



*STGPS, Camberwell*

# Administering Medicines Policy

## Contents

Medical Policy .....	3
Managing medicines .....	4
General Principles .....	5
Good practice.....	6
Giving regular medicines: .....	7
Standard Practice .....	8
Medicine storage .....	9
Medicine disposal .....	10
General medical issues .....	11
Staff protection .....	12
Appendix A – Medicines likely to be brought into or used at schools.....	13
Maintenance drugs .....	14
Appendix B – Non-routine administration of medicines .....	15
Appendix C - parental agreement for setting to administer medicine.....	16
Appendix D: Individual Healthcare Plan.....	17
Appendix E – Procedure for summoning an ambulance in an emergency.....	19
Contacting emergency services .....	20
Appendix F – First Aid .....	21
Appendix G: Record of medicine administered to all children .....	22
Appendix H: model letter inviting parents to contribute to individual healthcare plan development ..	23

## **Medical Policy**

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St. George's C of E 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.

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the headteacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this.

## 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 headteachers are within their rights to ask parents/carers to keep them at home.
- We discourage parents from sending children to school with non-prescribed medicines (e.g. cough mixture – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, see <http://www.npc.nhs.uk/rapidreview/?p=311>)
- There are recommended times away from school to limited the spread of infectious disease. Please see Public Health England guidelines for this [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/353953/Guidance\\_on\\_infection\\_control\\_in\\_schools\\_11\\_Sept.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf)
- 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 e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special educational needs and or disabilities require medication, adult support will be needed. Whilst responsibility for the medical care of children rest with parents, carers and their health professionals, it may not be feasible for these individuals to come to school to administer medicines.

### 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.

## Good practice

### Documentation:

- Where medicines are to be administered at school, it is important that a written instruction should have been received from the doctor, specifying:
  1. Name and class of the child
  2. Medication involved
  3. Circumstances medication should be administered
  4. Frequency and level of dosage
- Use a copy of the model form (see Appendix C)
- For more serious or chronic conditions, including allergies that require the potential use of an Auto Immune Injector's, we require an Individual Health Care Plan (IHCP) from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service and written with the parent/carer. (See Appendix D)

Training: teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations.

School Nurse:

Email:

## Giving regular medicines:

- We encourage parents whose child is taking medication three times a day (or 'TDS'), to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).
- If medicine has to be taken four times a day (or 'q.d.s.') and a lunchtime dose is necessary, the standard practice (see below) is followed.

## Standard Practice

1. Ask the Parent/Carer to complete a Medicine Administration request form. (Appendix C)
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes).  
If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine and the child should counter-sign.
10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.



## Medicine storage

It is the responsibility of the headteacher to ensure safe storage of medicines. All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage. All children with medical conditions should have easy access to their emergency medication. Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (e.g. Tupperware boxes) and marked 'Medicines'.

## **Medicine disposal**

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal. A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented. Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

# General medical issues

## Record keeping

- Enrolment forms: should highlight any health condition
- Individual Healthcare plans: for children with medical conditions giving details of individual children's medical needs at school. These need to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs
- Request to administer medicines at school
- Log of training relevant to medical conditions

## Medi-alerts (bracelets/necklaces alerting others to a medical conditions)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

## Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

## Off-Site visits

Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

## Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

## Staff protection

“Universal precautions” and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

# Appendix A – Medicines likely to be brought into or used at schools

## Non-prescribed medicines

**Parent Supplied** - This should be discouraged as school cannot take responsibility for such medicines.

**School Supplied** – In some circumstances (e.g. Asthma) it may be appropriate for the school to administer medicine. The parent will be contacted and permission sort, the dose will be recorded.

## Prescribed medicines

### Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

### Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy. Most commonly, blue salbutamol inhalers (“relievers”) are used to relieve symptoms and brown steroid inhalers (“preventers”) are used to prevent exacerbations and control the severity of the illness.

If the school and the parent feel that the child is capable and responsible, the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually after consulting with parents, the child’s doctor or school nurse as appropriate.

### Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (e.g. Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

## Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

### External Agency School Support

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK <http://www.asthma.org.uk/resources#SchoolDownloads>

Cystic fibrosis trust <http://www.cftrust.org.uk/>

Diabetes UK <http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/>

Epilepsy Action <http://www.epilepsy.org.uk/info/education>

The Anaphylaxis Campaign <http://www.anaphylaxis.org.uk/schools/help-for-schools>

## Appendix B – Non-routine administration of medicines

**Any request for ‘Unusual Administration’ of medicine or treatment should be referred to the school nurse for advice.**

### **Conditions requiring emergency action**

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix E).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.

Examples of these conditions follow – but should be more fully explained during training and in the individual’s protocol:

1. **Anaphylaxis:** (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances e.g. bee sting, nuts and require an immediate injection of adrenaline. This is life-saving.

2. **Diabetic hypoglycaemia**

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

# Appendix C - parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

### Medicine

Name/type of medicine  
*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

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

Signature(s)\_\_\_\_\_

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



## Appendix D: Individual Healthcare Plan

Name of school/setting  
 Child's name  
 Group/class/form  
 Date of birth  
 Child's address  
 Medical diagnosis or condition  
 Date  
 Review date


### Family Contact Information

Name  
 Phone no. (work)  
 (home)  
 (mobile)  
 Name  
 Relationship to child  
 Phone no. (work)  
 (home)  
 (mobile)


### Clinic/Hospital Contact

Name  
 Phone no.


### G.P.

Name  
 Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## **Appendix E – Procedure for summoning an ambulance in an emergency**

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult. Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance.

Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

## Contacting emergency services

**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.**

- 1. 020 7703 4772**
- 2. your name**
- 3. St. George's C of E Primary School, Coleman Road SE5 7TF**
- 4. provide the exact location of the patient within the school setting**
- 5. provide the name of the child, DOB and a brief description of their symptoms**
- 6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**

## Appendix F – First Aid

### Current First Aiders in the school

First Name	Surname	Type of 1st Aid	End Date
Maria	Lawrence	Paediatric	April 2024
Pedro	Saude	Paediatric	June-24
Michele	Webb	Paediatric	June-24
Jacqueline	Edwards	Paediatric	March-23
Paulette	Standley	Paediatric	March-23
Charlotte	Tysoe	Paediatric	Nov-21
Edith	Osazee	Paediatric	Nov-23
Adenike	Animashaun	Paediatric	Oct-23
Claire	Hayes	Paediatric	Oct-23
Andrew	Rojas	First aid at work	Oct-23

Always wear gloves when administering First Aid.

First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified of any First Aid given to a child during the school day (by letter, sticker or phone call).

Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Site Caretaker

(Terry Pearson)



## **Appendix H: model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely