SUPPORTING CHILDREN & YOUNG PEOPLE WITH MEDICAL NEEDS POLICY

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Brunel Academies Trust (BAT) is a company limited by guarantee with registration number 10074054 and registered offices at Unit B4C Orbital Retail Park, Thamesdown Drive, Swindon, SN25 4AN; BAT is the parent company and Sole Corporate Member of the subsidiary company, Brunel Education (BE) is a charitable company limited by guarantee with registration number 11991915, registered with the Charities Commission of England Wales (Charity Number 1214820) and with registered offices at Unit B4C Orbital Retail Park, Thamesdown Drive, Swindon, SN25 4AN

Tier 1 policies are centrally held policies relating to Education, Governance, People Services, Finance, ICT and Operations and are the direct responsibility of BAT. Tier 1 policies are created by the BAT Central Services Team but adopted and reviewed by the BAT Board.

We are committed to a sustainable future and to improving the social, economic, and environmental well-being of the community. We are dedicated to environmental improvements that foster a sustainable future and lead to social and economical improvements in the communities we operate within.

Amendments to policy		
Date	**Section**	**Amendment**

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BRUNEL ACADEMIES TRUST

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1. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting learners at their provision with medical conditions.

It is also based on the statutory guidance on supporting learners with medical conditions at provision and the from the Department for Education (DfE).

This policy also complies with the Brunel Academies Trust funding agreement and articles of association.

2. Aims

At Churchward School we understand that medical conditions requiring can affect our learner's quality of life and may be life-threatening.

Our provision will support all learners with medical conditions so that they have full access to education, including trips and physical education.

This policy aims to:

- Make sure that learners, staff and parents/carers understand how our will support learners with medical conditions

Set out the roles and responsibilities for everyone in the provision community in regard to learners with medical conditions

Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)

Set out how we will manage medicines in provision

The named person with responsibility for implementing this policy is Lorna Dickson

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support learners with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the provision is notified that a learner has a medical condition
- Monitor practice, and staff training, in regards to learners with medical conditions, in line with this policy
- The governing board delegates the day-to-day implementation of this policy to Lorna Dickson, SENDCo.
- Ensuring the level of insurance in place reflects the level of risk.
- Ensure that the policy sets out how complaints concerning the support provided to children and young people with medical conditions may be made and will be handled.

Supporting a child/young person with a medical condition during provision hours is not the sole responsibility of one person. A provision's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between provision employees, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and children will be critical.

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3.2 The named person will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that provision staff are appropriately insured and aware that they are insured to support learners in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about learners' medical needs
- Approve risk assessments for provision visits and provision activities outside the normal provision timetable that involve provision for learners with medical conditions
- Contact the provision nursing service in the case of any learner who has a medical condition that may require support at provision, but who has not yet been brought to the attention of the nursing service
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Employees

Supporting learners with medical conditions during provision hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to learners with medical conditions, although they will not be required to do so. This includes the administration of medicines.

All staff will know what to do and respond accordingly when learners have with a medical condition including if they need help. This means:

- Taking appropriate steps to support children and young people with medical needs (any provision employees may be asked to provide support to children and young people with medical conditions, including the administering of medicines, although they cannot be required to do so).
- Where necessary, making reasonable adjustments to include children and young people with medical needs into lessons and organised activities. Staff need to be aware of how a child's condition will impact on participation but make reasonable adjustments to allow these children to participate according to their own abilities (unless evidence from a clinician states that this is not possible).
- Undertaking suitable and sufficient training to achieve the necessary competency for supporting children and young people with medical needs.
- Administering medicines in accordance with prescriber's instructions.
- Familiarising themselves with procedures detailing how to respond when they become aware that a child with a medical condition needs help.
- If medication has failed to arrive at provision, due to a parent error, then employees need to contact parents, to request further medication.

3.4 Parents and Carers

Parents/carers will:

- Provide the provision with sufficient and up-to-date information about their child's medical needs

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- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Provide the provision with the medication and equipment their child requires, as well as keeping it up to date. Ensuring that their child has sufficient medication stock, in the provision at all times.
- Collecting any leftover medicine at the appropriate time or if the child or young person leaves the provision.
- Discussing medications with their child/children prior to requesting that employees administer the medication.
- Notifying the provision if their child's medication changes or is discontinued, or the dose or administration method changes.
- Carrying out any action they have agreed to as part of the implementation of the individual healthcare plan.
- To inform the provision if their contact details change, including mobile phones numbers.
- Ensuring they or another nominated adult are contactable at all times.

3.5 Children and Young People

If a child refuses to take medicine or carry out a necessary procedure, employees should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

3.6 School Nurses and Other Healthcare Professionals

The nursing service will notify the provision when a learner has been identified as having a medical condition that will require support in provision. This will be before the learner starts provision, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with school nurses and notify them of any learners identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The provision will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any learners. Our provision is clear about the need to actively support learners with medical conditions to participate in provision trips and visits, or in sporting activities, and not prevent them from doing so.

The provision will consider what reasonable adjustments need to be made to enable these learners to participate fully and safely on provision trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that learners with medical conditions are included. In doing so, learners, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the provision is notified that a learner has a medical condition, the process outlined in Appendix A will be followed to decide whether the learner requires an IHP.

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The provision will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for learners who are new to our provision.

5.1 Obtaining information about medicines

We ask that parents/carers proactively inform us by either phone call to the provision on 01793 209198 or an email to Lorna Dickson, ldickson@churchwardschool.org.uk if their child's medical needs change during the provision year.

6. Individual Healthcare Plans (IHCPs)

The headteacher has overall responsibility for the development of IHPs for learners with medical conditions.

The day-to-day responsibility has been delegated to Lorna Dickson, SENDCo.

Individual healthcare plans can help to ensure that provisions effectively support children and young people with medical conditions. They provide clarity about what needs to be done, when and by whom.

Not all learners with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be reviewed at least annually, or earlier if there is evidence that the learner's needs have changed

Parents/guardians or healthcare professional should inform provision that a child has been newly diagnosed or is to attend the provision as a new child or young person or is due to return to the provision after a long-term absence, or that needs have changed.

Plans will be drawn up in partnership with the provision, parents/carers and a relevant healthcare professional, such as the provision nurse, specialist or paediatrician, who can best advise on the learner's specific needs. The learner will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a learner has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The learner's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the learner's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a learner is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the learner's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the provision needs to be aware of the learner's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the learner, during provision hours

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- Separate arrangements or procedures required for provision trips or other provision activities outside of the normal provision timetable that will ensure the learner can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or learner, the designated individuals to be entrusted with information about the learner's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Medicines should only be administered at provision when it would be detrimental to a child's health or provision attendance not to do so:

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Provisions should set out the circumstances in which non-prescription medicines may be administered.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside provision hours.
- The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible
- Anyone giving a learner any medication (for example, for pain relief) will first check recommended and maximum dosages for the learner's age, and when the previous dosage was taken.
- The provision will only accept prescribed medicines that are:
    - In-date
    - Labelled
    - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The provision will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely. Learners will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to learners and not locked away.
- Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Non-Prescription Medicines

- Non-prescription medicines may be used to treat minor ailments. If the provision is approached by a child's parents/guardians with a request that non-prescription medicine is to be administered in provision time, this will be accepted so long as the medicine is an over-the-counter product, available at a pharmacy and checks are carried out with a pharmacy or clinician that there will not be any concern regarding a contra-indication with existing medication.

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- Non-prescription medicines to be administered in provisions under the same processes and record keeping as prescription medicines. Treatment with a non-prescription medicine will not continue for more than three days without medical assessment by a medical practitioner.

7.2 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A learner who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another learner to use. All other controlled drugs are kept in a secure cupboard in the provision office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.3 Administration and Recording of Controlled Drugs

Provisions should otherwise keep controlled drugs that have been prescribed for a child or young person securely stored in a non-portable container and only named employees should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held

Provision employees may administer a controlled drug to the child for whom it has been prescribed. Employees administering medicines should do so in accordance with the prescriber's instructions. Provisions should keep a record of all medicines administered to individual children/young people, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the provision should be noted.

7.4 Recording of Medication received into the Provision

Provisions should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to provisions inside an insulin pen or a pump, rather than in its original container

The provision must ensure that a written record is kept of all medication entering and leaving the setting. A responsible person must be delegated to keep such records.

The record should include:

- Date of receipt or handover.
- Name and strength of medication.
- Quantity received.
- Person for whom the medication is prescribed.
- Signature of the employee receiving or handing over the medication.

A separate controlled drug register with numbered pages is to be maintained for each child who requires it. In addition to the guidance for the receipt, administration and disposal of non-controlled drugs, this book must include the balance remaining for each product. The balance remaining is confirmed each time a controlled drug is administered.

It is a legal requirement that a record is made each time a controlled drug is administered

7.5 Storage of Medicines

All medicines should be stored safely. Children/young people should know where their medicines are at all times and be able to access them immediately.

- Prescribed controlled medicines will be securely stored in a non-portable container and only named employees will have access.
- The container must be lockable.

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- Controlled drugs must be easily accessible in an emergency.
- The controlled drugs cupboard is not to be used to store anything else.
- A record will be held of the amount of controlled drugs held.
- The keys to the controlled drugs cupboard /safe are kept separate to the other keys and are only accessible to authorised employees.

Where special equipment (e.g. refrigeration) is required for the storage of medicines, this should be detailed within the IHCP, and an appropriate individual as delegated by the Manager) should assist with either provision or procurement of the equipment. Equipment should be suitable for the task and be operated and maintained in accordance with manufacturer's guidance

7.6 The Administration and Record Keeping of Medicines

Records offer protection to employees and children/young people and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at provisions.

Employees administering medicines must do so in accordance with the prescriber's instructions.

Provisions must keep records of medicines administered to individual children/young people, stating what, how and how much was administered, when and by whom.

The provision to be aware of any possible side effects of medicines administered at the provision.

Employees need to follow the five rights: **Right patient, Right drug, Right dose, Right route, Right time**.

If the medicines received from the pharmacy differ unexpectedly from those received for the same person in the past, the provision must check with the pharmacy before administrating the medication. The procedure in place for the administration of medication includes:

- Checking the identity of the person.
- Obtaining the child's consent.
- Ensuring the child is not allergic to the medicine.
- Observing the person's record, checking their name and dosage instructions.
- Ensuring the dose has not already been administered.
- Identifying the appropriate medicine container/s checking the label/s and record match. If there is a discrepancy, advice should be sought from the healthcare administrator before giving the medicine to the individual. If the label has become detached or illegible, advice must be sought from the healthcare administrator.
- Administering the medication in accordance with any special instructions e.g. to be taken with food.
- Signing the administration record after the medicine has been given.
- Recording if the medication has been refused.
- Ensuring that employees are suitably trained in the use of medication.
- Two people are required for the signature of controlled medicines at all times.
- A child cannot be forced to take their own medication. If this occurs, then the parent/carer will be notified.
- The record of administered medication should be signed by the person administering the medication and countersigned by a member of the Senior Leadership or designated person.
- A copy of the Medication Administration Records can be found in Appendix D

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7.7 Requesting Medicines

As the balance for each child's medications can be calculated on a daily basis, then parents/carers will be contacted when the balance becomes low. The responsibility will be with the parents/carers to provide further medications for their child.

7.8 Administration of Emergency Medication

As part of general risk management processes, all provisions should have arrangements in place for dealing with emergencies for all provision activities wherever they take place, including on provision trips within and outside the UK.

Administration of emergency medication Brunel Education expects all provisions to have arrangements in place for dealing with emergencies for all provision activities wherever they take place, including provision trips within and outside of the UK.

- Where a child has an IHCP, it should clearly define what constitutes an emergency and explain what to do. All relevant employees must be aware of emergency symptoms and procedures.
- Provisions will ensure that other children and young people in provision should know what to do in general terms, such as informing SLT immediately if they think help is needed.
- Should a child or young person need to be taken to hospital (this includes accompanying a child taken to hospital by ambulance), employees will stay with the child until the parent/carer arrives.
- Provision employees will ensure they understand the local emergency services cover arrangements, and that the correct information is held and provided for navigation systems.
- If there are no suitably trained employees available to administer the medication, the emergency services must be called. However, certain lifesaving drugs might be advised over the telephone by a doctor or ambulance service to be given by employees.
- If, in an emergency, a child refuses to take their medication and it is in their best interest to administer the medicines, then a trained employees can administer the medicine only under the direct instruction of a suitable medical practitioner (e.g. advice given from a 999 call centre or a paramedic).
- It is a legal requirement to record the administration of controlled medicines.

7.9 Disposal of Medicines

When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Sharps boxes should always be used for the disposal of needles and other sharps.

All unused medication, including refused and wasted doses is returned to the parent/carer for safe disposal via their child's GP surgery. If they are not willing or unable to, then the provision will dispose of them via a local reputable pharmacy. They are never to be used for other individuals. A record is made in the person's notes of the name of the medication, quantity, reason, and date of disposal.

Where individuals require insulin or any other medication with a syringe, a "sharps box" must be provided by the parent/carer. The sharps box, once full, must be given back to the parent/carer for disposal and a new one delivered to the provision.

7.10 Management of Medication Error and Accidents

It is recognised that, despite high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors immediately to their line manager and consult with the appropriate medical practitioner (or the nominated pharmacy in their absence), to prevent harm to the individual. All medication errors should be recorded using the Medication Error form in Appendix C.

The person's parent/carer and the senior leadership team must be informed of any error, in writing, if the belief, following consultation with the Manager, that the error could have led to harm or injury. Managers should encourage employees to report errors. They should be dealt with in a constructive manner that

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addresses the underlying reason for the incident and prevents recurrence. If an error occurs, the line manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding and to establish how the error occurred. This is for support purposes, with outcomes for improvement.

7.11 Unacceptable practice

Although provision staff will use their discretion and judge each case on its merits with reference to the learner's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every learner with the same condition requires the same treatment
- Ignore the views of the learner or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal provision activities, including lunch, unless this is specified in their IHPs
- Send an ill learner to the provision office or medical room unaccompanied or with someone unsuitable (e.g. a fellow learner who is not old or responsible enough)
- Penalise learners for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend provision to administer medication or provide medical support to their learner, including with toileting issues. No parent/carer should have to give up working because the provision is failing to support their child's medical needs
- Prevent learners from participating, or create unnecessary barriers to learners participating in any aspect of provision life, including provision trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask learners to administer, medicine in provision toilets

8. Offsite Activities

Provision employees should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children/young people to participate according to their own abilities and with any reasonable adjustments. Provisions should make arrangements for the inclusion of children an young people in such activities with any adjustments as required unless evidence from a clinician, such as a GP, states that this is not possible.

On such occasions the provision will consider what reasonable adjustments need to be made to enable children/young people with medical needs to be able to participate fully and safely on visits. The provision will observe best practice and carry out a risk assessment to assist with identifying and planning the steps that need to be taken to ensure that children and young people with medical conditions are included. This is likely to include consultation with parents/guardians, children and relevant healthcare professionals to ensure that the children can participate safely.

Medicines to be taken in their original containers and given to the delegated employees for administrating and safekeeping. Controlled medicines are to be kept in a lockable container. If appropriate, and safe to do so, the medication container will be placed in a secure location not visible to others but not likely to be forgotten.

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9. Provision Transport (provision owned)

Parents/carers whose child uses the provision's transport have a responsibility to pass over any medications to a transport employee, signing the controlled drug register to state that they have done so. This will be countersigned by an employee on the transport. Children's own IHCP will reflect what medical need the child will require, including "what constitutes an emergency" and "what to do in an emergency", during transit to/from the provision. If a child is taken home with medication, it will be passed over to parents/carers. If the child's parents/carers are not at home and the child is deemed responsible enough, then the medication can be left at home with the child. The parents/carers need to be aware of this action and agree to it (all to be recorded)

10. Home-to-Provision Transport

This is the responsibility of local authorities, who may find it helpful to be aware of a child's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for children with life-threatening conditions.

11. Automated External Defibrillator (AED)

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

- Provisions are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist provisions in purchasing defibrillators at reduced cost. If provisions install a defibrillator, they should notify the local NHS ambulance service of its location.
- Employees appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the provision, amongst both staff and children alike
- An Automated External Defibrillator (AED) is located in The reception office.

12. Liability and Indemnity

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

It is important that the provision policy sets out the details of the provision's insurance arrangements which cover employees providing support to provisions with medical conditions. Insurance policies should be accessible to employees providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for employees to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by an employee, civil actions are likely to be brought against the employer.

RPA is a scheme provided specifically for academies.

13. Training and Support

The provision's policy should be clear that any provision employees providing support to a child or young person with medical needs should have received suitable training.

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Any provision employees providing support to a child with medical needs MUST have received suitable training. This includes giving prescription medicines or undertaking healthcare procedures. Suitable training will be identified during the development or review of IHCPs. Employees who provide support to children with medical conditions will be included in meetings where training requirements are discussed. The provision will take the guidance from the relevant healthcare professional on the type and level of training required, and how this can be obtained.

Where appropriate the provision may arrange this training themselves and ensure the training remains up to date. The family of the child may provide relevant information to provision employees about how their child's needs can be met but cannot be considered as the sole source of training. The training will be sufficient to ensure that employees are competent and have confidence in their ability to support with medical conditions, and to fulfil the requirements as set out in the IHCPs.

The provision will seek the confirmation from healthcare professionals of the proficiency of employees in medical procedures or in providing medication.

This policy will be communicated to all employees and will be uploaded to the provision website. Heads must make their teams aware of this policy and its contents.

The training for employees at the provision who are involved in the administration of medication should include:

- Introduction to medicines and prescriptions.
- Medicine supply, storage, and disposal.
- Self-administration of medication.
- Administration of Tablets and Capsules, Liquids, Eye Drops, Inhalers, Creams, and Ointments.
- Quality control and record keeping.
- Accountability, responsibility, and confidentiality. Refresher training should be sought as appropriate.

A first-aid certificate does not constitute appropriate training in supporting children/young people with medical conditions.

Healthcare professionals, can provide confirmation of the proficiency of employees in a medical procedure, or in providing medication.

Employees must not give prescription medicines or undertake healthcare procedures without appropriate training

14. Monitoring and Review

This policy will be reviewed **annually**. At every review, it will be approved by BAT Board of Trustees and BE Board of Trustees.

15. Complaints Process

Parents with a complaint regarding this policy should discuss these directly with the Head of Provision in the first instance. If the Head of Provision cannot resolve the matter, they will direct parents to the complaints procedure.

16. Related Policies and Document

- Safeguarding policy
- Intimate Care policy
- First Aid Policy

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- Allergy Safety Policy

This policy is adopted by the BAT Board of Trustees and will be reviewed every year or earlier if change to legislation.

Signed: CEO

Signed: Chairman of BAT Board of Trustees

Date: *Approval pending*

This policy is adopted by Churchward School (part of the Brunel Academies Trust) **and will be reviewed every year or earlier if change to legislation.**

Signed: G Bailey Headteacher

Signed: Trust Safeguarding Lead

Date: 9th October 2026

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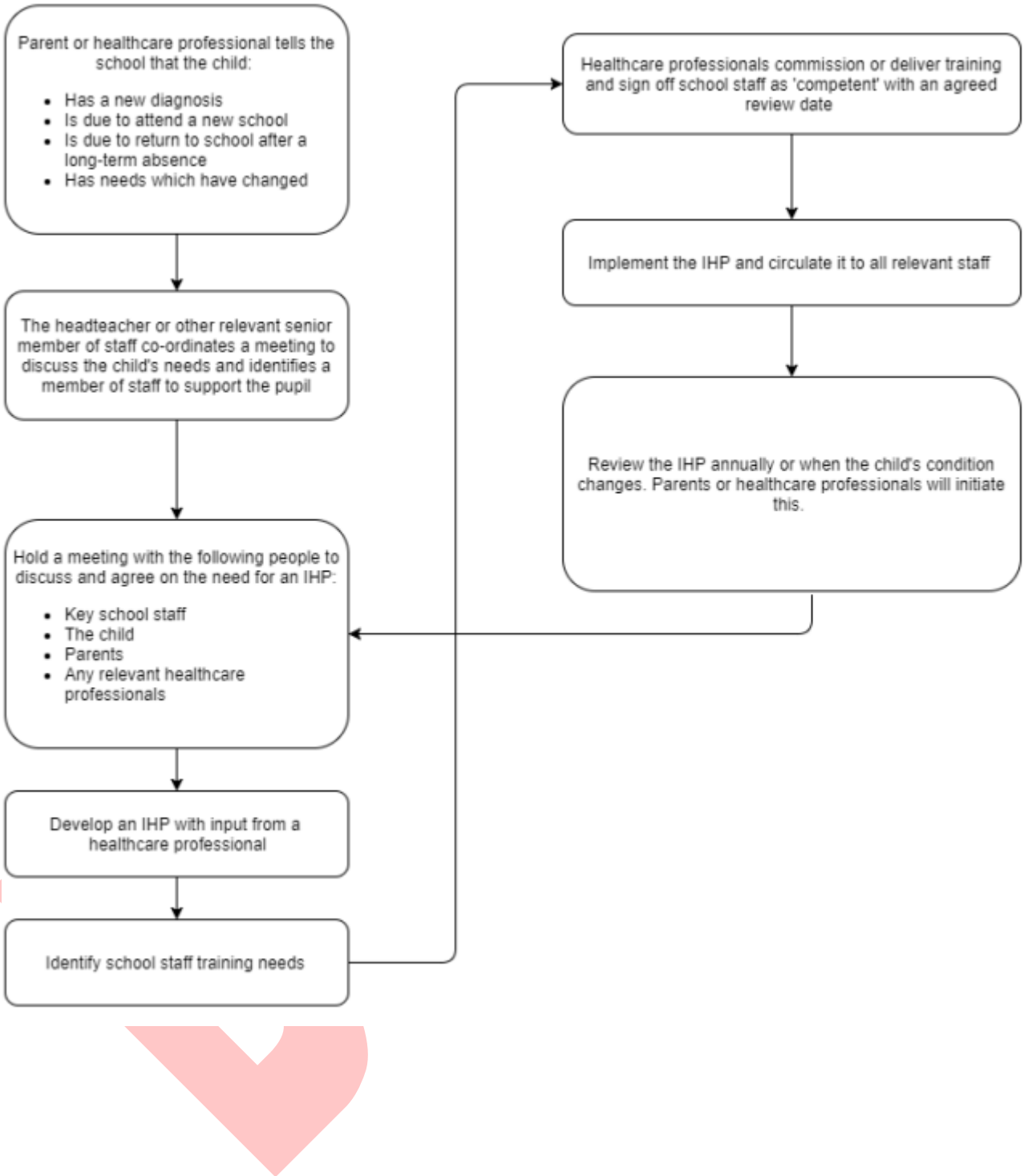
Appendix A: Being notified a child has a medical condition



Appendix B: Medication Error: Reporting and Recording Process

Step 1 Medical Advice

For any medication error Lorna Dickson/SENDCo should be informed immediately

Lorna Dickson/SENDCo will ensure that medical advice is sought by contacting 111 if appropriate

In an emergency situation staff will always phone 999

Parents will be contacted in all instances

Any medical advice should be followed and documented on the safeguarding recording system

Step 2 Incident Reporting

For every error, no matter how big or how small, an 'Accident Report' must be completed on QHUB

A Medication Error form must be completed and reviewed to identify any patterns and trends – this should be added to the safeguarding recording system

The incident should be recorded on the safeguarding recording system including any communication with parents and external agencies

Step 3 Referral to local authority

Consider whether the error constitutes a safeguarding concern and the local thresholds documents should be reviewed to determine whether the error needs to be reported to local authority. The error may also meet the criteria for referral to LADO. (See guidance below)

Step 4 Further Action

- Consider whether this meets the criteria for an investigation under the Brunel Disciplinary Policy. If you are unsure you must talk this through with your People Services Partner
- Consider whether the incident requires a RIDDOR report

Step 5 Reflection

Ensure that all actions and learning identified on the Medication Error report and any subsequent investigations are completed and that all support documentation is updated to reflect lessons learnt. Add to a staff briefing to ensure team learning and reflection

Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm caused- medium to high risk contact with local authority children's services should be made	
Child does not receive prescribed medication (missed/wrong dose) – no harm occurs	Recurring missed medication or administration errors in relation to one child that caused no harm	Medication errors that affect more than one child and/or result in harm	Deliberate maladministration of medicines by a member of staff

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BRUNEL ACADEMIES TRUST

Appendix C: Medication Error reporting form

Name of service child affected by incident			
Date of incident		**Time of incident**	
Date parents contacted		**Time of contact**	
Name of staff involved			
Health advice sought or healthcare professional involved	**Agency**		**Date/time contact**
	Ambulance		
	111		
	GP		
	Pharmacist		
	School nurse		
	Other		
Name of person completing report		**Date reported**	
Describe the incident			
Why do you think the incident happened?			
Describe any harm caused to the child			
What actions have you taken to prevent the incident occurring again?			
Medication involved in the incident			
	What was correct		**What was incorrect**
Name of medication			
Dose			
Route			
Formulation of medication			

Safeguarding referral made?	Yes/No/Not required	Date
XXX notified (Ofsted, HSE. Local Authority etc)	Yes/No/Not required	Date
Signature		
Date		

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Appendix D: Medication Administration Record Sheet (MAR)

MEDICATION ADMINISTRATION RECORD SHEET

DATE	MEDICATION NAME (check with label on box)	DOSAGE	TIME ADMINISTERED	STUDENT REACTION	ADMINISTERED BY	WITNESSED BY

Codes to be used for Student Reaction: **T** – Taken **NT** – not taken (please state reason) **R** - Refused

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