



Great Barford Primary Academy Administration of Medication Policy

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

We believe that the issue of medicines to a child is a parent's responsibility and should be prescribed in dose frequencies which can be taken outside school hours. However, there are some circumstances when this is not feasible and the school will act in loco parentis and administer prescribed long term medication provided that parents sign a form of indemnity against any claims, costs, actions and demands whatsoever resulting from the administration of the medicine.

Policy aims

- To provide children with long term medical conditions the same opportunities as others at school.
- To support individual children with medical needs, short or long term, to achieve regular attendance.
- To reduce cross-infection risk between children, to increase whole-school attendance.
- To ensure that medicines given at school are stored and administered safely.
- To provide support to staff to act confidently and swiftly in an emergency.

The policy is presented in three parts:

1. General medicine for ad-hoc illnesses/pain management
2. Management of long term medical conditions
3. Processes and procedures for administering medicines
4. Management of emergency incidents
5. Specific responsibilities within this policy

1) General Medicines for Ad-Hoc Illnesses / Pain Management

Parents should not send children to school if they are unwell please see appendix 1. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

1.2 Non-prescribed medicines

The school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). Please make arrangements to come into school if you wish to give your child these medicines.

1.3 Prescribed medicines

In line with other schools' policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours. If medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves.

Please consider whether your child is well enough to be at school if they require medicine 4 times a day. Some of our children do attend before and after school club and may be in school for up to 10 hours. Where this is the case permission may be sought from the Headteacher for a member of staff to administer one dose of medication provided that parents sign a form of indemnity against any claims, costs, actions and demands



whatsoever resulting from the administration of the medicine. This decision will be at the Headteacher's discretion.

If the school agrees to assist parents and carers to administer a medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

- Any side effects.
- Expiry date.

The school will provide blank medicines record forms (see appendix B), and parents/carers must complete and sign one of these forms if they leave medicine at school.

It is the responsibility of the parent to hand in and collect the medication to and from a member of the office staff at the main school office.

2) Longer Term Needs and Management of Medical Conditions

2.1) Declaration of Health Conditions

Parents are asked if their child has any health conditions on the school's data form which is filled out on enrolment and reviewed every year.

2.2) Health Care Plans

Where a child has a long term medical need a written health care plan will be drawn up by the SENDCo with the parents and health professionals. This will include information on triggers, signs, symptoms, medication and other treatments and copies will be made available to the class teacher/teaching assistant, Midday Team, first aiders and the parents. An additional copy will be available from the first aid station for access in an emergency and linked to the child's record.

Parents are reminded to inform the school if their child has a medical emergency or if there has been changes to their symptoms, medication or treatment to ensure the healthcare plans remain current.

The healthcare plans are used to create a centralised register of pupils with medical needs which is the responsibility of the Special Needs Co-ordinator to monitor.

2.3) Administration of Long Term Medicines

Where a health care plan exists, the teaching assistant for the identified/named child on the care plan will administer the medicine in line with the directions on the care plan with another member of staff witnessing the administration.

All staff are made aware of the medical conditions being managed at school and, where applicable, trained annually on how to manage the identified conditions.

2.4) Storage of Long Term Medicines

All pupils with medical conditions know where their medicine is stored and staff have easy access to the emergency medication which is clearly labelled. It is the parents responsibility to ensure that medication is in date.

2.5) Accessing the Curriculum

Staff will make appropriate adjustments to all curriculum opportunities including PE to ensure pupils with medical conditions can fully participate and engage without being singled out but are also informed of what activities to avoid and necessary precautions through the



healthcare plan. The progress made by pupils with medical conditions will be monitored robustly by their class teacher and intervention strategies employed where appropriate.

3) Procedure for Administering Medicines

3.1 Procedure

1. Medicines to be brought to the school office at the start of the day.
2. Parents to complete the necessary pro forma and to personally hand the form and the medicine to a member of the office staff.
3. Medicines to be stored in a secure, cupboard or fridge as appropriate.
4. Medicines to be administered in accordance to the medical care plan.
5. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child.
6. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
7. A record will be made to certify that the name/visual check has been made and that the dosage has been checked. A record will also be made of the date and time of the administration.

3.2 Self-Management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

3.3 Refusing Medicine

When a child refuses medicine the parent or carer will be informed the same day.

3.4 Storage and Disposal of Medicine

The school will store medicine in a secure cabinet, or fridge, as necessary. Parents will be asked to collect unused or out of date medicines but where they have not been collected by parents arrangements for its safe disposal will be made by the school.

3.5 Staff Obligations

Staff are under no legal or contractual duty to administer medication or supervise a pupil taking medication unless they have specifically been contracted to do so.

4 Management of Emergency Incidents

4.1 Duty of Care

In an emergency all staff have a duty of care and under common law should act like any reasonable, prudent parent and this may mean administering medicine. The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in good faith to prevent or manage an emergency situation or a medical condition, regardless of the outcome and their actions will be indemnified by the LA's public liability insurance. See appendices C-F for specific guidance for asthma, epilepsy, anaphylaxis and diabetes.

4.2 Communication Within School

All staff are made aware of the medical conditions being managed at school and trained, where necessary, annually on how to manage an emergency for the identified conditions.

4.3 Admittance to Hospital



If a pupil needs to be taken to hospital, a member of staff will accompany them in the ambulance if their parents are unavailable or school will ask the parent(s) to meet the ambulance at casualty.

All staff are briefed on how to contact the emergency services and what information to give on training courses.

5 Responsibilities

5.1 Governors

- Ensure the health and safety of the pupils, school staff, visitors and anyone else on the premises or taking part in school activities. This responsibility extends to those staff and others leading activities taking place off-site such as visits, outings or field trips.
- Make sure the medicines policy is effectively monitored, evaluated and updated at least annually.
- Provide indemnity to staff who volunteer or are contractually obliged to administer medication to pupils.

5.2 Headteacher

- Ensure the school is inclusive and welcoming and that this policy is in line with local and national guidance and policy frameworks.
- Liaise between all interested parties.
- Ensure this policy is acted upon and communicated to all stakeholders.
- Ensure information held by the school is accurate, and up to date and that there are good information sharing systems in place within the school using pupils healthcare plans on a needs to know basis.
- Review and monitor the training needs of staff.
- Ensure all supply staff and new staff have access to this policy.
- Review this policy annually.

5.3 All School Staff

- All staff have a responsibility to be aware of potential triggers, signs and symptoms of medical conditions and reactions and know what to do in an emergency.
- Know which pupils in their care have a medical condition
- Allow pupils with medical conditions access to their emergency medication.
- Maintain effective communication with parents and inform them if their child has been unwell in school.
- Be aware of pupils managing medical conditions who may be experiencing bullying or the need for extra social support.
- Ensure all pupils with medical conditions are not excluded unnecessarily for activities that they wish to take part in.
- Ensure pupils have the appropriate medication and/or food with them during physical exertion.

5.4 Teaching Staff

- Ensure pupils who have been unwell catch up on missed work.
- Be aware of the challenges of managing a medical condition and how this might impact on the child's progress and learning.
- Liaise with parents, healthcare practitioners and the SENDCO if a pupil is falling behind with their work as a direct result of their medical condition.
- Liaise with parents, healthcare practitioners and the SENDCO if a pupil is participating in an educational visit or after school activity run by the school.



5.5 SENDCO

- Update this policy as and when required or after an annual review.
- Arrange regular training for school staff in managing the medical conditions in school.
- Provide information about where the school can access other specialist training.
- Request that healthcare plans are completed and reviewed by the healthcare practitioners annually.
- Maintain a register of Medical Conditions in school

5.6 Pupils

- Treat other pupils with or without a medical condition equally.
- Tell a responsible adult if they are not feeling well or there is an emergency situation
- Treat all medication with respect
- Be aware of where there emergency medication is stored.

5.7 Parents and Carers

- Tell the school if their child has a medical condition.
- Ensure the school has a complete, up to date, healthcare plan for their child.
- Advise the school what medication is required for trips and outings.
- Inform the school about any changes to the healthcare plan such as dosage, symptoms or changes in the condition.
- Label their child’s medicine and devices and ensure it is within date.
- Keep their child at home if they are not well enough to attend or in line with the exclusion guidance in appendix A.
- Encourage their child to catch up on work missed.
- Ensure their child has regular reviews with health care professionals.

Reviewing the Policy

This Policy will be reviewed on a yearly basis and amended according to DfE and LA guidance.

This policy will be reviewed on an annual basis. The policy was approved by the Governing Body at its meeting on:

Signed by Head Teacher

Signed by Chair of Governors

School illness exclusion guidelines – Appendix A

Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross infection.

Chickenpox - Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.

Conjunctivitis - Parents/carers expected to administer relevant creams. Stay off school if



unwell.

Diarrhoea and/or vomiting - Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently.

German Measles / Rubella - Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed .

Hand, foot and mouth disease - Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.

Head lice - No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.

Cold sores - Only exclude if unwell. Encourage hand-washing to reduce viral spread

Impetigo - Until treated for 2 days and sores have crusted over

Measles - For 5 days after rash appears

Mumps - For 5 days after swelling appears

Ringworm - Until treatment has commenced

Scabies - Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.

Scarletina - For 5 days until rash has disappeared or 5 days of antibiotic course has been completed

Slapped cheek - No exclusion (infectious before rash)

Threadworms - No exclusion. Encourage hand washing including nail scrubbing

Whooping cough - Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.

Viral infections - Exclude until child is well and temperature is normal (37 degrees).

Consent Form - Appendix B

Only medicines prescribed by a doctor (4 times a day) or included within a health care plan will be administered by staff.

All other medicines must be either self- administered with supervision or administered by parents.

SCHOOL MEDICATION CONSENT AND RECORD FORM



Child's Name _____

Class/tutor group _____

Condition medicine is for
(i.e. Asthma, nut allergy) _____

Name of medicine _____

Strength of medicine _____

How much to give

(1 puff wait for 10 then another puff)

When to be given

Any other instructions
(Include details for inhalers if any)

Medicine Expiry Date _____

Phone No. of parent or adult contact _____

Tick appropriate box

Medicine to be left at school



Medicine to be taken home each day

1. In consideration for the Headteacher or the school's staff agreeing to give medication to my/our above named child during school hours, I /we agreed to indemnify the Headteacher, the school's staff and the Local Education Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the school's staff or the Local Education Authority.

Parent's signature: _____

Date of signature: _____

If more than one medicine is to be given a separate form should be completed for each.

Date											
Time Given											
Sign											
Witness											



** When medication is given to a child, this form must be signed by the member of staff administering the medication and then witnessed by another member of staff. Medication requiring refrigeration must be stored in the staff room fridge.*

Asthma Attack – Appendix C

Asthma awareness for school staff

What to do in an asthma attack

Keep calm.

Encourage the child or young person to sit up and slightly forward .

Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.

Ensure tight clothing is loosened.

Reassure the child.

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

The child or young person's symptoms do not improve in 5–10 minutes.



The child or young person is too breathless or exhausted to talk.

The child or young person's lips are blue.

You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

coughing

shortness of breath

wheezing

tightness in the chest

being unusually quiet

difficulty speaking in full sentences

sometimes younger children express feeling

tight in the chest as a tummy ache.

After a minor asthma attack

Minor attacks should not interrupt the involvement of a pupil with asthma in school.

When the pupil feels better they can return to school activities.

The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

Never leave a pupil having an asthma attack.

If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.

In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.

Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.

Send another pupil to get another teacher/adult if an ambulance needs to be called.

Contact the pupil's parents or carers immediately after calling the ambulance/doctor.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Epilepsy - Appendix D

Epilepsy awareness for school staff

Complex partial seizures

Common symptoms

The person is not aware of their surroundings or of what they are doing

Plucking at their clothes

Smacking their lips

Swallowing repeatedly

Wandering around

Ask for a first aider to come to the student

Call 999 for an ambulance if...

You know it is the person's first seizure

The seizure continues for more than five minutes

The person is injured during the seizure

You believe the person needs urgent medical attention

Do...



Guide the person from danger
Stay with the person until recovery is complete
Be calmly reassuring

Don't...

Restrain the person
Act in a way that could frighten them, such as making abrupt movements or shouting at them
Assume the person is aware of what is happening, or what has happened
Give the person anything to eat or drink until they are fully recovered
Attempt to bring them round
Explain anything that they may have missed

Tonic-clonic seizures

Common symptoms:
the person goes stiff,
loss of consciousness
falls to the floor

Do... Protect the person from injury (remove harmful objects from nearby)

Cushion their head
Look for an epilepsy identity card/identity jewellery
Aid breathing by gently placing the person in the recovery position when the seizure has finished
Stay with them until recovery is complete
Be calmly reassuring

Don't...

Restrain the person's movements
Put anything in their mouth
Try to move them unless they are in danger
Give them anything to eat or drink until they are fully recovered
Attempt to bring them round

Call 999 for an ambulance if...

You know it is the person's first seizure
The seizure continues for more than five minutes
One seizure follows another without the person regaining consciousness between seizures
The person is injured
You believe the person needs urgent medical treatment

Appendix E - Anaphylaxis
Anaphylaxis awareness for staff

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:



wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

Difficulty in swallowing or speaking.

Difficulty in breathing -severe asthma

Swelling of the throat and mouth

Hives anywhere on the body or generalized flushing of the skin

Abdominal cramps, nausea and vomiting

Sudden feeling of weakness (drop in blood pressure)

Alterations in heart rate (fast Pulse)

Sense of Impending doom (anxiety/panic)

Collapse and unconsciousness

TREATMENT

Ask for first aider to come to student

Ring for an ambulance and parents.

If student conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.

If student is conscious and alert ask them to self administer their epipen. If student unconscious, trained member of staff to administer epipen as per training. Record time of giving.

If no improvement within 5 minutes then 2nd epipen to be administered.

Keep used epipens and give to paramedics when they arrive.

Diabetes - Appendix F

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

Hunger

Feeling 'weak' and confused

Sweating

Dry, pale skin

Shallow breathing

Hyperglycaemia:

Thirst

Vomiting

Fruity/sweet breath



Rapid, weak pulse

First aid aims

Hypoglycaemia:

Raise blood sugar level as quickly as possible

Get casualty to hospital, if necessary

Hyperglycaemia:

Get casualty to hospital as soon as possible

Treatment

Hypoglycaemia:

Sit casualty down

If conscious, give them a sugary drink, chocolate or other sugary food

If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.

If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

Call 999 immediately

Further actions

If the casualty loses consciousness

Open airway and check breathing

Place them in recovery position

Prepare to give resuscitation