



Administration of Medicine and Medical Needs Policy

Nurture Grow Succeed

Aims

Sandal Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions. Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Managing medicines

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition. The advice, recommendations and procedures set out in this Medical Policy are to ensure good practice takes place when caring for the learners at Sandal Primary School .

The school is aware that on occasion, in the best interests of a child, decisions may need to be made about procedures which are not set out in this document. Any such decisions are the responsibility of any member of the SLT (with First Aid advice) and the staff member acting as Lead First Aid.

This policy covers:

- Procedures for managing prescription medication needed in the school day
- Procedure for administering non prescribed medication needed in the school day
- Procedures covering prescription medication needed on educational visits
- Roles and responsibilities of those managing, administering or supervising administration of medication
- Parental responsibilities
- School policy on assisting children with complex or long term medical needs
- Safe storage of medication
- Disposal of medication
- Hygiene and infection control
- School emergency and complaints procedures

General Principles

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

Short-term illness

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.

- Some parents may send children to school with non-prescribed medicines (e.g. cough mixture) –Many of these are not effective treatments, and as a general rule we discourage this practice. If a non-prescribed medicine is requested, parental permission is required and recorded in the **Administration of Medicines Written Form. See appendix A**
- It is the responsibility of the parents that the medicine is appropriate to the need and permission is granted for a responsible First Aider, or designated member of staff, in school to administer the medicine.
- There are recommended times away from school to limit the spread of infectious disease. Please contact the school office for advice on particular illnesses or search Guidance on infection control in schools and other childcare settings - Public Health Agency See Appendix B
- Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours. Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines eg. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

As appropriate:

- Seek First Aid advice from a certified First Aid staff member in school
- Call Emergency Paramedic support – 999

Inform parents/carers of the situation and actions.

Medical Records

Medical Tracker is used to securely record children's health records including allergies, medication administration, care plans and accident recording. Automatic notification of the details of any accident is sent to parents/carers.

Procedures for Managing Prescription Medication Needed in the School Day

1. Medicines should only be administered by school when essential and only when written consent has been given (Appendix A); that is where it would be detrimental to a child's health if the medicine were not administered during the school day or during an educational visit. School should only accept 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 exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or pump, rather than its original container.

2. Unless there are exceptional circumstances, only medicine which needs to be administered 4 or more times a day will be administered by school. Parents/carers will be advised to give medicine before school, after school and at bedtime where possible is if is to be taken three times a day. An example of where this may not be possible is if a children attends before or after school and is of an age where bedtime is early.
3. Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
4. No child under 16 should be given 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 parent. In such cases, every effort should be made to encourage the child to involve their parents while respecting their right to confidentiality.

Any member of staff giving medicines to a child should check:

- the child's name and prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label
5. If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school e.g. a member of the school nursing team
 6. Written records must be kept for each time medicines are given. Good records help demonstrate that staff have exercised a duty of care.
 7. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.
 8. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medication and procedures. However, for the child to do this, they may need adult supervision. How the child is being supported in managing their own medication should be reflected within the individual healthcare plan for the child.

Procedure for administering Paracetamol and other non-prescribed medicine in Exceptional Circumstances

In exceptional circumstances, it may be necessary or in the child's best interest to administer paracetamol or other non-prescribed medication. In these circumstances, approval must be given by the headteacher/deputy headteacher/ business manager or the most senior person on site if they are not available and the parent/carers must complete the written consent form (Appendix A).

Examples of non-prescribed medicines are those where the NHS would advise to see a pharmacist rather than a doctor to buy over the counter medication including eye drops for conjunctivitis, also paediatric paracetamol and ibuprofen. Medical advice, such as that from NHS 111, would be followed

If a child needs to be administered paracetamol, the parent/carers must be contacted to give verbal approval. The name, dose and time must be recorded in the medicine book and on medical tracker.

School will keep age appropriate liquid paracetamol for emergency use. Use by dates must be checked regularly.

Procedures for Administering Medication on Educational Visits

1. It is good practice for school to encourage children with medical needs to participate in safely managed visits. School should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.
2. Arrangements for taking any necessary medicines will also need to be taken into consideration.
3. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If members of staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.
4. For residential visits, one member of staff will be nominated to be responsible for the safe keeping, appropriate storage and administration of medicine. They will hold the paper consent and instructions forms for the duration of the visit.

Staff must also follow relevant points within **Procedures for Managing Prescription Medication Needed in the School Day**

Roles and Responsibilities

Governors

Governors are responsible for making sure that members of staff have appropriate training to support children with medical needs. They should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or setting for which they are responsible. Governors should satisfy themselves that training has given members of staff sufficient understanding, confidence and expertise and that the arrangements in place are up-date and that members of staff receive training on a regular basis.

Head Teacher

The Headteacher has overall responsibility for how this policy is implemented. Day-to-day decisions will normally fall to the Headteacher and there is a contractual duty on the Headteacher to ensure that their staff team receive suitable training. As the manager of staff, it is likely to be the Headteacher who will agree when and how such training takes place. They should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. They should also make sure that the appropriate systems for information sharing are followed.

Headteachers and governors of schools may want to ensure that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises. For a child with medical needs, the Headteacher will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the

Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the governors. In early years settings advice is more likely to be provided by a health visitor.

Teaching and Support Staff

Staff with children with medical needs in their class or group should be informed about the nature of the condition and when and where the children may need extra attention. The child's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case. Training may be provided and reviewed by the school nursing team, local hospital departments or another external provider.

Parent/Carer Responsibilities

Parents should be given the opportunity to provide the Headteacher with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Headteacher, reach agreement on the school's role in supporting their child's medical needs, in accordance with this policy. Ideally, the Headteacher should always seek parental agreement before passing on information about a child's health to other staff.

Sharing information is important if staff and parents are to ensure the best care for a child. Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

Children with Complex or Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written individual health care plan for such children, involving the parents and relevant health professionals. The Headteacher is responsible for their development and review.

Individual health care plans can include:

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency

- Who to contact in an emergency
- The role that staff can play

Storage of Medication

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container. A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

School Emergency Procedures

School has arrangements in place for dealing with emergency situations. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Related Policies

Asthma policy
 Allergies and Allergen Management Policy
 Health and Safety Policy
 Safeguarding policy

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Appendix A: Administration of medication written consent forms



ADMINISTRATION OF MEDICATION

Short Term (medication up to 14 days)
inc non-prescribed for up to 5 days

REQUEST FORM FOR ADMINISTRATION OF MEDICATION IN SCHOOL

To be fully completed and signed by parent/carers

The school will be unable to give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication. Times/intervals and what dose of the medicine must be specified. It will not be possible for school staff to diagnose or decide when the medication is required or administered.

DETAILS OF PUPIL

Surname		
Forename(s)		
Class		
Name/type of medication (as described on container)		
Is the medication prescribed by a doctor? YES/NO		
If not prescribed, has administration been approved by the Headteacher or other senior leader? YES/NO		
Dosage and amount (as per instructions on container)		
Times/intervals		
Special storage instructions (refrigeration required/should remain in school or return home daily)		
Any other information		
<p>I understand that I must deliver the medication personally to a member of the office staff and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

ADMINISTRATION OF MEDICATION

Long Term Medication (Over 14 days)

REQUEST FORM FOR ADMINISTRATION OF MEDICATION IN SCHOOL

To be fully completed and signed by parent/carers

The school will be unable to give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication. Times/intervals and what dose of the medicine must be specified. It will not be possible for school staff to diagnose or decide when the medication is required or administered.

DETAILS OF PUPIL

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	CLASS/FORM
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Times/intervals	

Special storage instructions (refrigeration required/should remain in school or return home daily)		
Special precautions		
Action to be taken if pupil refuses to take the medication		
Side Effects		
Procedures to take in an emergency		
CONTACT DETAILS		
Name		
Daytime Telephone Numbers		
Relationship to Pupil		
Address during school hours		
<p>I understand that I must deliver the medication personally to a member of the office staff and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information:

- **pupil's name**
- **name of medication**
- **dosage**
- **frequency of dosage**
- **date of dispensing**
- **storage requirements (if necessary) and expiry date**

Appendix B. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England.

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)