

Abbey Hill Primary and Nursery School



Administration of Medicine in Schools Policy

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Policy Statement

The aim of this policy is to ensure that individual children with medical needs are supported effectively to enable them to have full access to 'school' life, including trips and P.E.

This policy provides staff with guidance on managing medicines in school. It enables them to put in place effective systems to support individual children.

The school has a legal duty to support children with medical conditions, in line with the Children and Families Act 2014 (Section 100). This policy supports the Department for Education's (DfE) guidance [Supporting children at school with medical conditions](#).

The aims of this policy:

- To safeguard the dignity, rights and well-being of children.
- To ensure children are treated consistently when medicines are being administered by school staff.
- To provide guidance to head teachers and reassurance to staff.
- To ensure that parents and carers are involved in the planning of administration of medicines to their child, and that they are confident that their concerns and the individual needs of their child are considered.
- To reassure parents that staff are knowledgeable about the administration of medicines.
- To ensure that staff are well supported and are appropriately trained.

The principles underpinning this policy:

- Children should be encouraged to express choices.
- Children have the right to feel safe and secure and to remain healthy.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a consistent, professional approach from staff when meeting their needs.
- Children should be given information and support to enable them to make appropriate choices
- Children know how to complain about the administration of medicine and have their complaint dealt with effectively by the school.

The school understands the importance of medication being taken as prescribed. Staff should understand common medical conditions that affect children at our school and receive any appropriate training on the effect medical conditions can have on children.

Where a child has a long-term medical need a written Intimate Care and Health Plan will be drawn up by the school and parent or carer, with the support of a health professional if required. A letter confirming the need for the medication will be required from the relevant health professional.

It is the responsibility of the parent or carer to inform the school about any needs before a child is admitted or when a child first develops a medical need.

The school understands that certain medical conditions are serious and potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Separate guidance is provided on these common medical conditions as part of this policy.

Risk assessments

The school will put in place, and keep up to date, risk assessments covering the administration of medicines. Staff should be consulted to check they are fully informed and understand the needs of the child. Training will be provided where appropriate.

Responsibilities

Parents and Carers

The school will involve parent and carers in appropriate discussions regarding the administration of medicines in school. If school staff agree to administer medication on a long term, short term or occasional basis, the parent or carer must complete a consent form. **Verbal instructions will not be accepted.**

Children should not self-administer medication in school.

All children requiring regular support or monitoring for a medical condition, or intervention in an emergency arising from an existing medical condition, will have an Intimate Care and Health Plan. The SENDCo will consult with parents or carers and children wherever possible, to develop and implement a specific health and care plan, with supporting written information from a medical professional where appropriate.

The Intimate Care and Health Plan will provide clarity regarding:

- the child's medical condition
- what needs to be done to help them in school including any emergency protocols
- when this needs to happen
- who should provide the support needed.

The parent or carer must ensure there is sufficient medication in school for their child and that the medication is in date. They must replace the supply of medication when the school or a health professional request. Medication should be provided in its original container with the following clearly shown on the label:

- Child's name and date of birth
- Name and strength of medication
- Dose
- Expiry dates whenever possible
- Dispensing date and pharmacist details
- A sealed bottle or packet

The child's voice

We believe it is important that the child, subject to their understanding, should be involved in discussions regarding the administration of their medicines in school. It is the responsibility of all staff caring for a child to make sure the child understands what is being communicated to them. This could include the use of signs, symbols, gestures and words.

School Staff

There is no legal or contractual duty within the School Teachers' Pay and Conditions Document (STPCD) that requires teaching staff to administer medications, but teachers may voluntarily agree. However, importantly, the duty on schools remains and as such, school leaders and governing bodies will need to ensure children's needs are met by providing support and training to staff to undertake these duties and responsibilities.

Where such duties and responsibilities become a regular part of the post, consultation with staff should take place with a view to incorporating them into their job description. Where required the post may need to be subject to further job evaluation. If there are insufficient volunteers from existing staff (teachers and support staff), support staff job descriptions will need to be reviewed so that the school can meet the needs of children. In some situations, where voluntary solutions cannot be found, schools may need to formally review their staffing structures and reorganise staffing by dis-establishing and establishing new posts. In all cases, head teachers are strongly advised to explore voluntary solutions through consultation to determine how children's needs can be met and understand why staff may be reluctant or unwilling to undertake such duties. In most situations staff concerns can be allayed through discussion, support, and training. In some cases, job descriptions may contain, or be amended to include specific requirements in relation to the administration of medicines. Alternatively, staff may formally elect to support children in this way.

The school will ensure that all staff involved in the administration of medicines are appropriately trained to undertake these responsibilities.

More generally the school will ensure all staff understand their duty of care to children in the event of an emergency and are confident about what to do in such an emergency.

Intimate Care and Health Plans

The school will complete Intimate Care and Health Plans with parents or carers and the child wherever possible, which incorporate supporting written information from medical professionals. Relevant school staff will access training when a child requires regular support or monitoring for a medical condition or intervention in an emergency arising from an existing medical condition. Intimate Care and Health Plans are not usually required for short term illnesses.

The Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust) will provide support to obtain the information required to develop an Intimate Care and Health Plan and assess the training need requirements to undertake delegated health care task(s) to meet the health needs identified

The Intimate Care and Health Plan should include the following information.

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions and any side effects of the medication
- 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 staff can play

A sample Intimate Care and Health Plan can be found in [appendix 1](#).

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

Staff Training

Staff must not administer medicines or undertake delegated healthcare tasks without appropriate training. Further support and appropriate training can be sought from the [Children's Community Nursing Team](#) (Nottinghamshire Healthcare NHS Foundation Trust). The team's email address is CCYPSReferral@nottshc.nhs.uk

A copy of the training including the competency training certificate for relevant training, will be retained by the school. This will evidence who carried out the training, their title, who received training and on what date. The school should ensure that they are given a date by which competencies expire and must arrange for refresher or updated competency packages to be completed.

The school will ensure that training is given to enough members of staff to ensure that back-up arrangements can be put in place should a designated member of staff be absent. Refresher training should be arranged as required.

The head teacher is accountable for ensuring that staff are appropriately trained, have had their competencies signed off, that records are kept and systems are in place to ensure future training needs are met.

Awareness training should be provided to all staff encountering a child with medical needs including class teachers, TA's, lunchtime staff and office staff. Additionally, staff who have children with medical needs in their class should have a copy of the individual healthcare plan.

Storage

When items need to be available for emergency use e.g. asthma pumps and EpiPens, they will be kept safely in the classroom. It is not necessary for a locked cupboard to be used as such items should be easily available for use by children and staff. If a child has an EpiPen, it will be kept in a portable, labelled box to be taken out a break and lunchtimes.

When prescription items are held by the school for administration by school staff they must be stored in a lockable cabinet in the staffroom, or in the staffroom fridge if required to be kept cool.

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily “Ritalin” prescribed for Attention Deficit Syndrome) are kept on the school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent or carer e.g. at the end of term. These drugs must be kept in a locked cabinet within a room with restricted access for staff only.

Prescription Medicines including Antibiotics

Ultimately, parents are responsible for managing their child’s health and most prescription medicines will be administered at home. Medicines to be taken 3 times per day should usually be given before and after school, and before bed. However, where it would be detrimental to the child’s health or attendance not to do so, prescription medicines should be administered at the school.

The school will only ever administer prescription medicines:

- where parental written consent is provided in advance, and with agreement of the head teacher
- where they are in date, labelled and provided in the original container as dispensed by the pharmacist
- in line with the prescriber’s instructions. Staff should never make clinical decisions about medication or make changes to dosages at parental request.

Medicines must not be interfered with prior to administration e.g. crushing a tablet, unless there are instructions from the pharmacist or prescribing doctor to state this requirement. Schools should keep a record of this information.

Medicines should be handed over by parents (not children) to a designated member of staff. They will be stored on site in a dedicated, locked medicine cabinet in the staff room. Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children in the classroom. These must not be locked away but will be stored safely.

The school will ensure that dignity and privacy is maintained when medicines are administered. Suitable facilities should be provided, with space for the child to rest and recover, if required.

Prior to administering any medication, staff should take all appropriate hygiene precautions, wash their hands, and check the:

- parental agreement form
- expiry date of the medicine
- child’s name tallies with the name on the medicine container
- prescribed dose and the way it is to be taken
- prescribed frequency of dose and confirm that this has not been exceeded.

The medicine can then be administered in accordance with the prescriber’s instructions. If staff are uncertain or in doubt, they should not administer medication. They should contact

the head teacher so that further information can be clarified with the child's parents before proceeding.

It is vital that clear records are always maintained by staff supporting children with medical conditions. Failure to do so may invalidate medical malpractice insurance. A record must be kept of all medicines administered stating what, how and how much medicine was administered, when and by whom. Two staff signatures are required upon administration. Any side effects should be noted. This must be completed immediately after administration. If a child refuses medicine, the record must state this, and the parents must be informed at the earliest possible opportunity.

The school will ensure that safe arrangements are made for any medicines that need to be administered on school trips, particularly residential trips, where parents would normally administer medication at home.

Non-prescription (over the counter) medicines

The school may administer non-prescription medicines **at the discretion of the Head Teacher**. As with prescription medicines, they should only be given where it would be detrimental to the child's health or attendance not to do so. Therefore, this should be the exception rather than the norm.

The types of non-prescription medicines the school may be asked to administer include pain relief, e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton, and travel sickness medication. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over the counter medicines, especially to suit the requirements of a school.

The school will **not** accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a G.P. Generally, non-prescription medicines are to be administered for a short period, where a child has returned to education following an illness or injury.

Parents and carers are ultimately responsible for their child's health and it is not expected that the school will administer non – prescription medicines to 'keep' a child in school if they are simply too unwell to attend.

When agreeing to administer non-prescription medicines, schools should always:

- ensure they obtain written consent from parents or carers, and a GP or hospital prior to administering medication
- check the medicine is suitable for the age of the child
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child's name and store this safely (as per prescription medicines)
- ensure any medication administered is recorded appropriately and parents are informed on the day.

In the instance of administering any medication for pain relief, school will always check with parents when the last dose was taken to ensure the maximum dosage is not exceeded.

The school will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Disposal of Medicine

Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly by returning them to the pharmacy. Otherwise, medicines should be routinely returned to parents at the end of each term and received back into school at the start of each of term.

Residential Visits

On occasion it may be necessary for a school to administer an “over the counter” medicine in the event of a child suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the Parental Consent Form (EV4) will provide an “if needed” authority, which should be confirmed by phone call from the group leader to the parent or carer when this is needed. A written record must also be kept with the visit documentation.

Refusing Medicine

When a child refuses medicine this will be recorded and the parent or carer informed the same day. Staff cannot force a child to take any medicine.

Self-Management

Children will be encouraged to take responsibility for their own medicine from an early age e.g. using their own asthma reliever.

Travel Sickness

In the event of a child suffering from travel sickness, they should be given the appropriate medication before leaving home, and when written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child’s details, contents and time of medication). Medication is to be kept with a named member of staff who has signed the consent before inclusion in the visit documentation.

Emergencies

The school has detailed arrangements in place for dealing with emergency situations. All staff will receive yearly updates on what action to take in an emergency.

For children with medical conditions which might result in an emergency, an emergency protocol must be agreed and included in the Intimate Care and Health Plan. Staff should have received training in the procedure to be followed and any medication to be administered. It is good practice for the Head Teacher to ensure that staff regularly familiarise themselves with this protocol.

The Head Teacher should ensure that relevant staff have information about the child, know where this is kept and be able to give this information to the emergency services, should an ambulance need to be called. This is often known as a ‘grab pack’ and will contain details about the child’s medical condition, including their Intimate Care and Health Plan. In an emergency, parents must also be contacted.

Where necessary, an ambulance should always be called; staff should not take children to hospital in their own vehicle. If a parent or carer cannot be contacted to accompany their

child to hospital, a member of staff should go with them and remain there until the parent or carer arrives.

Members of staff accompanying children to hospital cannot give consent for any medical treatment, as they do not have parental responsibility. Hospitals have their own policies about what should be done in medical emergencies where parents or carers cannot be contacted, and will assume responsibility for subsequent actions as set out in their code of practice. The school should, however, be aware of any religious or cultural wishes of the family e.g. regarding blood transfusions, which they should communicate to hospital staff

A. Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen will only be administered by school staff who have volunteered and have been designated as appropriate by the Head Teacher, and have received the appropriate training.

- There should be an Intimate Care and Health Plan and consent form in place for each child and these should be readily available.
- The EpiPen must be regularly checked to ensure it is in date. It should be stored at room temperature and protected from heat and light. It should be kept in the original named box. Expiry dates and discolouration of contents should be checked daily.
- The EpiPen should be readily accessible for use in an emergency – it will be kept in a portable, named box to be taken out at break and lunchtimes.
- The use of the EpiPen must be recorded on the child's care plan with the time, date and full signature of the person who administered the EpiPen.
- If the EpiPen is administered a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time as administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent or carer's responsibility to renew the EpiPen before the child returns to school.
- If the child leaves the school site e.g. on a school trip, the EpiPen must be taken with them.

B. Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff assist children with their inhalers a consent form from the parent or carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers **must** be readily available when children need them. Children should be encouraged to carry their own inhalers. If the child is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place in the classroom.

- The parent or carer will be asked to supply a spare inhaler. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's name.
 - Some children, particularly younger ones, may use a spacer device with their inhaler which must be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
 - School staff should take appropriate disciplinary action if the owner or other children misuse inhalers.
 - The parent or carer is responsible for renewing out of date and empty inhalers.
 - The parent or carer will be informed if a child uses their inhaler excessively.
 - Physical activities will benefit children with asthma, but they may need to use their inhaler **10 minutes before exertion**. The inhaler **must** be available during PE and games. If children are unwell they should not be forced to participate.
 - When children are on off-site visits, inhalers **must** be accessible.
 - First aiders should clear out any inhalers annually as a minimum. Out of date inhalers, and inhalers no longer needed must be returned to the parent or carer.
 - Asthma can be triggered by substances in school e.g. animal fur, glues and hazardous substances. Care should be taken to ensure that any children who react to these do not have contact with them.

C. Guidelines for Managing Hypo Glycaemia (Hypo's or Low Blood Sugar) in children who have Diabetes

Diabetes is a condition where a person's normal hormonal mechanisms do not control their blood sugar levels. In most children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during the school day. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

It is important to be aware that children with diabetes can become unwell as a result of raised blood sugars (hyperglycaemia). Staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. **Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting, and shortness of breath.**

To prevent a hypo

- There should be an Intimate Care and Health Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parents or carers. Staff should be familiar with children's individual symptoms of a hypo. This will be recorded in the care plan.
- **Children must be allowed to eat regularly during the day.** This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parents or carers.

To treat a hypo

- If a meal or snack is missed, or after strenuous activity or sometimes for no apparent reason, the child may experience a hypo. **Symptoms may include sweating, pale skin, confusion, and slurred speech.**
- Treatment for a hypo may be different for each child but will be either dextrose tablets, or a sugary drink, chocolate bar or hypo-stop (dextrose gel), as in the Intimate Care and Health Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent or carer to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious, or fitting a 999 call must be made, and the child put in the recovery position. Do not attempt oral treatment. The parent or carer should be informed of a hypo where staff have issued treatment in accordance with the Intimate Health and Care plan.

If Hypostop has been provided:

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Intimate Care and Health Plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent or carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious

D. Guidelines for Managing Cancer

Children with cancer are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child is diagnosed with cancer, their medical team puts together an individual treatment plan that considers:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children may be in hospital for long periods of time, or they may have short stays. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children may find it more difficult to cope with learning, returning to school and relationships with other children. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences, and maturing beyond their peers.

Treatment for cancer can last a short or long time, typically anything from six months to three years, so a child may have periods out of school, some planned for treatment and other unplanned e.g. due to infections.

When they return to school the child may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain or loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or coping with the effects of surgery. Teachers may need to adjust their expectations of academic performance because of the child's gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to teach the child explicit strategies to help with concentration and memory, and they may initially need longer to process new concepts.

The child's timetable and school day should be revised regularly.

A Key Person at School

It is helpful to have one key adult that the child can go to if they are upset or finding school difficult, plus a backup person for times when the usual person is not available.

Physical Activity

Plan for the child to move around the school easily. Some children may be keen to join in PE despite tiredness or other physical limitations so include the child as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on taking part in PE lessons due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the child it is important that they phone the parent or carer to discuss the significance of signs or symptoms. The parent or carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs, call 999 for an ambulance and ensure that the crew are aware that the child is on, or has recently finished cancer treatment.

Further Information and Guidance

Asthma UK

www.asthma.org.uk

Diabetes UK

www.diabetes.org.uk

Epilepsy Action

www.epilepsy.org.uk

CLIC Sargent (Cancer)

www.clicsargent.org.uk

Appendices

Appendix 1: Intimate Care and Health Plan

Appendix 2: Administration of Medicines Record Form (Class 1 and 2 drugs)



Abbey Hill Primary and Nursery School Intimate Care and Health Plan

Name of School:	
Child's name:	
Date of Birth:	
Class Name:	
Child's Address:	
SEND Primary Need if applicable	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		Contact 2	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic or Hospital Contact		GP	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements e.g. before sport or at lunchtime:
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):



Administration of Medicines Record Form (Class 1 and 2 Drugs)

Child's Name:	
Class Name:	

Name of Medication	Dosage – Time, Frequency and Amount	Date	Time using 24 Hour Clock	Signature 1	Signature 2