions and medicines is handled appropriately and shared only where there is a legitimate need to know, in accordance with safeguarding, information-sharing and data-protection requirements.

1.24 Scope and responsibility for medication during the school day

1.25 Overley Hall School caters for learners who reside in Children's Homes as well as learners who live in their family homes. School staff may administer medicines during the school day where this is necessary to meet a learner's identified medical needs and/or to enable the learner to attend and participate in school.

1.26 The responsibilities of parents/carers, residential care staff, school staff and other relevant professionals must be clear, particularly where medication is transferred between the learner's home or residential placement and school.

1.27 Medicines must be provided to and collected from the school in accordance with the procedures set out within this Policy and its associated procedures. Appropriate arrangements must be in place to ensure the safe handover, storage, administration, recording and return of medicines.

1.28 When medicines will be administered

1.29 Where clinically possible, medicines should be prescribed in dosage frequencies that enable them to be administered outside school hours. Medicines will only be administered by the school where there is an identified need for them to be given during the school day or during a school activity, including where failure to administer the medicine could be detrimental to the learner's health, wellbeing or ability to attend or participate in education.

1.30 Prescription and non-prescription medicines will not normally be administered without appropriate written authorisation and consent. The school will ensure that the relevant consent, medical information, prescription instructions and healthcare planning documentation are in place before medicines are administered, except where emergency arrangements or other lawful circumstances apply.

1.31 No medicine containing aspirin will be administered unless it has been prescribed for the learner by an appropriate healthcare professional.

1.32 Any medicine administered by school staff must be administered in accordance with the prescriber's instructions, the relevant healthcare plan or medical protocol, the school's medication procedures and the requirements of this Policy.

1.33 Consent, competence and capacity

1.34 The school will obtain appropriate parental/carer consent and/or other lawful authority before administering medicines, using the school's prescribed documentation and procedures.

1.35 The school will also take account of the learner's own views, wishes and preferences and, where relevant, their ability to understand and participate in decisions about their medication. The principles of Gillick competence and the Mental Capacity Act 2005 will be considered where applicable.

1.36 Where there is uncertainty regarding consent, competence, capacity, parental responsibility, advocacy or authority to make decisions about medicines, the matter must be referred to the appropriate senior member of staff and, where necessary, relevant healthcare, social care or safeguarding professionals.

1.37 A completed **Parental Agreement for the School Setting to Administer Medication (PA2AM)** form and/or any other required documentation must be completed and signed by the appropriate persons before medication is administered, in accordance with the school's procedures.

1.38 Training and competency

1.39 The school will provide appropriate training, instruction and competency assessment for staff who are required to administer or otherwise manage medicines.

1.40 Staff must not administer medicines unless they have received the appropriate training and have been assessed as competent and authorised to undertake the relevant task. Training and competency will be reviewed periodically and whenever there is a significant change in a learner's medication, medical needs, treatment protocol or relevant school procedure.

1.41 The school will ensure that staff understand their individual roles and responsibilities and that appropriate arrangements are in place for supervision, escalation and access to advice when required.

1.42 Safe administration and uninterrupted working

1.43 The school will make every reasonable effort to ensure that staff administering medicines are not unnecessarily interrupted or distracted. Medication administration must take place in

accordance with the school's medication administration procedures and in an environment that supports safe practice, appropriate privacy and accurate recording.

1.44 Staff must follow the required checks before, during and after administration and must record medicines administered, refused, omitted or otherwise not given in accordance with the school's procedures.

1.45 Any medication error, omission, adverse reaction, suspected adverse reaction, loss or other medication-related incident must be reported and managed in accordance with the school's incident-reporting, safeguarding and medical procedures.

1.46 Relationship with individual healthcare and medical needs plans

1.47 This Medication Policy must be read alongside the learner's individual health and medical needs documentation, where applicable. This may include:

- Individual Health and Medical Needs Plans (IHMNPs);
- Individual Allergy Action Plans;
- Asthma Action Plans;
- Emergency healthcare protocols;
- Individual medication administration protocols; and
- Individual risk assessments.

1.48 Where a learner has an identified medical condition requiring specific medication arrangements, staff must be familiar with the relevant individual plan and follow the instructions and emergency arrangements contained within it.

1.49 The individual learner's healthcare and emergency plans must be readily accessible to appropriately authorised staff and reviewed when there is a significant change in the learner's medical needs, treatment or circumstances.

1.50 Relationship with the Allergy Safety Policy

1.51 Overley Hall School recognises that allergy is a potentially life-threatening medical condition and that effective allergy safety extends beyond the administration and storage of medicines.

1.52 The school therefore maintains a separate **Allergy Safety Policy**, which is the primary source of information for the school's whole-school arrangements for the prevention, recognition and management of allergy and anaphylaxis.

1.53 The Allergy Safety Policy sets out the detailed arrangements for:

- Identifying and recording learners with known allergies;
- Reducing the risk of exposure to known allergens;
- Allergy awareness and staff training;
- Allergy risk assessment and risk management;
- Allergy Action Plans and their relationship with Health and Medical Needs Plans;
- Management of food and other allergens;
- Emergency response to allergic reactions and anaphylaxis;
- Access to prescribed adrenaline auto-injectors and other adrenaline devices;
- The school's arrangements for spare or emergency adrenaline devices;
- Management of allergy-related incidents and near misses;
- Reporting, investigation, review and learning following an allergy incident or near miss;
- Educational visits, activities and other situations where a learner is away from their usual environment; and
- Communication with parents/carers/advocates and relevant healthcare professionals.

1.54 This Medication Policy provides the framework for the safe receipt, storage, administration, recording and disposal of medicines, including emergency medicines, but does not replace the detailed allergy safety arrangements contained within the Allergy Safety Policy.

1.55 Staff must be familiar with both policies and must follow the relevant learner's healthcare, allergy and emergency plans when supporting a learner with an allergy or anaphylaxis.

1.56 The Allergy Safety Policy will be reviewed at least annually and following any significant allergy-related incident, change in relevant guidance or legislation, or other circumstance indicating that an earlier review is required.

1.57 Associated policies, guidance and procedures

1.58 This Medication Policy should be read in conjunction with the following policies, legislation, guidance, plans and procedures, as applicable:

- Overley Hall School Allergy Safety Policy;
- Overley Hall School First Aid Policy;
- Overley Hall School Health and Safety Policy;
- Overley Hall School Educational Visits Policy;
- Overley Hall School Safeguarding and Child Protection Policy;
- Individual Health and Medical Needs Plans (IHMNPs);
- Individual Allergy Action Plans and Asthma Action Plans, where applicable;
- individual risk assessments and emergency protocols;
- relevant medication administration procedures and competency requirements;
- *Supporting pupils at school with medical conditions* – Department for Education statutory guidance, as amended or updated;
- Medicines Act 1968;
- Misuse of Drugs Act 1971;
- Misuse of Drugs (Safe Custody) Regulations 1973;
- Relevant provisions of the Mental Capacity Act 2005;
- Principles relating to Gillick competence, where applicable;
- Relevant Department of Health/NHS guidance concerning the use of emergency medicines in schools, including guidance relating to emergency salbutamol inhalers and adrenaline auto-injectors; and
- Other relevant legislation, statutory guidance and professional guidance concerning the safe and secure handling and administration of medicines.

1.59 Where legislation, statutory guidance or professional guidance is updated, the school will review the relevant sections of this Policy and associated procedures to ensure that they remain current and appropriate.

1.60 The Policy Pack

1.61 This Medication Policy must be read alongside the medication administration procedures and other operational documents contained within its appendices.

1.62 Collectively, this Policy and its associated procedures and appendices will be referred to as the Medication Policy Pack.

1.63 All staff involved in the receipt, storage, administration, recording, monitoring, transportation or disposal of medicines must follow the relevant requirements within the Medication Policy Pack and any individual learner-specific healthcare or emergency arrangements.

1.64 Leadership and governance

1.65 The Headteacher has overall responsibility for ensuring that appropriate systems, procedures, resources, training and competency arrangements are in place to support the safe management and administration of medicines within the school.

1.66 The school will ensure that clear lines of responsibility are established for medication management, including responsibility for:

- Authorising and overseeing medication procedures;
- Maintaining appropriate records;
- Ensuring staff training and competency;
- Monitoring compliance with this Policy;
- Managing medication-related incidents and learning from them;
- Ensuring appropriate communication with parents/carers/advocates and relevant professionals; and
- Reviewing this Policy and associated procedures.

1.67 Detailed responsibilities for the Headteacher, Medication Coordinator, medication-administering staff and other relevant personnel are set out within the Roles and Responsibilities section of this Policy.

1.68 Review

1.69 This Medication Policy will be reviewed at six monthly and sooner where required by changes in legislation, statutory guidance, professional guidance, school arrangements, medication practices, learner needs or following a significant medication-related incident.

1.70 The school will use incidents, near misses, audits, competency assessments and feedback from learners, parents/carers/advocates, staff and relevant professionals to inform continuous improvement of medication safety arrangements.

2.0 Medication

2.1 Prescribed Medication

2.2 Prescribed medication will only be accepted where it is supplied in its original pharmacy packaging with the dispensing label attached. The following information must be clearly visible on the label:

2.3 A pharmacy dispensing label stating:

1. The learner's name.
2. The name and strength of the medication.
3. The prescribed dose to be administered.
4. The time(s) or frequency of administration.
5. Any storage requirements.
6. The expiry date.
7. The date opened, where the medication has been opened prior to being brought into school.

2.4 If any of the above information is missing, the medication will not normally be accepted. In exceptional circumstances, the Headteacher may authorise acceptance following consultation with relevant staff and completion of a dynamic risk assessment. Such decisions are expected to be rare and will be formally recorded.

2.5 Medication labelled "as directed" will not be administered by school staff. Parents/Carers/Advocates should inform the prescribing GP or pharmacist that clear written administration instructions are required for medication to be administered within the school setting.

2.6 Prescribed medication will only be administered by a member of staff who has successfully completed:

- Advanced Medication Training;
- Administration of Medication in the Education Setting Training;
- First Aid at Work Training; and
- Medication Competency Assessment.

2.7 Staff witnessing and countersigning the administration of medication must have successfully completed:

- Advanced Medication Training;
- First Aid Appointed Person Training; and
- A Medication Competency Assessment.

2.8 All staff involved in administering and/or countersigning medication must successfully complete a competency assessment, which will be reviewed annually.

2.9 Additional monitoring and competency checks will be undertaken by the Medication Coordinator and recorded appropriately. Further training and support will be provided where required.

2.10 All staff involved in the administration of medication will have completed face-to-face first aid training.

2.11 New staff will complete face-to-face first aid training, advanced medication training and online first aid training as part of their induction before undertaking a competency assessment.

2.12 A minimum of three successful competency assessments will be required before staff are authorised to administer or witness the administration of medication independently.

2.13 On the rare occasion that a member of staff expresses a wish not to administer or witness the administration of medication, senior leaders will listen to and respect that decision.

2.14 Prescribed medication will only be administered when:

- A Parental Agreement for the Setting to Administer Medication (PA2AM) has been completed and signed by the Parent/Carer/Advocate for the specific medication;
- A Medical Request Form (MRF) has been completed;
- A Medication Request Agreement Form (MRAF) has been approved and signed by the school; and
- Where applicable, an updated Individual Health and Medication Needs Plan has been completed for any new or additional medication.

2.15 The Individual Health and Medical Needs Plan will be reviewed annually, or sooner if required due to changes in the learner's medical needs or prescribed medication.

2.16 When a prescribed course of medication has ended, this will be recorded on the PA2AM and the Individual Health and Medical Needs Plan.

2.17 Labels removed from medication packaging and any surplus or expired medication will be disposed of in accordance with the school's Medication Policy and procedures.

2.18 The Medication Administration Record (MAR) for that medication will be stored within the learner's Health and Medical Needs Plan in a clearly labelled section entitled "Completed Medication Administration Records".

3.0 Non-Prescribed Medication

3.1 It is expected that requests for the administration of non-prescribed medication in school will be rare.

3.2 This section provides guidance for staff authorised and trained to administer medication and outlines the circumstances in which non-prescribed medication may be administered to learners attending Overley Hall School. Any administration of non-prescribed medication must be agreed in advance with the Parent/Carer/Advocate and authorised in accordance with this policy.

3.3 Prior authorisation must be obtained before any non-prescribed medication is brought into school or administered to a learner.

3.4 The request must be recorded on the Medication Request Form (MRF), and approval must be documented on the Medication Request Agreement Form (MRAF). Non-prescribed medication must not be brought into school without the knowledge and agreement of the Parent/Carer/Advocate.

3.5 The school will establish, in consultation with the Parent/Carer/Advocate, whether the learner has previously taken the medication without adverse effects, in accordance with the Managing Non-Prescribed Medicines Procedure.

3.6 Where the learner has not previously taken the medication, or where there is a relevant medical condition or concern regarding suitability, advice will be sought from a pharmacist, GP or NHS 111 and recorded appropriately before the medication is administered.

3.7 Where written advice cannot be obtained, details of any verbal advice received from a pharmacist, GP or NHS 111 will be recorded on the Confirmation of Non-Prescribed Medicines by a Pharmacist or GP Form.

3.8 Where administration is approved, the medication will be entered onto the Medication Administration Record (MAR) in accordance with the school's Transcribing Procedure.

3.9 Where a non-prescribed medication is to be administered on a "when required" basis rather than at a specified time, the requirements relating to PRN ("when necessary") medication must be followed.

3.10 Approval must have been granted by the Headteacher and/or Medication Coordinator, and all required documentation must have been completed, including the PA2AM, MRF and MRAF.

3.11 All non-prescribed medication must be supplied to the school by the Parent /Carer /Advocate.

3.12 The school will not maintain a stock supply of non-prescribed medication. Staff will work proactively with families to support the health, wellbeing and comfort of learners.

3.13 The intended duration, purpose, route of administration and method of use must be agreed in advance and recorded on the PA2AM and MRF.

3.14 Any remaining non-prescribed medication will be returned to the Parent/Carer/Advocate once the agreed treatment period has ended.

3.15 Where staff are uncertain about the suitability of a non-prescribed medication, advice must be sought from a pharmacist, GP or NHS 111 before administration.

3.16 Requests for the administration of pain relief are expected to be short-term and will only be considered following approval by the Headteacher or delegated Medication Coordinator.

3.17 Approval will be based on the information available and completion of all required documentation. No new medication will be administered until the MRF and MRAF have been completed and approved.

3.18 Non-prescribed medication will only be administered by members of staff who have successfully completed:

- Advanced Medication Training;
- Administration of Medication in the Education Setting Training;
- First Aid at Work Training; and
- A Medication Competency Assessment.

3.19 All non-prescribed medication must be administered in accordance with the manufacturer's instructions and licensed indications for use.

3.20 Obtaining and Storage of Non-Prescribed Medication

3.21 Storage and disposal of non-prescribed medication will be undertaken in accordance with the school's Medication Policy.

- All non-prescribed medication must be supplied by the Parent/Carer/Advocate.
- All non-prescribed medication will be stored securely in a locked medication cupboard.
- Non-prescribed medication will be kept separately from prescribed medication in a clearly designated and labelled area.
- Expiry dates will be checked regularly by designated staff who have been assessed as competent to undertake this responsibility.

3.22 Record Keeping

3.23 Administration of non-prescribed medication will be recorded on the learner's Medication Administration Record (MAR) immediately following administration.

3.24 The Parent/Carer/Advocate will be informed as soon as reasonably practicable to ensure that the total daily dose administered does not exceed the manufacturer's recommendations.

3.25 Communication with parents, whether by telephone, email or other agreed method, will include the:

- Medication administered;
- Dose given;
- Time administered; and
- Reason for administration.

3.26 Appropriate consent must be in place before non-prescribed medication can be administered. Relevant documentation will be stored within the learner's Individual Health and Medication Plan.

3.27 Where non-prescribed medication is administered during an off-site visit, this must be recorded on the trip medication documentation and transferred to the MAR on return to school.

3.28 The administration of non-prescribed medication must also be recorded on Behaviour Watch within the Health and Wellbeing section and referenced in the Daily Log.

3.29 Records must include:

- Date;
- Time;
- Name of medication;
- Dose administered;
- Reason for administration; and
- Name of the staff member administering the medication.

3.30 Procedure for Administration of Non-Prescribed Medication

3.31 Where a request has been made for the administration of non-prescribed medication, staff will verify that:

- Appropriate consent has been obtained;
- Any required professional advice has been sought and recorded;
- The medication is authorised for administration; and
- The MAR has been completed appropriately.

3.32 Staff must establish when the learner last received a dose, including any dose administered before arrival at school.

3.33 Where authorisation has been granted, the medication will be administered in accordance with the Administration of Medicines Procedure.

3.34 Where authorisation has not been granted, staff must not administer the medication and must refer the matter to the Medication Coordinator or Deputy Medication Coordinator, who will liaise with the Parent/Carer/Advocate regarding the school's decision.

3.35 Staff must not provide medical advice or recommendations regarding non-prescribed medicines, alternative remedies or complementary therapies.

3.36 Administration of Medicines Procedure

1. Confirm the learner's identity using the school's approved identification procedures.
2. Assess the learner and establish whether administration is necessary and appropriate.
3. Check for known allergies and establish whether any medication has been administered within the previous 24 hours.
4. If another dose may have been administered outside school, contact the Parent/Carer/Advocate to confirm details before proceeding.
5. Confirm that documented consent is in place within the Individual Health Care Plan and associated medical records.
6. Check the medication name, expiry date, dosage instructions, route of administration and intended purpose.
7. Confirm that the reason for administration matches the agreed indications recorded in the learner's documentation.
8. Administer the medication in accordance with the manufacturer's instructions.
9. Observe the learner taking or receiving the medication.
10. Record administration immediately on the MAR, including dose, time and signature.
11. Inform the Parent/Carer/Advocate that the medication has been administered and record the communication.

4.0 Controlled Medication

4.1 A controlled drug is a medication that is subject to specific legal controls under the Misuse of Drugs legislation. Examples may include certain medicines prescribed for Attention Deficit

Hyperactivity Disorder (ADHD), epilepsy, severe pain management and other medical conditions.

4.2 The administration of controlled medication within school must be specifically authorised by the Headteacher and documented within the learner's Individual Health and Medical Needs Plan.

4.3 Prior to accepting any controlled medication, the school will undertake an individual risk assessment considering:

- The learner's medical needs;
- Storage requirements;
- Administration arrangements;
- Access and security arrangements;
- Emergency procedures; and
- Staff training requirements.

4.4 The risk assessment will be reviewed regularly and whenever there is a change to the medication, dosage or learner's needs.

4.5 Controlled medication must be supplied in its original pharmacy packaging with a dispensing label attached and must be accompanied by all required medication documentation as detailed in Section 2 of this policy.

4.6 Controlled medication will be stored securely in a locked, non-portable controlled medication cupboard or other secure location as determined by the school's risk assessment. For controlled medications prescribed for conditions such as Attention Deficit Hyperactivity Disorder (ADHD), including but not limited to Methylphenidate (e.g. Ritalin, Concerta) and Lisdexamfetamine (e.g. Elvanse), a running balance of medication received, administered, returned and disposed of will be maintained. The quantity of medication held in school will be checked and reconciled against administration records on a regular basis. Any discrepancies will be reported immediately to the Headteacher and investigated in accordance with the school's medicines management procedures

4.7 Access to controlled medication will be restricted to authorised members of staff only.

4.8 Controlled medication will only be administered by staff who have completed the required medication training and competency assessments in accordance with this policy.

4.9 Where appropriate, administration will be witnessed and countersigned by a second authorised member of staff.

4.10 A record of all controlled medication received, administered, returned or disposed of will be maintained. Records will include:

- Learner's name;
- Name and strength of medication;
- Quantity received;
- Quantity administered;
- Quantity returned or disposed of;
- Date and time of administration; and
- Signatures of the staff involved.

4.11 Any surplus, expired or discontinued controlled medication will be returned to the Parent/Carer/Advocate wherever possible for safe disposal through a pharmacy. The school will maintain records of all medication returned or disposed of.

4.12 Controlled medication required for educational visits or off-site activities will be transported, stored and administered in accordance with the learner's Individual Health and Medical Needs Plan and associated risk assessment.

5.0 Medication handover- for prescribed and non-prescribed medicines

5.1 Medication Handover - Prescribed and Non-Prescribed Medication

5.2 Medication must be delivered to school by a Parent/Carer/Advocate at a mutually agreed time.

5.3 Medication **must not** normally be transported to or from school by learners or on local authority transport. In exceptional circumstances, alternative arrangements may be authorised

by the Headteacher following completion of an appropriate risk assessment and agreement of control measures.

5.4 All medication must be brought to the school's main reception, where a member of the administration team will contact the School Health and Wellbeing Team or Medication Coordinator to receive and check in the medication.

5.5 At the point of handover, the Parent/Carer/Advocate and the receiving member of staff will jointly verify and record the quantity of medication supplied. This will be documented in the Medication Signing In and Out Book (MSI/O). For controlled drugs, including medications prescribed for ADHD such as Methylphenidate and Lisdexamfetamine, an accurate stock balance will be recorded and maintained to ensure a clear audit trail and support safe medicines management.

5.6 Upon receipt, the medication will be checked against the accompanying documentation and the following information verified:

1. Learner's name.
2. Name and strength of the medication.
3. Prescribed dose.
4. Time(s) or frequency of administration.
5. Storage requirements.
6. Expiry date.
7. Route of administration.

5.7 If the medication meets the requirements of this policy, receipt will be recorded and signed in the Medication Signing In and Out Book (MSI/O).

5.8 Medication will be stored in the Medication Room located within the school reception area. Medication will be kept in a locked medicines cupboard, locked controlled-drug cabinet (where appropriate), or locked refrigerator, according to storage requirements. The Medication Room will remain locked when unattended.

5.9 Medication must not be sent to or from school with a learner and must only be handed over directly to, or collected from, an authorised adult unless alternative arrangements have been formally agreed by the Headteacher.

5.10 All medication received by, transferred within, returned from, or disposed of by Overley Hall School will be recorded in the Medication Signing In and Out Book (MSI/O).

5.11 Medication that is no longer required must be collected by a Parent/Carer/Advocate and signed out as returned. Any medication that is not collected within an agreed timescale will be managed in accordance with the school's Medicines Policy.

5.12 Medication will only be administered by members of staff who have successfully completed Advanced Medication Training, Administration of Medication in the Education Setting Training, First Aid at Work Training and the required competency assessments.

5.13 The Medication Coordinator, School Health and Wellbeing Team and relevant class staff will work together to ensure learners attend at the appropriate time to receive their medication as prescribed.

5.14 Medication will normally be administered within the designated Medication Room.

5.15 Exceptions may apply during educational visits, community visits, emergency situations, or where a learner's assessed needs require an alternative arrangement.

5.16 Where a learner is unable to access the Medication Room due to:

- Illness;
- Reduced mobility;
- Anxiety;
- Behaviour that challenges; or
- Any other identified need,

5.17 An individual risk assessment and medication administration plan will be completed to ensure medication can be administered safely.

5.18 When medication is transported around the school site, it will be carried securely in a locked medication container by an authorised member of staff.

6.0 Record Keeping

6.1 Record Keeping

6.2 The school has robust procedures in place for the safe receipt, storage, administration, recording and disposal of medication. These procedures are informed by medication management training, relevant legislation, regulatory guidance and recognised good practice. Detailed procedures and supporting documentation are available within the school's Medicines Management Procedures and associated risk assessments.

6.3 Accurate records will be maintained for all medication administered within school, including prescribed, non-prescribed and controlled medication. All staff involved in the administration of medication must follow the school's agreed procedures and ensure that records are completed accurately, contemporaneously and in accordance with this policy.

6.4 The Medication Coordinator will provide guidance and support to staff where required and will undertake regular monitoring to ensure compliance with the school's medicines management procedures.

6.5 A copy of the British National Formulary (BNF) is available within the Medication Room. The BNF provides reference information relating to the use, administration, cautions and side effects of medicines and may be used by authorised staff as a source of information alongside manufacturer instructions, professional advice and the learner's Individual Health and Medical Needs Plan.

6.6 Medication records, including Medication Administration Records (MARs), consent forms, medication audits and associated documentation, will be retained and stored securely in accordance with the school's records management procedures, data protection requirements and statutory retention schedules.

7.0 Gastrostomy administration of medication

7.1 Gastrostomy is a medical procedure in which a feeding tube is inserted through the abdomen directly into the stomach. A gastrostomy tube may be used to provide nutrition, fluids and medication to individuals who are unable to eat, drink or take medication safely by mouth

7.2 Medication administered via a gastrostomy tube will only be undertaken by members of staff who have successfully completed:

- Advanced Medication Training;
- First Aid Training; and
- Specific Gastrostomy Feeding and Medication Administration Training.

7.3 Staff competency in gastrostomy feeding and medication administration will be reviewed regularly and reassessed whenever there is a change in the learner's needs, equipment, medication regime, or where concerns regarding practice are identified.

7.4 Staff must also have been assessed as competent by an appropriately qualified NHS healthcare professional before administering medication via a gastrostomy tube independently.

7.5 Administration must be carried out in accordance with the learner's Individual Health and Medication Plan, relevant clinical guidance, and the school's medication procedures.

7.6 Staff competency in gastrostomy feeding and medication administration will be reviewed regularly and reassessed whenever there is a change in the learner's needs, equipment, medication regime, or where concerns regarding practice are identified.

8.0 Rescue and Emergency Medication

8.1 General

8.2 Emergency and rescue medication must be managed in accordance with this Medication Policy, the learner's Individual Health and Medical Needs Plan (IHMNP), any individual risk assessment and any condition-specific emergency protocol.

8.3 Staff responsible for administering rescue or emergency medication must have completed the required medication and first aid training, together with any condition-specific training relevant to the learner's needs. Staff must be familiar with the learner's IHMNP, risk assessment and emergency protocols before assuming responsibility for administering rescue medication.

8.4 Allergy, Anaphylaxis and Asthma

8.5 Where emergency medication relates to allergy, anaphylaxis or asthma, staff must additionally follow the Overley Hall School Allergy Safety Policy, together with the relevant Allergy Action Plan, Asthma Action Plan, IHMNP and emergency protocol.

8.6 Epilepsy

8.7 Learners with epilepsy will have an agreed seizure management protocol and care plan documented within their IHMNP and individual risk assessment.

8.8 Rescue medication will only be administered in accordance with the individual learner's prescribed protocol, risk assessment and healthcare plan.

8.9 Where rescue medication is administered, emergency services and parents/carers/advocates will be contacted in accordance with the learner's agreed seizure management protocol.

8.10 Protocol for Administering Rescue Medication

1. Learners requiring rescue medication will have an agreed individual protocol and management plan documented within their IHMNP and individual risk assessment.
2. Rescue medication will only be administered in accordance with the learner's prescribed protocol, individual risk assessment and healthcare plan.
3. Rescue medication must be stored securely whilst remaining readily accessible to authorised staff in an emergency. The storage location must be clearly identified within the learner's risk assessment and healthcare documentation.
4. Rescue medication must accompany the learner on all educational visits, community visits and off-site activities.
5. During transportation, rescue medication must be stored securely whilst remaining readily accessible to accompanying staff should an emergency arise.
6. Rescue medication must be checked during handover arrangements to ensure:
    - The correct medication is present;
    - The required quantity is available;
    - The medication remains within its expiry date; and
    - All associated documentation is available.

7. Both the staff member handing over and the staff member receiving the medication must sign the relevant medication documentation to confirm the transfer.
8. The Medication Coordinator will undertake regular audits of rescue medication arrangements to ensure compliance with the school's medication procedures.

8.11 Emergency Salbutamol Kit

8.12 The school maintains an Emergency Salbutamol Kit in accordance with current guidance. The kit is stored securely in a clearly labelled and readily accessible location known to relevant staff.

8.13 The kit currently contains:

- One salbutamol inhaler; and
- Two compatible spacers.

8.14 Emergency Salbutamol Administration

8.15 Emergency salbutamol may only be administered to learners who have a diagnosis of asthma and whose Parent/Carer/Advocate has provided written consent through the Emergency Salbutamol Permission Slip (ESPS).

8.16 The storage, accessibility, administration and use of emergency salbutamol must be undertaken in accordance with:

- The learner's Asthma Action Plan;
- The learner's IHMNP; and
- The school's emergency asthma procedures.

8.17 Where a learner's asthma is associated with, or overlaps with, an allergy, staff must also follow the Overley Hall School Allergy Safety Policy and any associated Allergy Action Plan.

8.18 Anaphylaxis and Adrenaline Auto-Injectors (AAIs)

8.19 Learners identified as being at risk of anaphylaxis may be prescribed an Adrenaline Auto-Injector (AAI).

8.20 Arrangements relating to the storage, accessibility, administration and monitoring of AAIs are detailed within:

- The Overley Hall School Allergy Safety Policy;
- The learner's IHMNP;
- The learner's Allergy Action Plan; and
- Any associated individual risk assessment.

8.21 The Allergy Safety Policy also details arrangements relating to:

- Emergency response procedures;
- Staff training;
- Educational and community visits;
- Spare or emergency adrenaline devices;
- Medication monitoring and checks;
- Record keeping; and
- Incident and near-miss reporting.

8.22 Where a learner requires an AAI, an individual risk assessment will be completed to ensure appropriate arrangements are in place for the safe storage, accessibility and administration of the medication.

8.23 All staff at Overley Hall School receive face-to-face First Aid training.

8.24 Staff will also receive allergy awareness and emergency response training in accordance with the school's Allergy Safety Policy. Training will include:

- Recognition of allergic reactions;
- Recognition of anaphylaxis;
- Emergency response procedures; and
- The use of adrenaline devices where appropriate.

8.25 Staff must follow the learner's Allergy Action Plan, IHMNP and prescribed emergency protocol when responding to an allergic reaction or suspected anaphylaxis.

8.26 If a member of staff suspects that a learner is experiencing an anaphylactic reaction, adrenaline must be administered without delay in accordance with the learner's emergency protocol and the school's Allergy Safety Policy.

8.27 Where there is any doubt regarding the severity of an allergic reaction, staff should err on the side of caution and follow the learner's Allergy Action Plan and emergency protocol. Where anaphylaxis is suspected, adrenaline should be administered without delay, and emergency medical assistance should be sought immediately. Staff must follow the procedures set out within the school's Allergy Safety Policy and any current statutory or professional guidance relating to the management of anaphylaxis.

8.28 The learner's prescribed AAI should be used where available. Where appropriate and in accordance with the school's emergency arrangements, a spare or emergency AAI may be used. The emergency device acts as a safeguard and does not replace the learner's own prescribed medication. [assets.pub...ice.gov.uk], [gov.uk]

8.29 Where anaphylaxis is suspected, 999 must be called immediately, even if the learner appears to recover following administration of adrenaline. Staff must remain with the learner and continue to follow the learner's emergency protocol and the school's Allergy Safety Policy until emergency medical assistance arrives. [assets.pub...ice.gov.uk], [gov.uk]

8.30 The Medication Coordinator will ensure that arrangements for prescribed and emergency rescue medication, including adrenaline devices and emergency salbutamol, are incorporated into the school's medication management, monitoring and audit procedures.

9.0 Management of ‘when required’ (PRN) Medication

9.1 Robust arrangements for the management of "when required" (PRN) medication help to ensure that learners receive medication at the appropriate time, in the appropriate dose, for the appropriate reason, and that its effectiveness is monitored and reviewed.

9.2 PRN medication will only be administered when required and when the learner presents with the symptoms or condition identified within their medication plan or prescribed instructions. PRN medication is not administered as a routine daily medication or at fixed times.

9.3 Common examples of PRN medication may include pain relief, laxatives, allergy medication and rescue medication prescribed for specific medical conditions.

9.4 Where prescribed medication is authorised as a "when required" (PRN) or variable-dose medication, a specific PRN Medication Form will be completed and linked to the learner's Medication Administration Record (MAR).

9.5 The following information will be documented:

- Medication name, strength and formulation;
- Prescribed dose;
- Route of administration;
- Permitted frequency of administration;
- Minimum time interval between doses;
- Maximum dose permitted within a 24-hour period;
- Reason for administration and intended outcome;
- Symptoms or indicators that would support administration;
- How staff should assess the learner's need for the medication;
- Any known circumstances where the medication should not be given;
- The prescriber's specific instructions for administration or omission;
- Any other medication that may increase the risk of duplicate dosing;
- Arrangements for recording effectiveness following administration; and
- Review date for the PRN medication.

9.6 Where PRN medication is administered frequently, or where it does not achieve the intended outcome, consideration should be given to seeking a review by the prescriber or other relevant healthcare professional.

9.7 Following the administration of PRN medication, staff must monitor the learner and evaluate the effectiveness of the medication within an appropriate timescale. Any concerns regarding side effects, deterioration in the learner's condition, or lack of effectiveness must be reported to the Medication Coordinator and, where necessary, to the Parent/Carer/Advocate and relevant healthcare professional.

9.8 All administrations of PRN medication, together with the outcome and effectiveness of the intervention, must be recorded appropriately.

9.9 Where staff believe PRN medication may be required, they must assess the learner in accordance with the agreed protocol and consult a Senior Leader, Medication Coordinator, or other designated authorised person where appropriate.

9.10 The reason for administration, the decision-making process and the outcome must be recorded in the learner's medication records. The final decision to administer PRN medication must be based on the learner's documented medication plan, prescribed instructions and presenting symptoms.

10.0 Educational Visits and Community Outings

10.1 Educational Visits and Community Outings

10.2 Medication will only be administered during educational visits or community outings by members of staff who have completed the training, competency assessments and authorisations required under this policy.

10.3 Where practicable, medication administration will be planned to take place within the school day before or after an educational visit or community outing. However, medication will always be administered during visits where required to meet a learner's assessed medical needs.

10.4 Any prescribed or non-prescribed medication required during an educational visit or community outing must be considered as part of the visit planning process and relevant risk assessments.

10.5 Where non-prescribed medication may be required, this must be authorised in accordance with the school's medication procedures and approved by the Medication Coordinator and Headteacher prior to the visit taking place.

10.6 The Educational Visits Coordinator (EVC) approval process will include consideration of medication arrangements and associated risk assessments.

10.7 Where medication is required during an educational visit or community outing, the original pharmacy-labelled container or packaging should be taken wherever possible.

10.8 Medication must be transported securely in a locked medication container or bag and remain under the supervision of an authorised member of staff at all times. Prior to departure, the visit leader will verify that all required medication, associated equipment, emergency care plans, consent documentation and emergency contact details are present and immediately accessible for the duration of the visit.

10.9 Where medication requires temperature-controlled storage, an appropriate locked cool container will be used to maintain the required temperature in accordance with manufacturer instructions.

10.10 Epilepsy rescue medication must accompany the learner on all educational visits, community outings and off-site activities.

10.11 A suitably trained and competent member of staff must accompany any learner who may require rescue medication and must administer the medication in accordance with the learner's IHMNP, individual risk assessment and agreed seizure management protocol. Prior to departure, the visit leader will verify that all required medication, associated equipment, emergency care plans, consent documentation and emergency contact details are present and immediately accessible for the duration of the visit.

10.12 Where rescue medication is administered, emergency services and parents/carers/advocates will be contacted in accordance with the learner's agreed emergency procedures.

10.13 Asthma medication, Adrenaline Auto-Injectors (AAIs) and any other emergency medication must accompany the learner where required and be available in accordance with the learner's IHMNP, individual risk assessment and emergency protocol.

10.14 For learners with allergies, the arrangements contained within the Overley Hall School Allergy Safety Policy, including arrangements for prescribed adrenaline devices, Allergy Action Plans, emergency response procedures and access to emergency medication, must be followed.

10.15 Staff planning, leading or supporting educational visits must ensure that they have access to all relevant plans and emergency procedures before the visit takes place.

10.16 All medication carried during educational visits or community outings must remain readily accessible to authorised staff in the event of an emergency whilst being stored securely to prevent unauthorised access.

10.17 A Protocol for Emergency Rescue Medication on Educational Visits and Journeys (Off-Site) Permission Form (ERMEV) will be completed and reviewed annually with parents/carers/advocates, or sooner where there is a change to a learner's medical needs.

10.18 Staff must be aware of how a learner's medical condition may affect their participation in educational visits and community outings. However, reasonable adjustments will be made wherever possible to enable learners to participate safely and fully in accordance with their individual needs.

10.19 The school will undertake appropriate risk assessments and planning arrangements to ensure that learners with medical needs are included in activities wherever it is safe and appropriate to do so.

10.20 This process will involve consultation with the learner, parent/carer/advocate and, where necessary, relevant healthcare professionals to ensure appropriate support arrangements are in place.

11.0 After-school clubs/activities

11.1 A qualified First Aider will be available on site during all after-school clubs and activities.

11.2 Where a learner attends an after-school club or activity, the Pastoral Co-ordinator will ensure that appropriate arrangements are in place to support the learner's medical needs and enable them to participate safely. All relevant procedures outlined in this policy must be followed.

11.3 Where the support provided during an after-school club or activity differs from that normally available during the school day, the Medication Co-ordinator will liaise with the Headteacher and

the parent/carer/advocate to ensure that an appropriate risk assessment is completed and that suitable arrangements are in place.

12.0 Expired Medication

12.1 All prescribed and non-prescribed medication stored on school premises will be subject to monthly expiry date checks, which will be recorded.

12.2 Parents/carers/advocates are responsible for collecting any unused or expired medication and arranging for its appropriate disposal. Where medication has not been collected by the end of the term, the school will ensure its safe disposal through Wellington Pharmacy. Records of all expired medication disposed of by the school will be maintained in the Expired Medication Log (EM).

13.0 Refusal to Take Medication

13.1 If a learner refuses to take their medication in school:

- Staff should encourage the learner to take the medication and offer it again in accordance with the learner's Individual Health and Medical Needs Plan (where applicable).
- If the learner continues to refuse, staff must not force the learner to take the medication.
- The refusal must be reported immediately to a member of the Health and Wellbeing Team or the Medication Co-ordinator.
- The refusal and any actions taken must be recorded on the Medication Administration Record (MAR).
- The class teacher/tutor and parent/carer/advocate must be informed as soon as possible.
- Where appropriate, advice may be sought from NHS 111 or another relevant healthcare professional.
- If the learner's condition deteriorates or there are concerns about their immediate health or safety, staff must call 999 and follow emergency procedures.

13.2 If a learner refuses to take their medication during an educational visit or off-site activity:

- Staff should encourage the learner to take the medication and offer it again in accordance with the learner's Individual Health and Medical Needs Plan (where applicable).
- If the learner continues to refuse, staff must not force the learner to take the medication.
- The visit leader should undertake a dynamic risk assessment and consider whether reasonable adjustments to the activity are required.
- Where necessary, the activity may be modified, paused or terminated for the learner in order to ensure their safety.
- The refusal must be reported to a member of the Health and Wellbeing Team, the Medication Co-ordinator or the Headteacher at the earliest opportunity.
- The refusal and all actions taken must be recorded on the Medication Administration Record (MAR) and any educational visit records as appropriate.
- The parent/carer/advocate must be informed as soon as possible.
- Advice may be sought from NHS 111 where appropriate.
- If the learner's condition deteriorates or there are concerns about their immediate health or safety, staff must call 999, follow emergency procedures and inform the Headteacher as soon as practicable.

14.0 Misadministration, Medication Incidents and Allergy Incidents

14.1 The school will ensure that medication errors, medication incidents, allergic reactions and allergy-related near misses are appropriately managed, recorded, reported and reviewed.

14.2 These events must be distinguished from one another so that the appropriate response, recording and reporting procedures are followed, and so that lessons can be learned to reduce the risk of recurrence.

14.3 Medication Errors and Misadministration

14.4 A medication error or misadministration includes, but is not limited to:

- Administering the wrong medication;
- Administering the wrong dose;
- Administering medication to the wrong learner;

- Administering medication at the wrong time where this constitutes an error;
- Administering medication via the wrong route; or
- Omitting a required dose.

14.5 In the event of a medication error or misadministration, appropriate medical advice will be sought immediately, where required. This may include advice from NHS 111, the prescribing clinician, specialist healthcare professionals or emergency services, as appropriate.

14.6 The Headteacher and the learner's parent/carer/advocate will be informed as soon as practicable, and any medical advice received will be followed.

14.7 A Medication Incident Form (MIF) or Medication Misadministration Form (MMF), as appropriate, will be completed. The incident will be recorded, investigated and reviewed in accordance with this policy, the school's safeguarding procedures and incident reporting arrangements.

14.8 Where required, notifications may include:

- The learner's active social worker;
- The placing authority duty social worker, where there is no active social worker;
- The school's Support and Scrutiny (SAS) Chair;
- The Proprietor; and
- Relevant safeguarding partners or agencies, where required and in accordance with the school's Safeguarding Policy.

14.9 Allergy-Related Incidents and Near Misses

14.10 Any suspected allergic reaction, anaphylactic reaction or allergy-related near miss involving actual or potential exposure to a known or suspected allergen must be managed and recorded in accordance with the Overley Hall School Allergy Safety Policy.

14.11 An allergy near miss is an event involving actual or potential exposure to a known or suspected allergen where no allergic reaction occurs. Examples include:

- A learner being given food containing a known allergen;
- A learner coming into contact with a known allergen;

- An allergen being present in an area where it should have been excluded; or
- A failure in allergen controls which could reasonably have resulted in exposure.

14.12 An allergy near miss must be recorded and reviewed even where the learner remains completely well.

14.13 An allergy incident is an actual allergic reaction, including suspected anaphylaxis. Such incidents must be managed immediately in accordance with the learner's Individual Health and Medical Needs Plan, Allergy Action Plan and the school's emergency procedures, as applicable.

14.14 Allergy Safety Arrangements

14.15 The Overley Hall School Allergy Safety Policy sets out the school's arrangements for:

- Immediate response and emergency treatment;
- Contacting emergency services and parents/carers/advocates;
- Recording and reporting incidents and near misses;
- Identifying the circumstances and contributing factors;
- Reviewing incidents and near misses;
- Identifying lessons learned;
- Reviewing relevant risk assessments and individual health and medical needs plans;
- Identifying any required changes to procedures, training or allergy-control measures; and
- Communicating relevant learning to staff.

14.16 Relationship Between Medication and Allergy Incidents

14.17 An allergy-related incident or near miss must not be recorded solely as a medication incident where the underlying issue relates to allergy management or allergen exposure.

14.18 Where medication administration was also involved, both the relevant medication records and the allergy incident or near-miss reporting procedures must be completed.

14.19 Where an event falls into more than one category, all relevant reporting and review processes must be followed.

14.20 For example, where an allergic reaction occurs following the incorrect administration of medication, the event must be recorded, investigated and reviewed as both:

- A medication incident/misadministration; and
- An allergy-related incident.

14.21 Review Following an Incident or Near Miss

14.22 Following a medication error, medication incident, allergy-related incident or significant allergy-related near miss, the Medication Co-ordinator and/or Headteacher will ensure that the circumstances are reviewed and that relevant documentation is updated where necessary.

14.23 The review may include consideration of:

- The learner's Individual Health and Medical Needs Plan or other individual medical needs plan;
- The learner's Allergy Action Plan;
- Relevant risk assessments;
- Medication arrangements and administration records;
- Staff training and competency;
- Allergy controls and procedures; and
- Any other relevant school arrangements.

14.24 The school will use medication incidents, allergy incidents and near misses as opportunities for learning, improvement and prevention.

14.25 Reviews will consider:

- What happened;
- Why it happened;
- Whether any contributory factors can be identified; and
- What actions are required to reduce the likelihood of recurrence.

14.26 Any agreed changes to procedures, training, risk assessments, healthcare plans or allergy-control measures will be communicated to relevant staff in accordance with the school's Allergy Safety Policy, Medication Policy and Safeguarding Policy.

14.27 The purpose of incident reporting and review is not solely to document events, but to ensure that appropriate action is taken, lessons are learned and preventative measures are strengthened.

14.28 Unacceptable Practice

14.29 Whilst staff should exercise professional judgement and consider each learner's individual circumstances and healthcare needs, the following practices are generally unacceptable:

- Preventing learners from easily accessing their inhalers, medication or other medical equipment, or preventing them from administering medication when and where necessary;
- Assuming that all learners with the same medical condition require identical treatment;
- Ignoring the views of learners, parents/carers/advocates or relevant medical advice, evidence or professional opinion;
- Sending learners with medical conditions home frequently for reasons associated with their condition, or preventing them from remaining in school for normal activities, including lunch, unless this is specified within their Individual Health and Medical Needs Pan;
- Sending a learner who is unwell to the medical room unaccompanied or with an unsuitable escort;
- Penalising learners for their attendance record where absences are related to their medical condition, including attendance at hospital or healthcare appointments;
- Preventing learners from drinking, eating, taking medication, using toilet facilities or taking other necessary breaks required to manage their medical condition effectively;
- Requiring parents/carers/advocates, or making them feel obliged, to attend school to administer medication or provide medical support, including support with toileting needs;
- Failing to provide appropriate support for a learner's medical needs such that a parent/carer/advocate is prevented from working; or
- Preventing learners from participating in school life, including educational visits, sporting activities and enrichment opportunities, or creating unnecessary barriers to participation.

14.30 Complaints

14.31 Should parents/carers/advocates be dissatisfied with the support provided for a learner's medical needs, they should raise their concerns with the school in the first instance.

14.32 If concerns cannot be resolved informally, a formal complaint may be made through the school's Complaints Procedure, available at www.overleyhall.com.

14.33 Parents/carers/advocates may also pursue any other routes of complaint, appeal or legal redress available to them in accordance with relevant legislation and statutory guidance.

15.0 Staff Medication (Including Asthma Inhalers and Adrenaline Auto-Injectors)

15.1 Staff must comply with the school's requirements regarding medication, as set out in the Staff Handbook and any associated health and safety procedures.

15.2 Prescribed and Non-Prescribed Medication

15.3 Staff who bring medication onto the school site, including prescribed medication, antibiotics, strong pain relief or other medication that may require secure storage, must inform the Medication Co-ordinator or Headteacher where appropriate.

15.4 The Medication Co-ordinator or Headteacher will advise on suitable storage arrangements, taking account of the medication's purpose, storage requirements and any associated health and safety considerations.

15.5 Staff medication **must not** be stored in classrooms or in locations where it may be accessed by learners.

15.6 Staff remain responsible for ensuring that their medication is used, stored and disposed of safely.

15.7 Asthma Inhalers and Adrenaline Auto-Injectors

15.8 Staff who require an asthma inhaler or adrenaline auto-injector (AAI), otherwise referred to as an Adrenaline Device (AD), for their own medical needs, should ensure that it is clearly labelled with their name and is readily accessible to them at all times.

15.9 Where a staff member chooses not to carry their inhaler or adrenaline auto-injector on their person, the storage location must be agreed with the Medication Co-ordinator and/or Headteacher and be known to relevant colleagues.

15.10 Emergency medication, including asthma inhalers and adrenaline auto-injectors, must not be stored in a manner that could delay access during an emergency.

16.0 Defibrillators

16.1 The school has automated external defibrillators (AEDs) located:

- In the entrance area of the Main Hall; and
- Adjacent to the Lodge in Wellingtonia Children's Home.

16.2 The locations of all AEDs are clearly identified and communicated to staff.

16.3 Appropriate staff will receive training in the use of AEDs as part of the school's first aid and emergency response arrangements. However, an AED may be used by any person in accordance with the device's spoken and visual instructions in an emergency.

16.4 AEDs will be maintained, checked and serviced in accordance with the manufacturer's instructions. Records of inspections and maintenance will be retained by the school.

17.0 Storage of Medication

17.1 All medication brought into school will be received, checked and signed in in accordance with this policy by a member of the Health and Wellbeing Team authorised by the Headteacher.

17.2 All medication will be stored securely and in accordance with the manufacturer's instructions and any pharmacy dispensing requirements. Unless otherwise specified, medication

will be stored in a locked medical cabinet located within a locked room, with access restricted to authorised and medication-competent staff.

17.3 Controlled drugs will be stored securely within a double-locked cabinet, in accordance with this policy and relevant guidance. Following administration or removal for authorised purposes, all medication must be returned immediately to the appropriate storage location.

17.4 Keys to medication storage cabinets will be secured within a coded key safe located in a locked room. Access to the key safe will be limited to authorised staff who have been trained and deemed competent to manage medication.

17.5 Medication will be stored in a clean, secure and dry environment at the temperature specified by the manufacturer.

17.6 Where ambient storage is required, medication will generally be stored below 25°C. Room temperatures within medication storage areas will be monitored and recorded daily.

17.7 Medication requiring refrigeration will be stored in the designated medication refrigerator. The refrigerator temperature must be maintained between 2°C and 8°C and recorded daily.

17.8 The school's emergency salbutamol inhaler, emergency spacers and emergency adrenaline auto-injectors (AAIs) will be stored in the staffroom cupboard located above the sink.

17.9 These emergency medicines will be clearly labelled, readily accessible to authorised staff at all times and maintained in accordance with the manufacturer's instructions and the school's Emergency Salbutamol Inhaler and Allergy Safety procedures.

17.10 Stock levels and expiry dates will be checked regularly and recorded by designated staff.

17.11 If any medication cabinet key, key-safe code or other means of secure access is lost, compromised or suspected of being known by unauthorised individuals, this must be reported immediately to the Headteacher.

17.12 Appropriate action will be taken without delay, which may include changing locks, key-safe codes or other security arrangements to maintain the safe storage of medication.

18.0 Provision of Medication

18.1 It is the responsibility of the parent/carer/advocate to ensure that all required medication is provided to the school, is in date, and is supplied in accordance with this policy.

18.2 Where possible, medication required for the new academic year should be delivered to the school by the parent/carer/advocate on or before the learner's first day of attendance.

18.3 Where a learner is known to require medication for a medical condition and the required medication has not been provided, the following procedure will be followed:

a. The parent/carer/advocate will be contacted by telephone and requested to provide the medication as soon as possible.

b. The request will be confirmed in writing, which may include email or letter correspondence.

c. The school will assess any immediate risks to the learner's health, safety and wellbeing and determine whether the learner can safely remain in school without the required medication.

d. Where a parent/carer/advocate does not respond, fails to provide the medication within an appropriate timescale, or where there are concerns regarding the learner's welfare, the Designated Safeguarding Lead (DSL) will be informed and appropriate action will be taken in accordance with the school's Safeguarding and Child Protection Policy.

e. The school reserves the right to seek advice from relevant healthcare professionals where a learner's health may be adversely affected by the absence of prescribed medication.

18.4 If a learner becomes unwell whilst at school, the parent/carer/advocate will be informed as soon as reasonably practicable.

18.5 The school will provide appropriate care and supervision until the learner is collected, unless emergency medical treatment is required.

18.6 Where a learner's condition gives cause for concern, appropriate medical advice will be sought without delay.

18.7 This may include consultation with NHS 111, the learner's healthcare professional, emergency services, or other appropriate medical practitioners.

18,8 Where there is a risk to life, a serious deterioration in the learner's condition, or an immediate medical emergency, staff will contact 999 and follow the school's emergency procedures.

19.0 Reporting Concerns

19.1 Any member of staff who has concerns regarding the administration, side effects, suitability, effectiveness or storage of a medication must report those concerns immediately to the Medication Co-ordinator, Health and Wellbeing Team or a senior leader.

19.2 Appropriate medical advice will be sought without delay from a pharmacist, prescribing clinician, specialist healthcare professional, NHS 111 or emergency services, as required.

19.3 In the event of an emergency medical concern, including a suspected allergic reaction or anaphylaxis, staff must immediately follow:

- The learner's Individual Health and Medical Needs Plan, where applicable;
- The learner's Allergy Action Plan, where applicable;
- The school's Allergy Safety Policy; and
- The school's emergency procedures.

19.4 Emergency medical assistance must be obtained without delay. The detailed arrangements for recognising and responding to allergic reactions and anaphylaxis are set out within the Overley Hall School Allergy Safety Policy and must be followed by all relevant staff.

19.5 Where advice regarding medication is required and the situation is not an emergency, staff should seek guidance from an appropriate healthcare professional. This may include:

- A pharmacist;
- The prescribing clinician;
- A specialist healthcare professional;
- NHS 111; or

- Another appropriately qualified medical professional.

19.6 Any advice received should be recorded and acted upon as appropriate.

19.7 Any concerns relating to medication management, administration, storage, learner safety or medical needs must be recorded on a Sensitive Information Form (SIF) and submitted to the Headteacher as soon as possible.

19.8 Where the concern relates to a safeguarding matter, the concern must also be reported immediately to the Designated Safeguarding Lead (DSL) and managed in accordance with the school's Safeguarding and Child Protection Policy.

19.9 All staff have a responsibility to report concerns relating to allergy safety, allergic reactions, suspected anaphylaxis, allergen exposure and allergy-related near misses.

19.10 Such concerns, incidents and near misses must be reported, recorded, investigated and reviewed in accordance with the Overley Hall School Allergy Safety Policy and the school's incident-reporting procedures.

19.11 The school will ensure that allergy-related concerns and incidents are used as opportunities for learning, review and improvement in order to reduce the risk of recurrence and strengthen allergy safety arrangements.

20.0 Spoiled, Damaged or Contaminated Medication

20.1 Any medication that is dropped, damaged, contaminated, spoiled, has exceeded its expiry date, or is otherwise unsuitable for administration must not be used.

20.2 The medication must be identified and removed from use immediately. Details of the medication, the reason it cannot be used and the quantity remaining must be recorded on the Medication Administration Record (MAR) and verified by two members of staff.

20.3 Where appropriate, the medication should be clearly labelled as "Not for Use" and stored securely pending disposal.

20.4 Spoiled, damaged, contaminated or expired medication will be disposed of in accordance with the school's medication disposal procedures and any relevant pharmacy guidance.

20.5 Medication awaiting disposal must be stored securely and separately from medication intended for administration.

20.6 Where disposal by the school is required, the medication should be placed in a clearly labelled container or envelope and returned to Wellington Pharmacy, or another approved pharmacy or disposal provider, for safe disposal.

20.7 A record of all medication disposed of by the school must be maintained in accordance with the school's medication record-keeping procedures.

20.8 Where spoiled, damaged or contaminated medication is essential to a learner's ongoing treatment, the parent/carer/advocate must be informed as soon as possible and requested to provide a replacement without delay.

21.0 Roles and Responsibilities, specific roles shared in Section 22

21.1 Policy Implementation

21.2 The school will ensure that appropriate arrangements are in place to support learners with medical conditions and that these arrangements are effectively implemented. This includes:

- Ensuring sufficient numbers of appropriately trained staff are available to support learners with medical conditions.
- Ensuring all relevant staff are informed of a learner's medical condition and understand their responsibilities.
- Maintaining effective cover arrangements during staff absence, vacancies or staff turnover.
- Providing appropriate information and guidance to supply and agency staff.
- Undertaking risk assessments for educational visits, residential placements and activities outside the normal school timetable.
- Monitoring the effectiveness of Individual Health and Medical Needs Plans (and reviewing them regularly.

- Promoting the inclusion of learners with medical conditions in all aspects of school life.

22.0 Roles and Responsibilities of Key Stakeholders

22.1 Role of the Support and Scrutiny Team (SAS)

22.2 Acting on behalf of the Proprietor and in support of the Headteacher, the Support and Scrutiny Team (SAS) will oversee compliance with this policy and provide assurance that appropriate arrangements are in place to support learners with medical conditions.

22.3 The SAS Team will:

- Ensure this Medication Policy is regularly reviewed, updated and effectively implemented.
- Monitor the quality and effectiveness of medication management systems.
- Undertake audits of medication practices, records, risk assessments and Individual Health and Medical Needs Plans.
- Review medication incidents, trends and lessons learned.
- Seek assurance that sufficient staff have received appropriate training and competency assessments.
- Support the school in ensuring learners with medical conditions can participate fully in all aspects of school life.

22.4 Role of the Headteacher

22.5 The Headteacher has overall responsibility for the implementation of this policy.

22.6 The Headteacher will:

- Ensure the Medication Policy and Allergy Safety Policy are effectively implemented.
- Ensure effective links are maintained between:

- This Medication Policy;
- The Allergy Safety Policy;
- Individual Health and Medical Needs Plans;
- Allergy Action Plans;

- Asthma Action Plans;
- Individual risk assessments; and
- Emergency response procedures.

- Appoint a Medication Coordinator and ensure they receive appropriate support and supervision.
- Ensure sufficient numbers of appropriately trained staff are available to support learners safely, including during emergencies and contingency situations.
- Ensure all staff are aware of this policy and understand their responsibilities in implementing it.
- Ensure relevant staff are informed promptly of any changes to a learner's medical condition, treatment or support requirements.
- Ensure induction arrangements include awareness of medication procedures and support for learners with medical conditions.
- Ensure whole-school awareness training is provided so all staff understand their responsibilities.
- Ensure appropriate insurance and indemnity arrangements are in place and that staff understand the scope of those arrangements.
- Ensure medication errors, near misses and medication-related incidents are investigated appropriately, and that relevant agencies are informed where required.
- Ensure complaints relating to medication or medical support are managed in accordance with the school's Complaints Policy.
- Promote a supportive and nurturing culture that enables learners with medical conditions to participate fully in school life.

22.7 Individual Health and Medical Needs Plans

22.8 The Headteacher will ensure that every learner with a medical condition requiring support has an Individual Health and Medical Needs Plan (IHMNP).

22.9 Plans will:

- Be developed as soon as reasonably practicable following admission and, wherever possible, within two weeks of placement commencing.
- Reflect the learner's current medical needs and presentation.

- Be reviewed whenever there is a significant change in medical need.
- Be developed in partnership with parents/carers, healthcare professionals and the learner wherever appropriate.
- Be shared, with appropriate consent and information-sharing arrangements, when a learner transitions to another educational provision.

22.10 Role of Parents, Carers and Advocates

22.11 Parents, carers and advocates play a vital role in supporting learners with medical conditions.

22.12 They are expected to:

- Provide accurate, current and comprehensive information regarding their child's medical needs.
- Inform the school promptly of any new diagnosis, treatment, medication or changes in medical condition.
- Participate in the development and review of their child's Individual Health and Medical Needs Plan.
- Complete all relevant medication consent documentation before medication is administered in school.
- Provide medicines and associated equipment as required.
- Ensure medicines supplied to school are correctly labelled and within their expiry date.
- Ensure they, or a nominated emergency contact, remain contactable during the school day.
- Collect and dispose of surplus or expired medication in accordance with school procedures.

22.13 Children Residing in Children's Homes

22.14 Where a learner resides in a children's home, information regarding medical needs or medication changes may be communicated via the children's home and the Medication Coordinator.

22.15 The school will seek parental consent for medication administration wherever required. Where parental consent cannot be obtained due to legal arrangements or care status, the

school will seek authorisation from the learner's allocated social worker or other individual with legal authority to provide consent.

22.16 Changes to Medication or Medical Needs

22.17 Where a learner's medical needs change, the following actions must take place:

- Updated medical information must be provided to the school.
- Relevant medication request and consent forms must be completed.
- The Individual Health and Medical Needs Plan must be reviewed and updated.
- Any associated risk assessments must be reviewed and amended.
- Relevant staff must be informed of the changes.
- Additional training must be arranged where required.

22.18 Role of Learners

22.19 Learners with medical conditions should be encouraged, where appropriate and according to their age, understanding and communication needs, to participate in decisions relating to their healthcare.

22.20 For learners who are unable to communicate verbally, staff will use observation, behavioural indicators and specialist approaches to ensure the learner's voice is represented. Learners will:

- Contribute to discussions about their support needs wherever possible.
- Be encouraged to understand their medical condition and treatment arrangements.
- Be supported to communicate their views and preferences.
- Be involved in reviews of their Individual Health and Medical Needs Plan where appropriate.

22.21 Role of the Medication Coordinator

22.22 The Medication Coordinator will oversee the operational management of medication within the school.

22.23 Responsibilities include:

- Coordinating the development and review of Individual Health and Medical Need Plans.
- Overseeing the safe receipt, storage, administration, recording and disposal of medication.
- Ensuring medication records and documentation are completed accurately.
- Coordinating staff training, competency assessments and refresher training.
- Monitoring compliance with medication procedures.
- Supporting investigations into medication incidents and near misses.
- Ensuring required risk assessments are completed and reviewed.
- Facilitating communication between school staff, families and healthcare professionals.
- Supporting the Headteacher in auditing medication systems and processes.

22.24 Where medication relates to asthma, allergy or anaphylaxis, the Medication Coordinator will work closely with the designated lead for allergy safety to ensure consistency between healthcare plans, emergency action plans and medication arrangements.

22.25 In the absence of the Medication Coordinator, responsibilities will be delegated to the Duty Medication Coordinator.

22.26 Role of School Staff

22.27 All staff have a responsibility to support the wellbeing and safety of learners with medical conditions.

22.28 The school recognises that administering medication is not necessarily part of every staff member's role.

22.29 No member of staff will be required to administer medication unless this forms part of their role and they have received appropriate training and support.

22.30 Staff who undertake medication responsibilities must:

- Complete required training and competency assessments.
- Follow the school's medication procedures.
- Administer medication only within the scope of their training and competence.
- Maintain accurate records.
- Raise concerns about medication safety immediately.

22.31 Where a second signature is required, this must be completed by an authorised and appropriately trained member of staff.

22.32 Any concerns regarding medication administration, learner safety or professional practice must be reported immediately to the Medication Coordinator, Headteacher or Designated Safeguarding Lead, as appropriate.

22.33 Role of Healthcare Professionals

22.34 Healthcare professionals are important partners in supporting learners with medical conditions.

22.35 Where appropriate, and subject to information-sharing and consent arrangements, healthcare professionals may:

- Provide advice regarding a learner's medical needs.
- Contribute to the development and review of Individual Health Medical Need Plans.
- Advise on medication requirements.
- Recommend training and competency requirements for staff.
- Support emergency planning and risk management.

22.36 The school will act upon professional advice where appropriate and will update plans, protocols and risk assessments accordingly.

22.37 Role of Local Authorities and Integrated Care Boards (ICBs)

22.38 Local Authorities and Integrated Care Boards (ICBs) should work collaboratively to improve outcomes for children and young people with medical conditions and additional needs.

22.39 They may provide:

- Advice and guidance to schools.
- Access to specialist healthcare support.
- Support for education, health and care planning.
- Training and development opportunities for school staff.
- Assistance in ensuring learners can access education safely and effectively.

22.40 Role of Health Service Providers

22.41 Health service providers should work cooperatively with schools supporting learners with medical conditions.

22.42 This may include:

- Providing specialist advice and guidance.
- Supporting healthcare planning.
- Delivering training to staff where required.
- Participating in review meetings.
- Supporting emergency planning and intervention arrangements.

22.43 Regulatory and Inspection Bodies

22.44 The school welcomes external scrutiny and quality assurance processes that support continuous improvement.

22.45 The school aims to ensure that all learners, regardless of medical condition, are able to access education, achieve their potential and participate fully in school life.

22.46 Staff Training and Support

22.47 The Headteacher, supported by the SAS Team and Medication Coordinator, will ensure that staff receive appropriate training to support learners with medical conditions safely and effectively.

22.48 Training arrangements will:

- Be informed by the needs of individual learners.
- Be identified through Individual Health and Medical Needs Plan reviews.
- Include specialist training where required.
- Form part of staff induction processes.
- Be refreshed periodically to maintain competence.
- Be recorded appropriately.

22.49 Where possible, staff directly involved in supporting a learner should participate in planning meetings relating to that learner's healthcare needs.

22.50 Training relating to allergies, anaphylaxis and emergency response will be provided in accordance with the school's Allergy Safety Policy.

22.51 Training must provide staff with sufficient knowledge, competence and confidence to:

- Understand relevant medical conditions.
- Identify signs and symptoms requiring intervention.
- Follow emergency procedures.
- Implement Individual Health and Medical Need Plans safely and consistently.
- Support learners in a manner that promotes inclusion, safety and wellbeing.

22.52 The school will seek advice from suitable healthcare professionals regarding the nature and level of training required and will value the contribution of families as an important source of information concerning a learner's individual needs.

23.0 Transitions

23.1 Transition Planning

23.2 The school recognises that periods of transition can present additional challenges for learners with medical conditions. Effective planning is essential to ensure continuity of care, safety and educational access.

23.3 Individual Health and Medical Needs Plans (IHMNPs) will be reviewed and updated whenever a learner:

- Joins Overley Hall School;
- Transitions to another educational setting;
- Returns to school following a period of absence;
- Experiences a significant change in medical condition; or
- Requires new or amended medication or healthcare support.

23.4 The Headteacher, supported by the Medication Coordinator, will ensure that appropriate arrangements are established, communicated and implemented to support learners during periods of transition.

23.5 For learners starting at Overley Hall School, healthcare arrangements should be in place before the start of their placement wherever possible.

23.6 Where a learner receives a new diagnosis, transfers into the school during a term, or experiences a change in medical needs, every reasonable effort will be made to ensure that appropriate support arrangements, documentation, staff training and risk assessments are implemented as soon as practicable and, wherever possible, within two weeks.

23.7 The school will not delay providing appropriate support solely because a formal medical diagnosis has not yetbeen confirmed. Where medical needs are suspected or emerging, support arrangements will be based upon available information, professional advice and discussions with parents, carers, advocates and relevant healthcare professionals.

23.8 Where there is uncertainty regarding a learner's medical needs or differing professional opinions, the school will work collaboratively with parents, carers, advocates and healthcare professionals to gather further information and agree appropriate interim arrangements. Where necessary, additional medical advice or professional consultation will be sought to ensure that support provided is safe, reasonable and in the learner's best interests.

23.9 Healthcare plans, risk assessments, staff training requirements and medication arrangements will be reviewed during all significant transitions to ensure continuity of care and to support the learner's successful participation in school life.

24.0 Individual Health and Medical Need Plans (IHMNPs)

24.1 Review of Individual Health and Medical Needs Plans

24.2 The Headteacher will ensure that an IHMNP is reviewed at least annually, or sooner where there is evidence that a learner's medical needs, treatment, medication or support requirements have changed.

24.3 IHMNPs will be developed with the learner's best interests at the centre of the planning process and will support the school to identify, assess and manage risks relating to the learner's education, health, safety and wellbeing. The aim is to ensure that appropriate support is in place whilst minimising disruption to learning and promoting full participation in school life.

24.4 Purpose of Individual Health and Medical Need Plans (IHMNPs)

24.5 IHMNPs are an important tool in ensuring that learners with medical conditions receive safe, effective and consistent support whilst attending school.

24.6 An IHMNP should clearly identify:

- The learner's medical needs;
- The support required;
- Who is responsible for providing that support;
- When support is required; and
- What action should be taken in routine and emergency situations.

24.7 IHMNPs are particularly important where:

- A medical condition is long-term or complex;
- Symptoms fluctuate;
- Medication is required during the school day;
- Specialist interventions are needed; or
- There is an increased risk of a medical emergency.

24.8 Not every learner with a medical condition will require a formal IHMNP. The decision regarding whether an IHMNP is necessary will be made jointly by the school, parents/carers and relevant healthcare professionals, taking account of the learner's needs and available evidence.

24.9 Where agreement cannot be reached regarding the need for an IHMNP, the Headteacher will make the final decision, taking account of professional advice, available evidence and the learner's best interests.

24.10 The school will follow the agreed process for identifying, assessing and supporting learners with medical conditions, including the development of Individual Health and Medical Need Plans where required.

24.11 Development of Individual Health and Medical Need Plans

24.12 IHMNPs will be:

- Accessible to those members of staff who require the information to fulfil their responsibilities;
- Managed in accordance with data protection and confidentiality requirements;
- Proportionate to the learner's needs;
- Regularly reviewed; and
- Updated whenever there is a significant change in circumstances.

24.13 The level of detail included within an IHMNP will reflect the complexity of the learner's condition and the support required. The school recognises that learners with the same medical condition may require very different arrangements and levels of support.

24.14 The development and review of an IHMNP may be initiated by:

- A parent, carer or advocate;
- A healthcare professional;
- The Medication Coordinator;
- The Headteacher; or
- Another member of staff who has identified a need for additional support.

24.15 IHMNPs will be developed collaboratively between:

- The school;
- Parents/carers/advocates;
- Relevant healthcare professionals; and
- The learner, wherever appropriate and in accordance with their age, communication style and level of understanding.

24.16 The purpose of the IHMNP is to identify the practical arrangements required to support the learner in managing their medical condition, reducing barriers to education and ensuring safe participation in all aspects of school life.

24.17 Responsibility for coordinating and finalising the plan rests with the school, supported by the Medication Coordinator and overseen by the Headteacher.

24.18 Where a learner has an Education, Health and Care (EHC) Plan, the IHMNP will be linked to, or form part of, the wider EHC planning arrangements where appropriate.

24.19 Where a learner is returning to school following a period of hospital education, alternative provision or home tuition, the school will work collaboratively with parents, healthcare professionals, the local authority and relevant education providers to ensure appropriate reintegration arrangements are included within the IHP.

24.20 Content of Individual Health and Medical Need Plans

24.21 When developing an Individual Health and Medical Needs Plan, consideration will be given to the following information, where relevant:

24.22 Medical Information

- The learner's medical condition, diagnosis, known triggers, signs, symptoms and treatment requirements.
- Details of prescribed medication, including dosage, administration requirements, side effects, storage arrangements and expiry dates.
- Any additional treatments, therapies or specialist interventions required.

24.23 Health and Daily Living Requirements

- Access to food, drink or dietary arrangements necessary to manage the condition.
- Use of specialist equipment, testing or monitoring procedures.
- Environmental considerations that may affect the learner's health, safety or wellbeing.

24.24 Educational, Social and Emotional Needs

- The impact of the medical condition on attendance, learning and participation.

- Arrangements for managing absences.
- Support required to catch up on missed learning.
- Examination access arrangements where appropriate.
- Emotional wellbeing support and pastoral arrangements.

24.25 Levels of Support and Independence

- The level of support required from staff.
- Any aspects of healthcare that the learner is able to manage independently.
- Arrangements for monitoring self-administration or self-management where applicable.

24.26 Staffing Arrangements

- The named staff responsible for providing support.
- Training and competency requirements.
- Confirmation that appropriate training has been completed.
- Arrangements for staff absence or contingency cover.

24.27 Communication and Information Sharing

- Staff who need to know about the learner's condition.
- Information-sharing arrangements.
- Any agreed confidentiality requirements.

24.28 Medication Administration

- Parental consent arrangements.
- Authorisation for medication administration by trained staff.
- Arrangements for self-administration where appropriate.
- Medication storage and access arrangements.

24.29 Educational Visits and Off-Site Activities

- Additional arrangements necessary to support participation in educational visits, residential trips or activities beyond the normal school day.
- Any individual risk assessments required.

24.30 Emergency Procedures

- Signs and symptoms requiring urgent intervention.
- Emergency actions to be taken.
- Contact details for parents, carers and emergency services where appropriate.
- Any emergency healthcare plans or clinical protocols provided by healthcare professionals.
- Business continuity and contingency arrangements where necessary.

24.31 Process for Developing Individual Health and Medical Needs Plans

24.32 The school will maintain a documented process for the development, approval, implementation, review and monitoring of IHMNPs.

24.33 This process will ensure that:

- Relevant information is gathered promptly;
- Appropriate consultation takes place;
- Risks are assessed;
- Required training is identified and completed;
- Support arrangements are clearly documented; and
- Plans are reviewed whenever needs change.

24.34 The Headteacher and Medication Coordinator will oversee the implementation of this process and ensure that all Individual Health and Medical Plans are appropriate, current and effectively communicated to relevant staff.

24.35 For learners with communication difficulties, profound and multiple learning difficulties, autism, or limited capacity to express symptoms or discomfort, the Individual Health and Medical Needs Plan will identify any behavioural, physical or observable indicators that may suggest deterioration in health or the need for intervention.

25.0 The Health and Wellbeing Team

25.1 Purpose of the Health and Wellbeing Team

25.2 Overley Hall School operates a Health and Wellbeing Team to promote a coordinated and holistic approach to supporting learners' health, medical, emotional wellbeing, safeguarding and educational needs.

25.3 The Health and Wellbeing Team is a multidisciplinary group of professionals who bring together expertise from education, safeguarding, pastoral care, therapy, special educational needs and medication management. The team works collaboratively to identify needs, share information appropriately, coordinate support and monitor outcomes for learners.

25.4 The team provides a forum for discussion of:

- Learners with identified medical conditions;
- Physical and mental health needs;
- Safeguarding and welfare concerns;
- Attendance and engagement;
- Emotional wellbeing and mental health needs;
- Therapy recommendations and interventions;
- Individual health and medical need plans (IHPs);
- Individual risk assessments;
- Medication-related matters; and
- Transition and placement planning.

25.5 The Health and Wellbeing Team may also make recommendations to the Headteacher regarding support arrangements, referrals, staff training requirements and risk management measures to ensure learners can access education safely and successfully.

25.6 Membership of the Health and Wellbeing Team

25.7 The Health and Wellbeing Team consists of representatives from a range of professional disciplines, including:

- Medication Coordinator and Pastoral Coordinator;
- Headteacher and Designated Safeguarding Lead (DSL);
- Assistant Headteacher and Deputy Medication Coordinator;
- Clinical Lead;
- Learning Coordinator/Special Educational Needs Coordinator (SENCO);

- Therapy Assistant;
- Mental Health First Aider; and
- Other staff, professionals or specialist practitioners as required, according to the needs of individual learners.

25.8 Responsibilities of the Health and Wellbeing Team

25.9 The Health and Wellbeing Team will:

- Promote a whole-school approach to health, wellbeing and medical support;
- Review concerns relating to learner health, wellbeing and safety;
- Support the development and review of Individual Health and medical need Plans (IHPs);
- Contribute to risk assessments where medical, therapeutic or wellbeing factors are present;
- Monitor the effectiveness of health and wellbeing interventions;
- Facilitate communication between education staff, families, therapists, healthcare professionals and external agencies;
- Identify training and development needs for staff;
- Support the management of complex medical, safeguarding and wellbeing cases; and
- Contribute to planning for transitions, reintegration and changes in provision where appropriate.

25.10 Meetings and Record Keeping

25.11 The Health and Wellbeing Team will meet regularly to review learners requiring additional support and to monitor the effectiveness of agreed interventions and plans.

25.12 Appropriate records of discussions, actions and decisions will be maintained in accordance with the school's confidentiality, safeguarding, information-sharing and data protection procedures.

26.0 Administering Medication

26.1 Authorised Staff

26.2 Medication may only be administered by members of staff who have:

- Received appropriate medication administration training;
- Successfully completed competency assessments required by the school;
- Been authorised by the Headteacher or Medication Coordinator to administer medication; and
- Been deemed competent to undertake medication administration duties safely and in accordance with this policy.

26.3 The school maintains an up-to-date register of authorised medication staff.

26.4 The register is maintained by the Medication Coordinator and includes details of:

- Staff authorised to administer medication;
- Dates of training completed;
- Competency assessment records; and
- Dates on which refresher training or reassessment is required.

26.5 The current list of authorised staff is available from the school reception and Medication Coordinator and is subject to regular review to ensure it remains accurate.

26.6 No member of staff will administer medication unless they have received the necessary training and have been assessed as competent to do so.

26.7 Where school procedures require a second signature for medication administration or checking processes, this must be completed by another authorised and appropriately trained member of staff.

27.0 Relationship Between the Medication Policy and Allergy Safety Policy

27.1 Overley Hall School maintains separate but complementary policies for the management of medication and the management of allergies and anaphylaxis. Both policies form part of the school's wider arrangements for supporting learners with medical conditions and promoting their health, safety and wellbeing.

27.2 The Medication Policy sets out the school's arrangements for the safe:

- Receipt of medication;
- Storage of medication;
- Administration of medication;
- Recording of medication administration;
- Transportation of medication;
- Disposal of medication; and
- Training, competency and authorisation of staff involved in medication administration.

27.3 The Allergy Safety Policy sets out the school's arrangements for the prevention, identification and management of allergies and anaphylaxis, including:

- Identification of learners with allergies;
- Individual allergy risk management;
- Allergy Action Plans and Asthma Action Plans;
- Allergy awareness and staff training;
- Prevention and risk reduction measures;
- Emergency response procedures;
- Access to and use of emergency medication, including adrenaline auto-injectors where prescribed;
- Communication with parents, carers and healthcare professionals; and
- The reporting, investigation and learning from allergy-related incidents and near misses.

27.4 Where a learner has allergies, asthma, anaphylaxis or any condition requiring both health management and medication administration, this Medication Policy and the Allergy Safety Policy must be read and applied together.

27.5 Where an allergy-related matter involves the administration, storage, handling, transport or disposal of medication, the requirements of both policies will apply.

27.6 Staff must always refer to the learner's current:

- Individual Health and Medical Needs Plan (IHMNP);
- Allergy Action Plan;
- Asthma Action Plan;
- Emergency Healthcare Plan; and

- Any associated risk assessment,

when determining the support required for that learner.

27.7 The Medication Coordinator and the person responsible for Allergy Safety will work collaboratively to ensure that medication arrangements, healthcare plans, risk assessments and emergency procedures are consistent and accurately reflect the learner's current needs.

27.8 Where there appears to be any discrepancy between an Individual Health and Medical Needs Plan, an Allergy Action Plan, this Medication Policy or the Allergy Safety Policy, staff must seek advice from the Medication Coordinator, Allergy Lead or Headteacher before proceeding, unless emergency action is required to protect life or prevent serious harm.

28.0 References and Associated Guidance

28.1 This policy should be read in conjunction with the following legislation, statutory guidance and professional resources, as amended or updated from time to time:

28.2 Legislation

- Children and Families Act 2014.
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- Medicines Act 1968.
- Misuse of Drugs Act 1971.
- Misuse of Drugs (Safe Custody) Regulations 1973.
- Mental Capacity Act 2005.
- Data Protection Act 2018 and UK GDPR.

28.3 Department for Education Guidance

- *Supporting Pupils at School with Medical Conditions* (Department for Education). [gov.uk], [assets.pub...ice.gov.uk]
- *Guidance on the Use of Emergency Salbutamol Inhalers in Schools* (Department for Education).

- *Guidance on the Use of Spare Adrenaline Auto-Injectors in Schools* (Department for Education).

28.4 Health and Clinical Guidance

- National Institute for Health and Care Excellence (NICE) guidance relating to relevant medical conditions.
- NHS guidance relating to the administration, storage and management of medicines.
- British National Formulary (BNF).
- Resuscitation Council UK guidance.
- Medicines and Healthcare products Regulatory Agency (MHRA) guidance.

28.5 School Policies

- Medication Policy.
- Allergy Safety Policy.
- First Aid Policy.
- Safeguarding and Child Protection Policy.
- Educational Visits Policy.
- Health and Safety Policy.

Appendix 1

Individual Health Care & Medical Needs Plan for

Name:

Date:

Student's name	
Class	
Date of Birth	
Learner's address	
Medical diagnosis/condition(s)	
Review date:	
Family Contact Information	
Name	
Relationship to learner	
Phone number	
Work	
Mobile	
Name	
Relationship to learner	

Phone number	
Work	
Mobile	
Other: with parental responsibility or ability to authorise the administration of medications	
Name	
Relationship to learner	
Phone number	
Work	
Mobile	
Clinic/ Hospital Contact	
Name	
Specialty	
Phone number	
GP	
Name	
Address	
Telephone number	
Dentist	
Name of practice	
Address	
Telephone number	

Immunisation status

Immunisation History	Date

Medical needs:

Need/Symptoms	Triggers/ signs	Treatment (Name & Type)	Availability of treatment

Regular Medications:

Name of medication	Dose	Method of administration	When to be taken

Name of medication	Contra-indications	Possible side effects

Allergy and Anaphylaxis

Please complete		
Have parents/carers completed the Allergy Safety Questionnaire 3 form	Yes / No	
Does the learner have a diagnosed allergy	Yes / No List Allergies:	
Is the learner known to be at risk of anaphylaxis?	If yes, then provide details:	
Does the learner have an Allergy Action Plan	Provide details: Have we been provided with a copy?	
Has the Individual Health and Medical Needs Plan been updated	Has the prescribed emergency medication arrangements been added?	
Has a risk assessment been completed?	Yes / No	Has information been shared with HT? Yes / No
Has the risk register been updated?	Yes / No	
Has the emergency medication been discussed with relevant staff and stored according to the Allergy Safety Policy		Yes / No
Has the Emergency Response Protocol and Action Plan been provided to the tutor, relevant staff and stored with medication and in learners IHMNP.		

Provide details:

Allergens	Signs and symptoms of an allergic reaction	Signs and symptoms of Anaphylaxis	Details of Emergency Medication Device Make and dosage	Location of Emergency Medication	Emergency response (see Action Plan and Allergy Safety Policy)	Date Allergy Action Plan last reviewed

Daily care requirements:

Support required for learner's educational, social & emotional needs:

Arrangements for school visits/ trips:

Other information:

What constitutes an emergency and to plan for an emergency:

Plan developed by:

Form and information has been shared with:

Name:	Role:

Name:	Role:
Name:	Role:
Name:	Role:

Approved by parents:

……
Signature

Approved on behalf of Overley Hall School

(Headteacher) ……

Overley Hall School

Appendix 2

Medication Request Form 1

Name of learner				
Name and details of the medication:				
Has this medication been prescribed by a doctor?	Yes / No	If yes, please give the name of the prescriber and the name of the surgery: Doctor: Surgery:		
	If yes, please complete Form PA2AM and complete Sections A and B. If no, please complete section C.			
Section A: Please complete the following for medication which has been **prescribed:**				
Is the medication a 'course' of treatment with a start date and end date?	Yes / No Start: / Finish: / N/A: / Ongoing		**Is the medication 'to be given as necessary'?**	Yes / No If yes - Complete sections A & B If no – Complete section A
Please describe the course of treatment	**Time to be taken:**		**Dosage and method:**	**Is precise timing critical? (Circle)** Yes / No
For medication that needs not be administrated at pre-set times, please indicate when it should be given such as before exercise, after food, onset of asthma attack etc.				
Date dispensed from the pharmacy:	**Medication Expiry date:**		**For how long will your child need to take this medication?**	
Section B: Please continue for medication that has been prescribed as **'to be given as necessary'**				
If this prescribed medication is 'to be given as necessary', please provide the following details:	**A description of the symptoms when medication should be given i.e. stomach-ache / itchy skin**			
	Type of medication (e.g. tablets, inhaler, EpiPen, other)			
	Strength of medication			
	Dosage and method to be administered			
	How many doses can be given in any one day?			
	Date to stop giving medication			
Section C: Please complete this section if the medication/treatment is **not prescribed**				
For non-prescription medications, please provide, in detail, the reasons why you would like school to administer this medication. What it is, how we should administer it and when we should give it to your child. (Please read the school's Medication Policy prior to making this request.	**What is the purpose of this treatment?**			
	Please describe the medication/treatment			
	How should we provide this medication/treatment?			
	When should we give it and for how long?			

The Medical Request Form must be fully completed by the parent/guardian/carer if you would like to request specific new/additional medication(s) to be administered during the school day, between the hours of 8.45am – 3.40pm. This request will be considered by our Medication Coordinator, Mandy Peever, and our approval will be confirmed by the Head Teacher, Bev Doran. You will be advised, in writing, if your request has been/not been approved. Please read Overley Hall's School Medication Policy before making this request to ensure your request is compliant with the school's requirements. Please note, for the school to consider administrating new medication, we must have signed copies of the *Parental Agreement for the setting to Administer Medication Form* (PA2AM), and the *Medication Administration Approval to be completed* (MAA), signed and agreed by the Head. Please read the notes on the reverse of this form carefully. If you are in any doubt about how the medicine is to be given, you must seek advice from your child's doctor before completing this form.

Print name: _____ Signature _____ Relationship_____ Date_____

Appendix 3

Misadministration of Medications for Schools Form (MMF)

Name of the learner who received the incorrect medication		Name:		Address:	
Date the incident occurred:	/ /		Time of incident		
Who was the original medication prescribed for?					
Please list the incorrect medication administered	Name of medication	Dose given	Comments - explain fully		
Was the person admitted to hospital? (Please circle)	Yes	No	If yes, which hospital and the time they were admitted?		
			Hospital:	Time:	
Advice sought from a doctor or pharmacist (other than a doctor) (Please circle)	Yes	No	If yes, give the date & time advice sought		
			Date:	Time:	
Name of Doctor, pharmacist or other who provided advice & contact details:	Name				
	Role				
	Address:			Telephone number:	
Staff involved in medication misadministration (print)	Staff 1		Staff 2	Other	
Learner's parent contacted	Time		Who made contact		
Record summary of the conversation					

Misadministration of Medications for Schools (MMF)

Was the person administrating the medication trained and authorised to do so?	Yes	No
How did the incident occur?		

Outcomes	
Outcome	**Please tick or/and give details**
Parents/guardian has been informed and the incident report form completed	
Learner has been/is being monitored with no ill effects	
Outcome remains uncertain	
Learner may have short-term side effects	
Child survived but may have long-term damage	
If admitted to hospital how long were they admitted (dates from/to)	
What systems were in place at the time medication was incorrectly administered? Detail	
Risk assessment reviewed	
Medication Policy reviewed	
Training needs identified	

Misadministration Form (MMF) completed and copy given to the Head Teacher, DSL or in her absence an Assistant Head (DSL) immediately:

This section to be completed by the Head Teacher or Assistant Head (DSL)

	Date	Time
Active Social Worker Informed (LA)		
Medication Coordinator		
Local Authority if no active social worker		
Local Safeguarding Board (if threshold reached)		
Chair of Support and Scrutiny		
Proprietor		
Copy on learner's file		
DSLs all notified		
Full investigation with chronology completed		

Signed by Head Teacher (DSL) _____ Date_____

Appendix 4

Overley Hall School
Wellington
Telford
Shropshire
TF6 5HE

01952 740262 Ext 214

PERMISSION TO ADMINISTER MEDICATION ON EDUCATIONAL VISITS & JOURNEYS

Dear Parents/Carers

In the event of medication being required during the school day please sign the consent form below.

This will allow staff to administer medication as directed outside of the school premises i.e. during educational/community visits.

Many thanks

Yours sincerely

Bev Doran

Headteacher

++

Medication on Educational Visits & Journeys Permission Form

I hereby give consent for the administration of any necessary medication that may be required by staff qualified to administer medication as directed by the school during Educational Visits, Journeys or Community Visits.

Learner name: ……...

Parent/Carers name: ……..……..

Signature: ……. Date: ……..…

Thank you

Appendix 5 Parental Agreement for Setting to Administer Medication (PR2AM)

Details of learner (please print)							
Name		M / F	Date of birth	/ /	Class		
Condition(s) or illness(es) (e.g. Asthma, Allergy, (Anaphylaxis) Diabetes, Cystic Fibrosis)			Type of placement (Residential or education)				
Details of Doctor (please print)							
Doctor's name		Surgery		Telephone number			
Medication and the administration of medication							
Name of medication (please give the full details as outlined on the container label issued by the pharmacist)							
Type of medication (e.g. tablets, mixture, inhaler, EpiPen, other (specify))							
Date dispensed	/ /	Dosage & method					
Time(s) to be taken in school		Is precise timing critical?	Yes	No			
For how long will your child need this medication?							
For medication that need not be administered at pre-set time please indicate when it should be given: e.g. before exercise, after food, onset of migraine etc.							
The medication(s) needs to be administered by a member of staff					Yes	No	
My child is capable of administering the medication himself/herself under the supervision of a member of staff					Yes	No	
I would like my child to keep his/her medication on him/her for use as necessary					Yes	No	
The medication needs to be readily accessible in case of emergency					Yes	No	
Additional information							
Precautions or possible side effects of medication:							

What to do in an emergency:			
I give permission for emergency medication being administered by trained staff, if they feel the child is showing signs of a serious allergic reaction and showing signs of anaphylaxis		Yes / No Signature:	
Please read the notes on the back of this form before signing below.			
Parent signature:	Please print your name:	Date:	Relationship:

Dear Parents and Carers

Request for Medication to be Administered in School

At Overley Hall School, we are committed to supporting learners with medical needs so that they can access their education safely and successfully. We recognise the important role that medication may play in supporting a learner's health and wellbeing, and we will always work collaboratively with parents, carers, advocates and healthcare professionals to consider individual circumstances.

Each request for medication to be administered in school will be considered on an individual basis. Wherever possible, and where it is practical and appropriate, parents or carers may prefer to come into school to administer medication themselves. In some circumstances, alternative arrangements may be agreed, such as medication being given during a break or lunchtime period.

To ensure the safety and wellbeing of all learners, the school may be unable to agree to administer certain medications. This may include situations where:

- medication administration requires specialist clinical knowledge or training that is not available within the school;
- administration timings are critical to a learner's health and cannot be reliably achieved within the school day;

- administration would require a level of intimate or invasive intervention that cannot reasonably be provided within the school setting; or
- the school is unable to safely meet the requirements associated with the medication.

Any decision will always be made in the best interests of the learner and following discussion with parents, carers and relevant professionals where appropriate.

Before Medication Can Be Administered

The school can only administer medication where:

- a completed and signed medication request form has been received;
- the request has been discussed with the Headteacher or Medication Coordinator;
- all relevant information regarding the medication and the learner's medical needs has been provided; and
- appropriate arrangements have been agreed and documented.

The school will normally only administer medication that is essential during the school day. Where medication can reasonably be administered before or after school, parents and carers will be expected to make these arrangements themselves. Exceptions may be agreed by the Headteacher where individual circumstances justify this.

Supplying Medication to School

All medication supplied to school must be:

Prescribed Medication

- Provided in the original pharmacy-dispensed container.
- Clearly labelled with:
    - the learner's name;

- the name of the medication;
- dosage instructions;
- administration instructions; and
- dispensing date where applicable.

Non-Prescribed Medication

- Supplied in the original manufacturer's packaging.
- Clearly labelled and accompanied by the manufacturer's instructions.

The school reserves the right to refuse to administer medication that is not supplied in an appropriate or clearly identifiable container.

Ongoing Responsibilities of Parents and Carers

Parents, carers and advocates are responsible for:

- Providing accurate and up-to-date information about their child's medical needs.
- Informing the school immediately of any changes to medication, dosage or medical condition.
- Informing the school if a medication has been stopped or changed by a prescribing clinician.
- Renewing medication consent and healthcare documentation as required by the school and at the beginning of each academic year for learners receiving long-term medication.
- Ensuring medication supplied to school remains in date and is replaced when required.
- Collecting any unused or expired medication at the end of each term.

Any medication that has not been collected may be transferred to a local pharmacy for safe disposal in accordance with school procedures.

Record Keeping

The school will maintain accurate records of all medication administered, including:

- the medication given;
- the dosage administered;
- the date and time of administration; and
- the member of staff involved.

These records form part of the learner's health and wellbeing documentation and may be shared with parents/carers upon request, where appropriate.

Further Information

In some circumstances, the school may request additional information or supporting evidence from a healthcare professional to ensure that medication can be administered safely.

Parents and carers may wish to seek advice from their GP, consultant or prescribing clinician when completing the medication request form to ensure that all information provided is accurate and complete.

Parent/Carer Declaration

By signing this form, you confirm that:

- You have provided accurate information about your child's medical needs and medication requirements.
- You understand that the school will consider each request individually and will only agree to administer medication where it is safe and reasonable to do so.
- You understand that school staff are not under a general obligation to administer medication, but that appropriately trained and authorised staff may do so in accordance with the school's Medication Policy.

- You consent to the medication named on this form being administered or supervised by authorised members of staff, where agreed by the school.
- You will notify the school immediately of any changes to the medication or medical condition.
- You will ensure medication supplied to the school is correctly labelled, in date and supplied in the original packaging.
- You will arrange for the collection and appropriate disposal of any unused or expired medication when requested by the school.

We value the partnership we have with families and carers and appreciate your support in helping us keep learners safe, healthy and able to access all aspects of school life.

Thank you for your cooperation and support.

Appendix 6

Overley Hall School
Wellington
Telford
Shropshire

01952 740262 Ext 214

PROTOCOL FOR RESCUE MEDICATION ON EDUCATIONAL VISITS, JOURNEYS COMMUNITY OUTINGS (OFF SCHOOL SITE)

Dear Parents/Carers

I am writing to inform you that our policy for the administration of rescue medication on educational visits, journeys and community visits (off school site) is as follows:

If your child goes on an off-site educational visit, journey or community outing, the rescue medication will be taken on that trip along with the written protocol.

In the event of the rescue medication being required a fully trained member of Overley Hall School will administer the rescue medication to your child and 999 will be called.

Many thanks

Yours sincerely

Bev Doran

Headteacher and Health and Safety Manager

……

PROTOCOL FOR RESCUE MEDICATION ON EDUCATIONAL VISITS, JOURNEYS and COMMUNITY OUTINGS (OFF SCHOOL SITE) PERMISSION FORM

I hereby give consent for a member of staff from Overley Hall School to administer, and 999 to be called, in the event of my child requiring their rescue medication on an off-site educational visit, journey or community outing. I understand that it will be a trained member of staff who will administer that rescue medication.

Learner name: ……..

Parent/Carers name: ……..

Signature: …… Date: ……..….

Thank you

Appendix 7

Parent/Carer Allergy and Allergen Information Questionnaire 3

Overley Hall School

Purpose of this questionnaire

The health, safety and wellbeing of our learners is of the utmost importance to us. This questionnaire enables the school to gather the information needed to understand and safely support a learner with an allergy or suspected allergy.

Please provide as much information as possible and inform the school of any changes to your child's allergy, medication or medical advice.

Where your child has an allergy action plan, Individual Healthcare Plan (IHP), emergency plan or other medical guidance provided by a healthcare professional, **please provide a current copy to the school**.

Please provide as much information as possible. Please read the school's Allergy Safety Policy carefully.

Appendix 8

Allergy Safety Questionnaire

1. Learner details

Learner's name: _____

Date of birth: _____

Class/group: _____

Date questionnaire completed: _____

Parent/carer completing questionnaire: _____

Relationship to learner: _____

2. Allergy information

Does your child have a diagnosed allergy?

☐ Yes
☐ No
☐ Suspected allergy / currently undergoing investigation
☐ Previously diagnosed allergy which is no longer considered active

If yes, please provide details of all known allergies:

Allergen Confirmed diagnosis? Known severity/risk

Please describe the allergen(s) your child must avoid:

_____

_____

Are there any known related or cross-reactive allergens that your healthcare professional has advised you to avoid?

☐ No

☐ Yes – please provide details:

---

3. Diagnosis and medical advice

Has your child been assessed by a GP, allergy specialist or other healthcare professional?

☐ Yes
☐ No
☐ Currently awaiting assessment

If yes, please provide details of the healthcare professional/service, where appropriate:

Date of most recent allergy review: _____

Is further assessment or review planned?

☐ No
☐ Yes – please provide details:

---

4. Allergy Action Plan / Individual Healthcare Plan

Does your child have an allergy action plan?

☐ Yes
☐ No
☐ Currently being arranged

If yes:

Date of action plan: _____

Review/expiry date, if applicable: _____

Name of healthcare professional/service that provided the plan:

Please provide a current copy of the allergy action plan to the school.

☐ Copy attached
☐ Copy previously provided to school
☐ Copy will be provided

Does your child have an Individual Healthcare Plan (IHP)?

☐ Yes
☐ No
☐ Currently being developed

If yes, is the IHP current?

☐ Yes
☐ No – please contact me to discuss

5. Symptoms and signs of an allergic reaction

Please describe your child's usual signs and symptoms following exposure to their allergen.

Mild/moderate symptoms

☐ Rash/hives

☐ Itching

☐ Swelling

☐ Redness

☐ Abdominal pain

☐ Nausea

☐ Vomiting

☐ Diarrhoea

☐ Other:

Severe symptoms / anaphylaxis

Please identify any symptoms your child has previously experienced:

☐ Difficulty breathing
☐ Wheezing/coughing
☐ Swelling of the mouth, lips, tongue or throat
☐ Difficulty swallowing or speaking
☐ Dizziness/collapse
☐ Pale, floppy or unusually sleepy
☐ Loss of consciousness
☐ Other:

Are there particular signs or changes in behaviour that may indicate an allergic reaction for your child?

This is particularly important where your child may communicate distress or illness in a non-verbal or individual way.

Are there any symptoms that may be difficult for your child to communicate to staff?

---

6. Previous allergic reactions

Has your child ever experienced an allergic reaction?

☐ No
☐ Yes

If yes, please provide details of the most significant reaction:

What caused the reaction?

What symptoms did your child experience?

When did this occur?

Was emergency treatment required?

☐ No
☐ Yes – please provide details:

Has your child ever experienced anaphylaxis?

☐ No
☐ Yes

If yes, please provide details and ensure the school has a current allergy action plan.

7. Medication and adrenaline auto-injectors

Has your child been prescribed an adrenaline auto-injector (AAI)?

☐ No
☐ Yes

If yes, please provide details:

Brand/type: _____

Number prescribed: _____

Dose: _____

Expiry date(s): _____

Where are the prescribed AAIs normally kept?

Does the school hold a spare/emergency AAI for your child, where appropriate?

☐ Yes
☐ No
☐ To be discussed

Does your child have any other prescribed medication for their allergy?

☐ No
☐ Yes

If yes:

Medication: _____

Dose: _____

When/how should it be administered?

Please provide the relevant prescription/medication instructions and ensure medication supplied to school is within its expiry date.

8. Ability to recognise and communicate an allergic reaction

Please help us understand how your child communicates when they are unwell or experiencing distress.

How does your child usually communicate pain, discomfort or illness?

Can your child recognise and tell an adult that they have been exposed to an allergen?

☐ Yes, independently
☐ Sometimes
☐ With support
☐ No

Are there particular words, signs, gestures, communication aids or behaviours that staff should look for?

Are there any communication strategies that staff should use during an emergency?

---

9. Food and dietary requirements

Does your child's allergy require specific dietary arrangements?

☐ No
☐ Yes

If yes, please describe the dietary requirements:

Does your child need to completely avoid the allergen?

☐ Yes
☐ No
☐ Please follow healthcare professional's advice

Is there a risk from traces or cross-contamination?

☐ No
☐ Yes
☐ Unsure

Has a healthcare professional provided specific advice about cross-contamination?

☐ No
☐ Yes – please provide details:

Are there any foods that your child particularly needs to avoid because they may contain the allergen?

Are there any foods your child can safely eat which may be helpful for staff to know?

---

10. Non-food allergens

Does your child have an allergy to any non-food substance?

☐ No
☐ Yes

If yes, please provide details:

☐ Medication
☐ Latex
☐ Insect stings/bites
☐ Cosmetics/skin products
☐ Cleaning products
☐ Animal exposure
☐ Pollen/environmental allergens
☐ Other:

Please describe any precautions that need to be taken:

---

11. School activities and environment

Are there any particular school activities or environments that may present an increased risk for your child?

☐ Cooking/food technology
☐ Art/craft materials
☐ Science
☐ Outdoor learning
☐ Physical activity/sport
☐ Animals
☐ Gardening
☐ Residential provision
☐ Educational visits
☐ Travel/community activities
☐ Other:

Please provide any specific precautions or adjustments you would recommend:

---

12. Educational visits and residential provision

Can your child's allergy be safely managed during educational visits and residential experiences?

☐ Yes
☐ Yes, with specific arrangements
☐ Please discuss with me

Are there any additional precautions required when your child is away from school?

Are there any circumstances in which additional medication, adrenaline auto-injectors or adult support would be required?

Are there any particular environments, foods, activities or locations that should be avoided?

---

13. Independence and learner involvement

We recognise that learners have different cognitive, developmental and communication needs. We aim to support each learner to develop an appropriate level of awareness, independence and autonomy in relation to their allergy.

How aware is your child of their allergy?

☐ Fully aware
☐ Partially aware
☐ Developing awareness
☐ Limited awareness
☐ Unable to understand/manage this independently

Can your child recognise their allergen?

☐ Yes

☐ Sometimes

☐ With support

☐ No

Can your child recognise or communicate that they are becoming unwell?

☐ Yes

☐ Sometimes

☐ With support

☐ No

Can your child use their adrenaline auto-injector independently?

☐ Yes

☐ With support

☐ No

☐ Not applicable

Are there particular skills you would like school to support your child to develop in relation to their allergy?

---

14. Emergency contacts

Primary contact

Name: _____

Relationship to learner: _____

Telephone number: _____

Secondary contact

Name: _____

Relationship to learner: _____

Telephone number: _____

Is there anyone else who should be contacted in an emergency?

15. Important additional information

Is there anything else you feel the school needs to know to safely support your child?

Are there any particular concerns or anxieties your child has regarding their allergy?

Is there anything that has worked particularly well for your child at home or in previous settings?

16. Parent/Carer declaration

I confirm that the information provided is accurate and complete to the best of my knowledge.

I understand that it is my responsibility to inform the school promptly of any changes to my child's allergy, medication, treatment, emergency arrangements or medical advice.

I understand that the school may need to share relevant information with staff and appropriate professionals where this is necessary to safely support my child.

Parent/carer name: _____

Signature: _____

Date: _____

School Use Only

Questionnaire received: _____

Allergy Action Plan received:

☐ Yes ☐ No ☐ Not applicable ☐ Requested

Individual Healthcare Plan required:

☐ Yes ☐ No ☐ To be determined

IHP completed/reviewed: _____

Medication/AAI received:

☐ Yes ☐ No ☐ Not applicable

Medication/AAI expiry dates recorded:

☐ Yes ☐ No ☐ Not applicable

Staff informed/trained as required:

☐ Yes ☐ No ☐ Action required

Individual allergy risk assessment required:

☐ Yes ☐ No

Catering informed:

☐ Yes ☐ No ☐ Not applicable

Residential team informed:

☐ Yes ☐ No ☐ Not applicable

Educational visits arrangements considered:

☐ Yes ☐ No ☐ Not applicable

Information entered onto appropriate school system/register:

☐ Yes ☐ No

Review date: _____

Responsible staff member: _____

Additional actions required:

Appendix 9

Salbutamol Inhaler Permission Form

Overley Hall School

Learner Details

Name:

Date of Birth:

Tutor Group:

Medical Information

My child has been prescribed a Salbutamol inhaler by a healthcare professional for the treatment of asthma and/or wheezing.

Name of Medication: Salbutamol Inhaler

Dosage (as prescribed):

Frequency/Instructions:

Parental Consent

I give permission for my child named above to:

☐ Carry and self-administer their Salbutamol inhaler whilst at school (where appropriate and agreed with the school).

☐ Have their Salbutamol inhaler administered or supervised by trained school staff if required.

☐ Have the inhaler used in an emergency situation in accordance with the school's supporting pupils with medical conditions policy and Allergy Safety Policy.

I confirm that:

- The medication has been prescribed for my child.
- The inhaler is clearly labelled with my child's name.
- I will ensure the medication is in date and replaced when necessary.
- I will inform the school of any changes to my child's medical needs or medication.

Emergency Contact Details

Parent/Carer Name:

Relationship to Child:

Telephone Number:

Alternative Emergency Contact:

Telephone Number:

Healthcare Information

GP Surgery:

GP Telephone Number:

Known Asthma Triggers (if applicable):

Parent/Carer Declaration

I confirm that the information provided on this form is accurate and complete.

Parent/Carer Signature:

Print Name:

Date:

School Use Only

Date Received: Staff Member: Signature: Date:

Additional notes: