



WILKINS
TRUST

Medicines and Medical Needs Policy (Secondary)

DATE April 2024

OWNED BY: Risk and Compliance Manager

APPROVED BY Trust Board



01708 227003



1. Introduction

The Wickersley Partnership Trust (hereafter known as WPT) is committed to ensuring that students at school with medical conditions should be properly supported, to ensure that they have full access to their education, including educational visits and physical education. Many children have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long term basis. Other children may require medicines in particular circumstances, such as children with severe allergies.

Students with medical conditions may feel different to other children and could face real or perceived barriers to their full involvement in education and school life. Parents and carers of children may worry about their child's safety and

For a student who is on a time limited course of medication, once their course ends the record of administration that has been kept in paper copy should be uploaded to their record on Bromcom, along with the MP1 form. Within

for staff, to have an individual healthcare plan drawn up when a health professional has not completed one. This may be in circumstances where it is an interim measure until a health professional or parent/ carer provides school with a plan. It may also be beneficial in circumstances where a student does not have a plan written by a health

Most students in secondary school will carry their own inhaler. Should circumstances arise where a student is unable to do this, or may be physically incapable of self-administering their inhaler, the student's individual asthma care plan should detail how these barriers will be overcome. Unlike in WPT primary schools, there is no requirement for a parent/ carer to complete a MP3 form to allow the student to carry their own inhaler in school.

It is not uncommon for there to be a level of confusion around if a student has an actual diagnosis of asthma. This can cause uncertainty for schools when a parent/carer may state that a child has an inhaler, but has no diagnosis of asthma, or, conversely, asthma, but no current prescription for an inhaler. In these circumstances schools should work with parents

Details of when the student needs to eat meals and snacks, what help they need around meal/snack time, e.g. whether they need to go to the front of the lunch queue, need help with carbohydrate counting or have any other special arrangement around meal / snack time

The things that need to be done before, during or after PE, for example, blood glucose testing or having an extra snack

Details of where insulin and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.

What to do in an emergency including who to contact.

Any specific support needed around the student's educational, emotional and social needs, for example, how absences will be managed, support for catching up with lessons or any counselling arrangements

A description of the training that has been given to whom

What plans need to be put in place for exams (if appropriate)

What plans need to be put in place for any educational visits and school trips (including overnight) or other school activities outside of the normal timetable

Any student who has an individual

this with

Appendix A – Useful Links

AllergyUK- advice for schools

Website: <https://www.allergyuk.org/informationand-advice/for-schools>

Anaphylaxis Campaign FAQ for schools regarding anaphylaxis

Website: <https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf>

Anaphylaxis Campaign link to prepared Anaphylaxis and Asthma rescue kits

Website: <https://www.allergyuk.org/about/latest-news/1182-anaphylaxis-and-asthma-emergency-kits-for-->

Appendix B Medication Consent Form (MP1)

Medication Consent Form (MP1)	
Name of School:	
Name of Child:	
Date of Birth:	
Group / Class / Form:	
Medical Condition or Illness:	

Medicine	
Name / Type of Medicine (As Described on the Container):	
Is the medication classified as a controlled drug ? Y / N	
Expiry Date:	
Dosage and Method:	

Contact Details

Name:	
Day time Telephone Number:	
Relationship to Child:	
Address:	

The above information is, to the best of my knowledge, accurate at the time of writing and given to school staff administering in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____

Date: _____

School staff member receiving medication

Name: _____

Signature(s): _____

Date: _____

Appendix G Record of Medication Administered (MP2)

Record of Medication Administered (MP2)	
Child:	
Date of Birth:	
Medication:	

Guidance:

A separate record sheet must be used for each medication if the child takes more than one medication. At the end of the course of medication this form should be uploaded to Bromcom and ~~original~~ destroyed. For long-term medication, the record sheets should be uploaded to Bromcom termly and the original copy safely destroyed.

If a staff member administers the medication, another staff member must observe this. If the child self-administers, ~~one~~ a staff member needs to be present to observe.

term mrl2 0.228 0 Tph ,mrl2 0.228 0 Tphmuo.004 T Td <5 >>BDC -27.37 -1.011 T.3 (r)7*I2 0.22850 Tphmuo



Appendix D - Consent for a Student to Carry an Inhaler (MP3)

I give consent for my child _____ of _____ (Mry L _____) ir _____ hal8.7728 (r)-1.5 ()-7 (())0.7 (M)-12iry L _____

Name: _____

Date

Appendix E– Consent for a Student to Carry an Adrenaline Autojector (MP4)

I give consent for my child

Name: _____

Date of Birth: _____

Address: _____

to be allowed to carry and administer their Adrenaline Autojector whilst they're in school:

Name of Medication
Procedures to be Taken In the Event of an Emergenc

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease. By signing this consent form I agree and confirm that my child will adhere to the following requirements:

- My child will take full responsibility for the safe management of the medication whilst they are at school
- The medication is prescribed in the name of my child and clearly labelled
- The medication is for their sole use and will not be given to any other student
- The school has informed me that the necessary for my child to keep an additional Adrenaline Autojector in the school's medical room in case of an emergency- I will provide this spare without d24 0 Td8247Tc 0.3 -1.217 T5

Appendix F Consent for School to Administer the School's Own Inhaler on a Child (MP5)

I give consent for my school to administer the school's own inhaler to my child

Name: _____ in an emergency

Date of Birth: _____

Address: _____

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

By signing this consent form I agree and confirm the following:

A medical professional has confirmed that it is safe and appropriate for my child to use an inhaler

If my child carries their own inhaler during school, I will ensure that they always have access to this, it is prescribed to them, it is clearly labelled with their details and it is in date

If the school hold my child's inhaler I confirm that this medication is prescribed to them, it is clearly labelled with their details and it is in date

Name (PRINT): _____

Signature: _____ Date: _____

Relationship to the Student: _____

Appendix G Consent for School to Administer the School's Own Adrenaline Auto-Injector on a Child (MP6)

I give consent for school to administer the school's own Adrenaline Auto-Injector to my child

Name: _____ in an emergency

Date of Birth: _____

Address: _____

I confirm that this agreement will continue until I withdraw my consent. ()

Appendix H - Individual Healthcare Plan Template (MP7)

Individual Healthcare Plan Template (MP7)	
Name of School:	
Child's Name:	
Group/Class/Form:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date of Plan Completion:	
Date for	

Famil Contact Information

Relationship to Child:

Phone Number (work):

Phone Number (home):

Phone Number (mobile):

Clinic/Hospital Contact

Name:

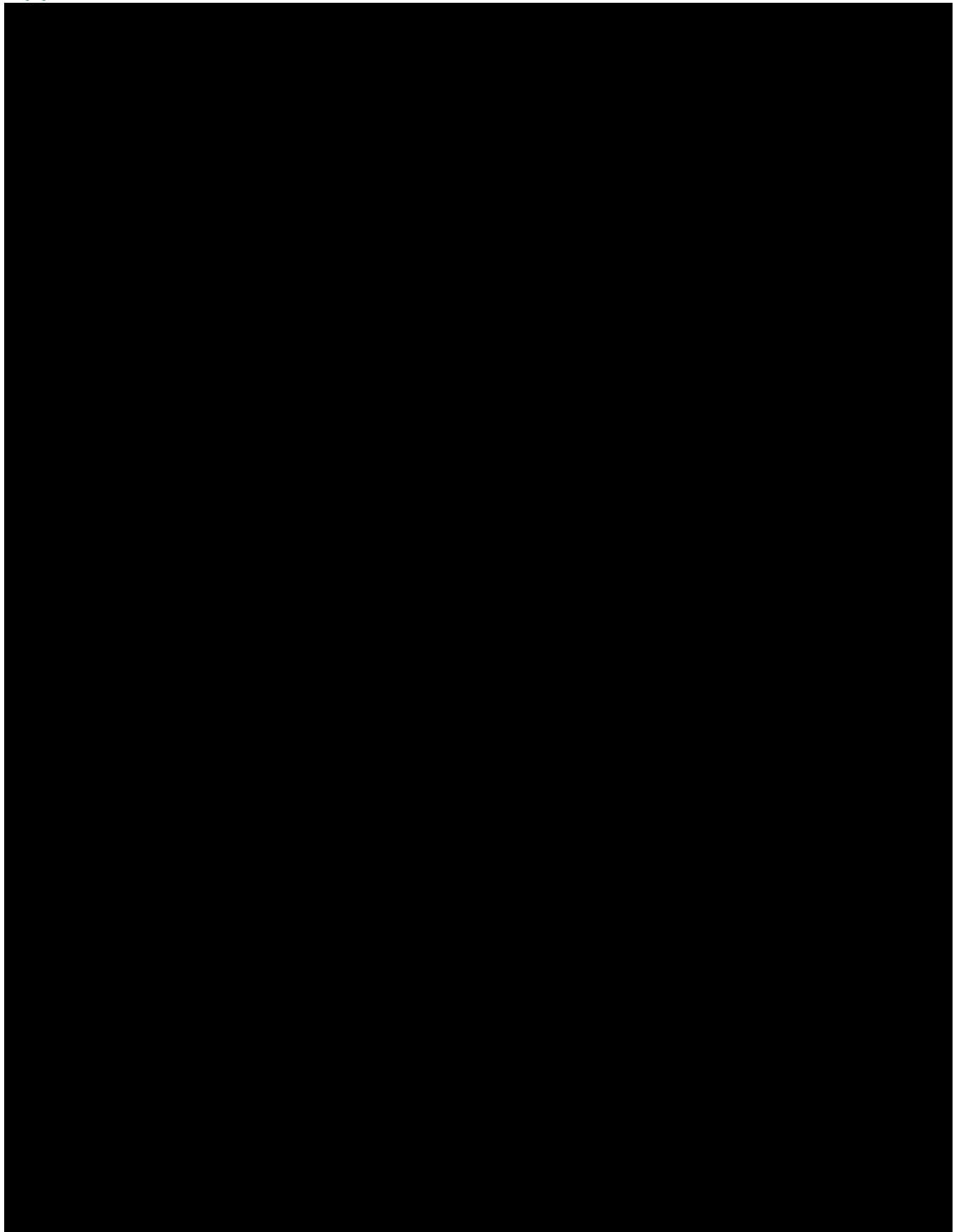
Phone Number:

GP

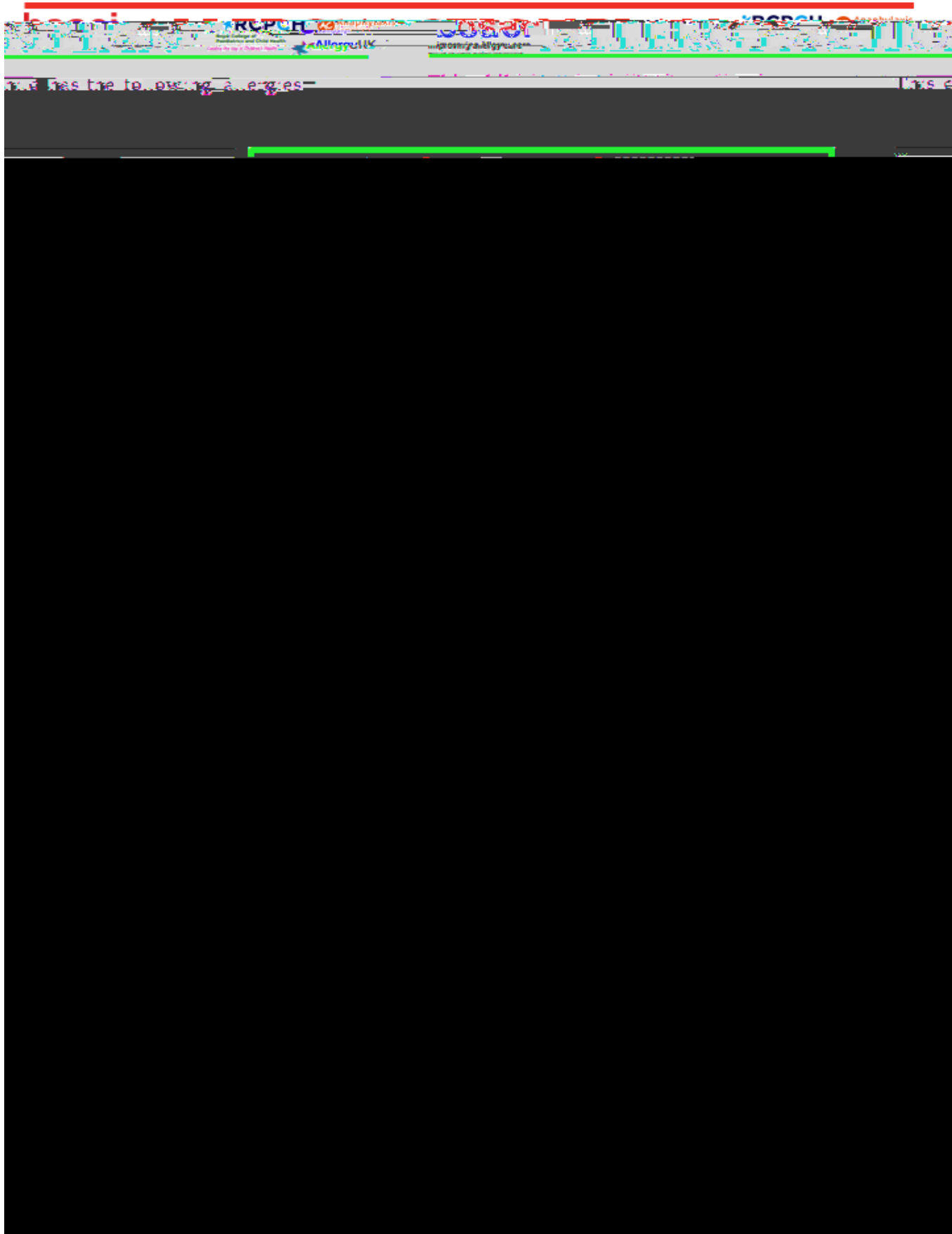
Name of

Arrangements

Appendix I- School Asthma Card



Appendix K -Allergy Action Plan



Appendix J

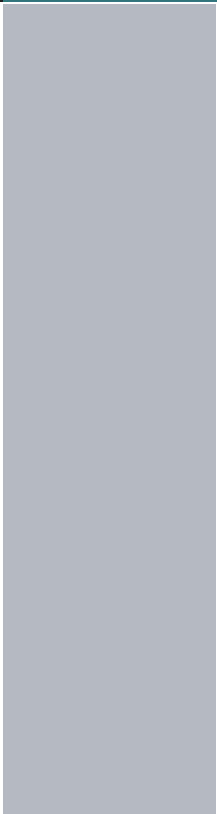
Person(s) Involved in the Incident

4.	N. 1	
	J. 1	

Details of the Medication Error or Near Miss

5.	N. C	
	D. O. E.	
	D. D. E.	
	D. - A. N. E.	

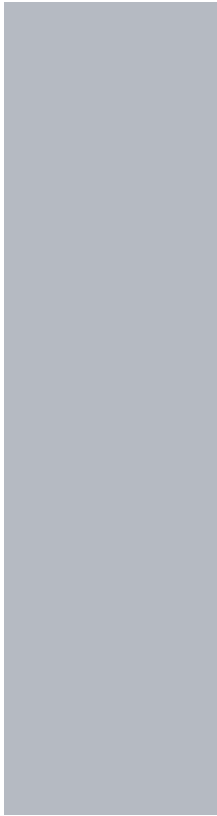
All Other Staff/Persons Involved in the Incident



Who Was Contacted

Advice and Action				
[Large Grey Cell]	B C D			
	A G			
	A			
	B			
	A G			
	A			

Who Has Been Informed About the Incident?



	Name:	Job Title:	X
11.			

12.	Cause of Incident	Detail	X
	...		
	...		
	...		
	...		
	...		
	...		
	...		
	...		

13.	Immediate Action to be Taken	X
	...	
	...	
	...	

14.	Action to Prevent a Recurrence	X
	...	
	...	
	...	

N		P.	
...		D	

Form returns: return all completed forms operations@wickersleypt.org

Appendix L- WPT MP13 Form

Record of monthl checks on medication held in school b Headteacher		
Month	Signature to confirm checks completed	SMART actions
September		
October		
November		
December		
Januar		
Februar		
March		
April		
Ma		
June		
Jul		

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