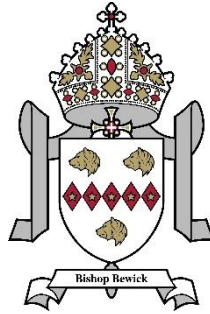


St Cuthbert's Catholic Primary School Walbottle



Managing Children with Medications Policy

At St Cuthbert's we live and learn in faith and love,
through Jesus' teachings.

Our school is a place where we can grow as a family,
helping each other to lead full and happy lives.

Consultation that has taken place	
Date Formally Approved By Governors	29 th January 2025
Date policy Became Effective	30 th January 2025
Review Date	January 2026
Person Responsible for Implementation and Monitoring	HT ✓ Govs Policy

Rationale

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of St Cuthbert's Catholic Primary School will ensure that these arrangements fulfill their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Implementation monitoring and review

All staff, governors, parents/carers and members of the St Cuthbert's Catholic Primary school community will be made aware of and have access to this policy. This policy will be reviewed bi-annually.

Admissions

When the school is notified of the admission of a pupil with medical needs the Class Teacher and the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an Individual Healthcare Plan and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the Individual Healthcare Plan or Education Health Care Plan. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Each request to administer prescribed medication must be accompanied by the Permission Form.

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered three times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff.

The Headteacher or a member of the Leadership Team must first agree the administration of the medicine if it is for a re-occurring or long-term illness. The parent or guardian must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office. Parents must complete a permission slip. On no account should a child come to school with medicine if he/she is unwell.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Policy. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Policy. The school will develop Individual Healthcare Plans for those pupils with severe asthma. Inhalers are kept in each classroom in a clearly signed cupboard. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider.

It is the parent's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Each child should have two auto-injectors which are kept in each child's classroom. Auto-injectors are stored in boxes with a photo of the child on the outside. The majority of adults in school have received training to enable them to administer the epi-pen in emergencies. There are also four emergency auto-injectors in school, 2 stored in the staff room and 2 stored in the Demountable classroom.

Mild Allergic Reaction

Prescribed antihistamine will, with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance. Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils Individual Healthcare Plan. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an Individual Healthcare Plan or Educational Health Care Plan, the emergency procedures detailed in the plan are followed, and a copy of the Individual Healthcare Plan or Educational Health Care Plan is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use.

Non-prescription Medicines

The school will not administer non-prescription medicines. A parent or guardian may attend school to administer additional doses if necessary.

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

Pupils with Long-term or Complex Medical Needs

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHCP). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

Impaired mobility

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual health care plan and parents should complete the appropriate documentation.

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (auto-injectors), Diabetes (insulin), Epilepsy (midazolam). Training in the administration of these specific medicines is arranged in conjunction with parents. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine and a witness.

Staff will also undertake a medications competency assessment each year as a minimum or if the School Medications lead deems this necessary.

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, auto-injectors etc) are kept in a locked cupboard or in a clearly marked First Aid Fridge. Medicines are always stored in the original pharmacist's container. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and auto-injectors are kept in each class in a clearly identified container. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits.

Medicines that require refrigeration are kept in the Staffroom, clearly labelled in an airtight container.

Waste medication

Staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration. If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the 'Guidance on infection control in schools and other childcare settings' from the Health Protection Agency. If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. School proformas must be used.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Leadership Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Administration of Medication.

All Staff in school must adhere to the school policy on administering medications. attached to this policy. Only staff who have been trained in the administration of medication may give medication to pupils. When administering medication, 2 members of staff must always be present.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents should ensure they complete a consent form and supply a sufficient supply of medication in its pharmacist's container. A child's Individual Healthcare plan must be taken on the Educational Visit. Non-prescription medicines cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the head teacher will inform the governing body to seek resolution.

This policy was approved by the Local Governing Committee (LGC) on 29th January 2025

Signed *BABewess* Chair of Governors



Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of Inhaler Use



Date	Pupil's name	Time	Name of medication	Dose given	Any reactions	Signature of staff member	Print name

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 setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

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]

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



Individual healthcare plan

Name of school/setting

St Cuthbert's Catholic Primary School

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



Asthma Action Plan

Name:..... Date of birth:..... Allergies:..... Emergency contact:..... Emergency contact number	
Doctor's phone number:..... Class.....	
What are the signs that your child may be having an Asthma Attack?	
Are there any key words that you/your child may use to express their asthma symptoms?	
Are there any triggers for your child's asthma?	
What is the name of your/your child's reliever medicine and the device?	
Does your child have a Spacer Device?:	
Does your child need help using their inhaler?	
Do you/your child need to take their reliever medicine before exercise? (please circle) Yes No	
If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:	

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).

2. My child has a working, in-date inhaler, clearly labelled with their name, which will be kept in class in a container with your child's photograph on it. Parents will need to check regularly with the class teacher that the inhaler is in date.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print)

Child's name

Class

Parent's address and contact details:

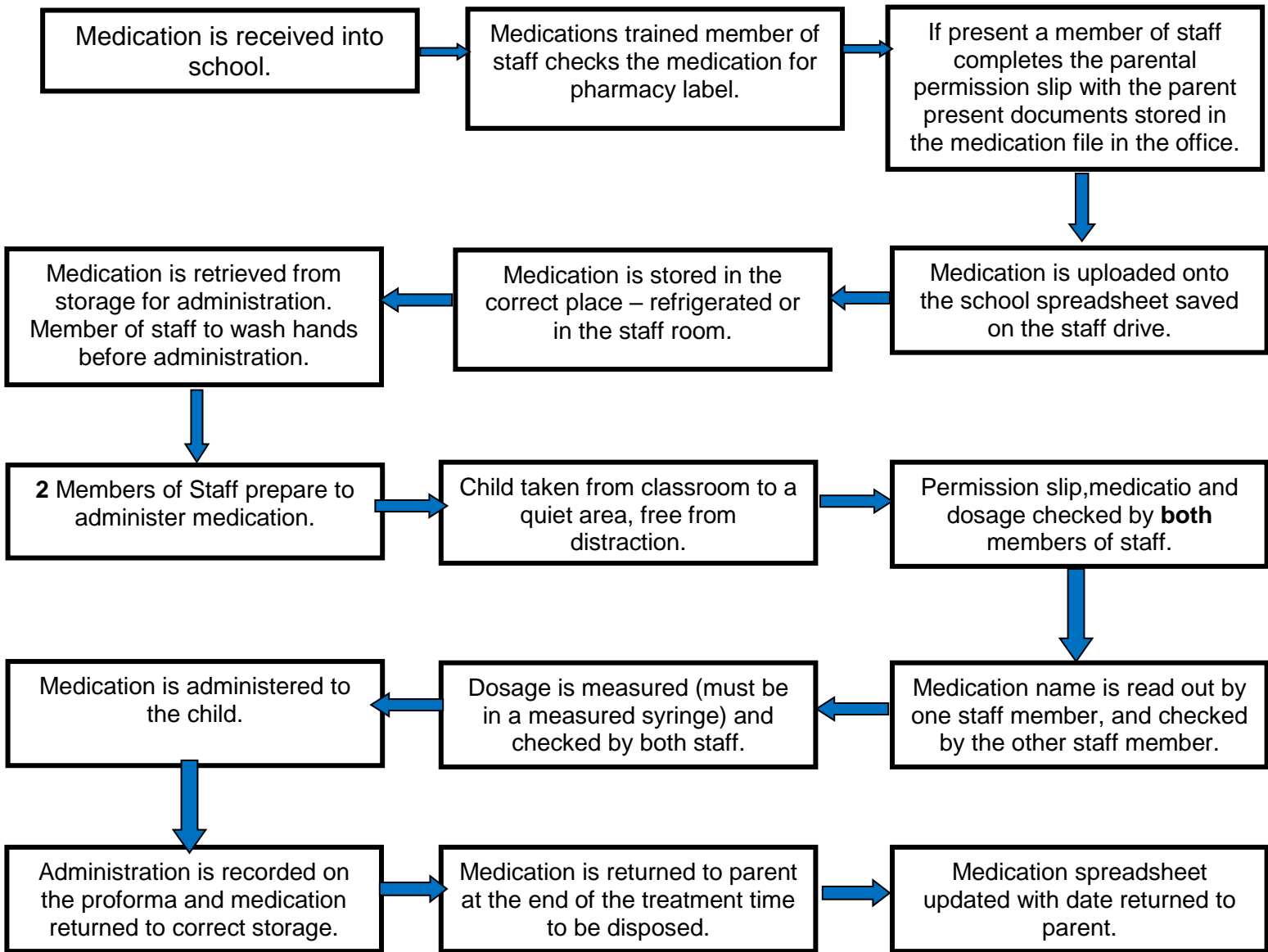
.....

.....

Email

Tel no:

Administration of Medication in School Procedure



Medication that remains in school.

Must be checked every three months. This is then recorded on the Medications spreadsheet on the Staff Drive. The medication should be returned to parents to dispose of when this is expired and to replace.