

**Stanton St Quintin Primary School**



**To Motivate Educate and Nurture**

**Langley Fitzurse C of E Primary School**



**Amaze, Excite and Inspire**

**Let us help each other to love others  
and do good. Hebrews 10:24**

**Stanton St Quintin Primary School**

**Langley Fitzurse Primary School**

**Supporting Pupils with Health Needs including  
Administration of Medicines Policy**

**Policy and Procedure: Supporting pupils with health needs including administration of medicines policy**

Date of Approval: October 2024

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## **Statement of intent**

The governing bodies of **Stanton St Quintin Primary and Nursery School and Langley Fitzurse Primary School** have a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

**Stanton St Quintin Primary and Nursery School and Langley Fitzurse Primary** School believe it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's **SEND Policy** will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

## 1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- **Supporting Children with Administering Medical Needs Policy**
- **SEND Policy**
- **Complaints Procedure Policy**

## 2. The role of the governing board

2.1. The governing board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. Executive Headteacher holds overall responsibility for implementation of this policy.

### **3. The role of the Executive Headteacher**

3.1. The Executive headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the **school nursing service** where a pupil with a medical condition requires support that has not yet been identified.

### **4. The role of parents/carers**

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

## **5. The role of pupils**

### 5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their Individual Healthcare Plans (IHP).
- Are sensitive to the needs of pupils with medical conditions.

## **6. The role of school staff**

### 6.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **7. The role of the school nurse**

### 7.1. The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

## **8. The role of clinical commissioning groups (CCGs)**

### 8.1. CCGs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.

- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

## **9. The role of other healthcare professionals**

9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

## **10. The role of providers of health services**

10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

## **11. The role of the LA**

11.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

11.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

## **12. The role of Ofsted**

12.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

- 12.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

### **13. Admissions**

- 13.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 13.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### **14. Notification procedure**

- 14.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Executive Headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 18](#)).
- 14.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Executive Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 14.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 14.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

### **15. Staff training and support**

- 15.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 15.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 15.3. Where at all possible training needs are assessed by the school nurse through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member or pupil joins the school.
- 15.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff



understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

- 15.5. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 15.6. Whole-school awareness training is carried out as appropriate for all staff, and included in the induction of new staff members.
- 15.7. Training is commissioned by the School Bursar and provided by the following bodies:
  - Commercial training provider
  - The school nurse
  - Name of GP consultant
  - Parents/carers of pupils with medical conditions
- 15.8. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 15.9. The Leadership Teams will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

## **16. Self-management**

- 16.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 16.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 16.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 16.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 16.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Administration of Medicines Policy.

## **17. Supply teachers**

17.1. Supply teachers are:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **18. Individual healthcare plans (IHPs)**

18.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Executive Headteacher makes the final decision.

18.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

18.3. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the Executive Headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.

- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
  - What to do in an emergency, including contact details and contingency arrangements.
- 18.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.
- 18.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 18.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 18.7. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.
- 18.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.
- 18.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

## **19. Managing medicines**

- 19.1. In accordance with the school's **Administration of Medicine Policy : Appendix A**, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 19.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 19.3. Non-prescription medicines may be administered in the following situations:
- When it would be detrimental to the pupil's health not to do so
  - When instructed by a medical professional
- 19.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 19.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

- 19.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 19.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 19.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- 19.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 19.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 19.11. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 19.12. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

## **20. Adrenaline auto-injectors (AAIs)**

- 20.1. The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with a pupil's IHP.
- 20.2. A **Register of AAIs** will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 20.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 20.4. Devices will be stored in locked cabinets within easy reach of the pupils classroom – At SSQ these are located in: Rhine Medication Cabinet/Medication cabinet in First Aid Room of main school building.

At LF this are located in: Admin Office

- 20.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.
- 20.6. In the event of anaphylaxis, a designated staff member will be contacted.
- 20.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 20.8. If necessary, other staff members may assist the designated staff members with administering AAI's, such as where the pupil needs restraining.
- 20.9. It is the responsibility of the parent to ensure that the AAI is in date and ready for use in the event of an emergency. Parents should check this on a termly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 20.10. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 20.11. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 20.12. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 20.13. Where any AAI's are used, the following information will be recorded on the AAI Record:
- Where and when the reaction took place
  - How much medication was given and by whom
- 20.14. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 20.15. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## **21. Record keeping**

- 21.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, written records are kept of all medicines administered to pupils. Please refer to Administration of Medicines Guidelines – Appendix A

- 21.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

## **22. Emergency procedures**

- 22.1. Medical emergencies are dealt with under the school's emergency procedures.
- 22.2. Where an IHP is in place, it should detail:
- What constitutes an emergency.
  - What to do in an emergency.
- 22.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 22.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.
- 22.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

## **23. Day trips, residential visits and sporting activities**

- 23.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 23.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- 23.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## **24. Unacceptable practice**

- 24.1. The school will never:
- Assume that pupils with the same condition require the same treatment.
  - Prevent pupils from easily accessing their inhalers and medication.
  - Ignore the views of the pupil and/or their parents/carers.
  - Ignore medical evidence or opinion.
  - Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
  - Create barriers to pupils participating in school life, including school trips.

- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **25. Liability and indemnity**

- 25.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 25.2. The school holds an insurance policy with Zurich Municipal covering liability relating to the administration of medication. The policy has the following requirements:
- All staff must have undertaken appropriate training.
- 25.3. All staff providing such support are provided access to the insurance policies.
- 25.4. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## **26. Complaints**

- 26.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 26.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the **Complaints Procedure Policy**.
- 26.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 26.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **27. Home-to-school transport**

- 27.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 27.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

## **28. Defibrillators**

- 28.1. SSQ has a Defibtech Lifeline automated external defibrillator (AED). The AED is stored in the external wall of the School Library, in an unlocked cabinet.
- 28.2. Langley Fitzurse primary School has an AED. This is located in the staff toilet cupboard.
- 28.3. All staff members and pupils are aware of these locations.
- 28.4. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
- 28.5. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 28.6. The emergency services will always be called where an AED is used, or requires using.
- 28.7. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
- 28.8. Maintenance checks are the responsibility of the local parish council.

## **29. Contacting Emergency Services**

### **To be stored by the phone in the school office**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- The telephone number: **01666 837602/ 01249 750295**
- Your name.
- Your location as follows: **Stanton St Quintin / Middle Common, Kington Langley.**
- The satnav postcode: **SN14 6DQ / SN15 5NN**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

## **30. Policy review**

- 30.1. This policy is reviewed on every two years by the Executive Headteacher.
- 30.2. The scheduled review date for this policy is September 2026



## **Appendix A**

### **Administration of Medicines Guidelines**

- Before giving medication to any child, parents/carers must request this and complete a written agreement. Form 1: Ref Health and Safety Manual P7 of Medications for Pupils
- It is absolutely essential that only medication that is in its original labelled container is received.
- It is required that the person receiving the medication checks that the label indicates the name of the child and the dose currently being taken has is confirmed with that on the label. If the two differ then the parent / carer must take responsibility for stating the dose on the written agreement (appendix 1). Where possible, the medication needs to be checked to ensure it is "in date" and where the medicine is in tablet, capsule, or any other unit dose form, the total quantity provided should be confirmed.

### **Storage**

- Medicines can be classed as substances hazardous to health and as such must be stored securely. It is also important to note that some need to be stored at particular temperatures or away from light. This information will be on the medicine label and in the manufacturer's information leaflet. Most medicines will be kept in the locked cupboard. The key will be kept safely and children will know where their medication is and who can access it.
- If medicine needs to be kept cool, then it will be placed in the fridge where children cannot freely access it. Medicines are stored in a labelled airtight container to keep them separate from food products.
- Some emergency medication such as adrenaline pens (for children who suffer from allergies) and asthma inhalers will not be locked away as children need quick access to these. These are kept in the classrooms and arrangements made to ensure that only those for whom they are prescribed have access to them.

### **Administration**

- It is not part of a teacher's statutory duties to administer medicines. At Stanton St Quintin and Langley Fitzurse Primary Schools all teaching and support staff are happy to do so. Anyone who has responsibility for giving children medicines will be very clear about the correct procedures and where appropriate (e.g. administering adrenaline pens) received training from health professionals working with the school/child.

As a general guideline before administering medication to a child, the staff member will;

- Wash their hands
- Ensure that a drink of water is available when taking tablets or capsules as some tablets can irritate and damage the throat and oesophagus if administered without a drink.
- Check the label on the medication; ask the child to confirm their name and date of birth which can be cross checked against the label and written agreement, dose, route of administration (e.g. by mouth, into ear/eye, rubbed on the skin), any special instructions and expiry date.

- If there is any doubt about any procedure staff will not administer, but seek advice from parents/carers or health professionals.
- If a child refuses the medication, they must not be forced. Staff will try to encourage them or perhaps get someone else to try. Some children do find tablets difficult to swallow so may be given them, with their full knowledge, in, for example, a spoonful of jam. Even in these circumstances parents/carers must give written instructions and provide the jam. As some medicines can react with certain foods it is advisable that they have sought advice from their pharmacist.
- Occasionally mistakes will happen. In any instances where medication is administered incorrectly advice needs to be sought immediately from a healthcare professional (pharmacist / GP) of NHS 111. Parents/carers will be contacted and the mistake explained to them. In the case of a missed dose, it may be able to be given at a later time. Where a dose has been given in error, it is important that the child is monitored for any reactions and medical advice sought.

### **Disposal**

- Tablets and capsules are occasionally dropped on the floor or spat out. In these cases the tablet will be placed in a labelled envelope and return it to the parents/carers. In no circumstances will it be flushed down the toilet or thrown in the bin.
- When a child leaves the school, ceases to need medication or if a medicine has passed its expiry date, any unused will be returned to the parents/carers.

### **Prescribed medicines**

- It is best practice only to give medicines at school if it is absolutely necessary and if non-administration would adversely affect the child's health and/or education. For example, if a child has been prescribed antibiotics, they may well be fit to return to school before their course is complete.

### **Controlled drugs**

- Controlled drugs can be highly dangerous, addictive or have value on the black market and as such need to be treated with particular caution. Methylphenidate, of which Concerta is one form, is a controlled drug. This will be stored in a non-portable locked container within a locked cupboard.
- Only named staff will have access to this. Anyone can administer the medicine, but will ask a second person to witness their actions. Tablets, or if the medication is in injection form, vials, will be checked and counted both before and after administration and a record kept.
- A child will only be given controlled drugs in agreement with a Health Plan or Risk Assessment drawn up with the School Nurse, Parents and the School.

### **Non-prescription drugs**

- Non-prescription medicines must never be given to children without specific prior request and written permission from parents/carers. The circumstances in which such medicines will be administered will be kept to a minimum. For example administering travel sickness tablets to children going on trips is acceptable as long as the procedures are clear and parental consent has been received.
- The school doesn't hold a stock of paracetamol to administer to children. Should a child need regular paracetamol for chronic pain relief a healthcare risk assessment must be completed.
- The school, however, will be extremely reluctant to consider giving non-prescription analgesics, particularly those containing paracetamol to children. Any medication must be provided by the parents.
- The school will not administer any pain relief medication before 1.00pm on any given day and parents must be directly contacted prior to any medication given. If a child is in need of regular medication because of pain, parents/carers will be asked to take them to a doctor.

### **Record Keeping**

- It is imperative that accurate and up-to-date records of all medicines administered to children are kept. There will be a record for each individual child. It lists the medicine to be administered, the time, date and the dose, the name of the person administering and their signature.
- If there are any problems, such as refusal or dropped tablets this too will be recorded.
- In the case of controlled drugs, the number of tablets or vials both before and after administration will also be recorded as will the name and signature of witness. Form 2 - Ref Health and Safety Manual P8 of Medications for Pupils
- For regular medication, the school requires information and direction from the child's GP or Medical Practitioner. The school will ask parents to collect this information using Form 3.

### **Medicine receipt and administration**

- All medicines on school premises will be recorded and accounted for.
- A clear record must also be kept of medicines administered to children.

### **Educational visits and sporting activities**

- Children who have medical needs cannot be excluded from any school activity unjustifiably.
- Staff will consider how their needs including medication are dealt with in these circumstances.
- Arrangements will be made for staff to give any medication, to record that it has been given and to ensure its security.

### **Children who self-administer medication**

- It is good practice to encourage children to take responsibility for administering their own medicine, albeit under supervision from staff.
- This is particularly the case where children are on medication long term (for example diabetics) and need to develop the independence and discipline to cope with this.

### **Common Conditions**

- Staff receive update annual training on the basic signs and symptoms to look for in the following common conditions as appropriate to the pupils and staff at Stanton St Quintin and Langley Fitzurse Primary Schools.
- Asthma: The most common and still on the increase. Blue reliever inhalers are a common sight in schools. The brown, red or orange preventative inhalers are unlikely to be necessary during school hours. Children should always have access to inhalers and at Stanton carry them individually. It is not good practice for children to use each other's inhalers because of infection risks. Each inhaler will be labelled with the child's name.

Epilepsy: One in every 200 children suffers from epilepsy. It can be controlled by anti-epileptic drugs and these will not need to be administered during the school day.

Most epileptic seizures last from a few seconds to a few minutes depending on the child and the severity or type of epilepsy. Occasionally when a child has longer seizures they will be prescribed diazepam as an emergency procedure to help bring them out of the seizure.

Diabetes: About one in 500 children are diabetic. Diabetes is normally controlled through injections of insulin. It is unusual for these to be needed at school, but where they are and younger children are involved, staff may need to be trained to do this.

Anaphylaxis: This is a severe allergic reaction to certain foods and substances. Common culprits are peanuts, wasp stings, eggs and cow's milk. Symptoms can occur very quickly after exposure and include sweating, shortage of breath and swelling of the tongue, lips and throat. Some children experience a tingling sensation in the mouth and lips, heightened colour and skin rashes. Adrenaline pens are the standard emergency treatment. These are ready loaded injection devices. They are simple to administer, and staff that may need to administer them will be trained in their use. Whenever a child suffers an anaphylactic shock an ambulance must be called, even if adrenaline has been administered.

Advice on safe storage of any medication will be sought from a pharmacist where necessary.

**ADMINISTRATION OF MEDICINES**

**PARENTAL/GUARDIAN CONSENT FORM (Form 1) - STRICTLY CONFIDENTIAL**

Child's Name:		Year/Class:
Address:		
Date of Birth:		
Home Tel No:		Work Tel No:
GP Surgery		GP's Tel No:
Condition/Illness:		

**Statement:**

I hereby request that members of staff administer the following medicines as directed below. I understand that I must deliver the medicine personally to the school in the original container as dispensed by the pharmacy and accept that this is a service which the school is not obliged to undertake. I will inform the school/setting immediately, in writing, if there is any change required to the dosage or frequency of the medication required or if the medication is to cease.

Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medicine	Dose	Prescribed by Medical Practitioner (Yes or No)	Frequency & Times for Administration	Date of Completion of Course (if known)
A				
B				
C				
D				
E				

Special Instructions/Precautions/Side Effects:

Emergency Action:

Other prescribed medicines child takes at home:





