



# Administration of Medicines & First Aid Policy

## Balfour Primary School

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## Administration of Medicines

### Introduction

Children with medical needs have the same rights of admission to our school as other children. There are an increasing number of children attending mainstream schools with medical conditions. Schools, acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines.

The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

Our policy has been drawn up with reference to DfE publication 'Supporting pupils at school with medical conditions' (December 2015)

### Legal requirements

THERE IS NO LEGAL DUTY THAT REQUIRES ANY MEMBER OF SCHOOL STAFF TO ADMINISTER MEDICINES.

### Management and Organisation

When medicines are to be administered in school it is essential that safe procedures are established which are acceptable to appropriate school staff involved. It is essential that clear written instructions are supplied by parents when requesting that medication be administered to their child.

#### Prescribed medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Designated staff at Balfour Primary School will only administer medicines prescribed by a doctor/dentist **or over the counter paracetamol-based painkillers such as Calpol**. Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. Most medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. If, this is not possible, written confirmation of this from a doctor must accompany the medication. Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional. The form should be signed by the parent or guardian and retained in the school office for reference by staff involved.

#### Exceptions

Prescribed medicine will not be given:

1. Where the timing of the dose is vital and where mistakes could lead to serious consequences.
2. Where medical or technical expertise is required.
3. Where intimate contact would be necessary.



## Non-prescription medicines

We are unable to administer medicines that have not been prescribed by a doctor or dentist. We are unable to give children aspirin or medicines containing ibuprofen unless prescribed by a doctor. **We will however administer paracetamol-based painkillers such as Calpol without a prescription for a short period of time, depending on the circumstances, with the appropriate permissions from parents/carers.**

## Healthcare Plans

In cases where the child's medical needs may be greater than those of his/her peers, the Headteacher may request that an individual Healthcare Plan be prepared. In such cases, consultations on the Plan will be done with school staff and the parents/guardians; and health professionals will be involved where necessary. This will also clarify the extent of responsibility taken by the school.

Healthcare Plans will be shared with the child's class teacher. A copy of the completed Healthcare Plans will be stored in the Medical Room/KS1 office and also with the child's designated member of staff. **The Executive Inclusion Coordinator will be responsible for reviewing and updating individual Healthcare Plans with parents/carers and relevant professionals.**

The Headteacher will be responsible for managing the administration of medicines and drugs with the agreement of named members of staff. Staff should be able to act safely and promptly in an emergency situation, as well as with the routine administration of medicines.

Members of staff will be asked to volunteer to be involved in the administration of medication. Only those members of staff who have current First Aid qualifications will be expected to act in an emergency. Other members of staff who are willing to dispense medicines to pupils i.e. Teaching Assistants, Class Teacher, Office staff, should be advised of the correct procedure for each pupil.

It is the responsibility of the Headteacher to ensure that new members of staff receive appropriate training.

Parents and staff should be kept informed of the school's arrangements for the administration of medicines and drugs and will be informed of any changes in these procedures.

A record should be kept of all the medicines and drugs administered by the members of staff responsible. All medication administered must be recorded and witnessed by members of staff.

## Advice on medication

Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary.

In the case of chronic illness or disability, i.e. asthma, diabetes, syndromes such as ADHD etc. pupils may need to take prescribed drugs or medicines on a regular basis during school hours in order to lead a normal life within a mainstream school setting. Only those members of staff already named should administer the medication and a record kept. Staff will not under any circumstances administer drugs by injection and parents would be expected to attend to the pupil in school hours in such cases.

## School Trips

It is the part of the Inclusion Policy of the school that all pupils should be encouraged to take part in school trips wherever safety permits. It may be that the school would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such



pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

It may be necessary to take medication for pupils on a school trip, i.e. Epipen, Inhalers or Epilepsy emergency medication. It may also be necessary to take copies of any relevant care plans in case of emergency. Emergency medication must be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

### **Asthma**

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This could either be in the drawer of the teacher's desk, or in a child's own tray- dependent upon the age and maturity of the child. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration.

**It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.**

### **Antibiotics**

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for named staff to administer the antibiotics supplied by the parent or carer. A Permission to Dispense form should always be completed giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.

### **Diabetes**

The school will monitor pupils with Diabetes in accordance with their care plan. **Blood sugar results will be recorded daily and noted accordingly. Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied.** Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

### **Maintenance Drugs**

A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

### **Topical Medications**

In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.



## Allergies/Anaphylaxis Procedures

Medication for the treatment of allergies will be kept in easily identifiable containers in the school office or individual classrooms. Each container should be clearly labelled with the child's name and class. **However the school does NOT hold antihistamines such as Piriton for general use (The council's Administration of Medicines Standard February 2019).**

## Emergency Procedures

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Staff should never take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

## Hygiene and Infection Control

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

## Storage of Medication

All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office/medical room or staffroom fridge and should not be kept in classrooms, with the exception of adrenaline pens and inhalers/spacers at Key Stage 2. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration. The Parental Agreement Form must be signed on receipt of medicines. In Key Stage 1 inhalers will be stored in the school office.

All emergency medicines, such as asthma inhalers/spacers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom and/or in the office. Children may carry their own inhalers, when appropriate. Parents should be asked for two Epi-pens. Both to be kept in the School Office for Key Stage 1/Foundation Stage for storage. The teacher must ensure that the Epi-pen is collected when doing outdoor PE and for other external lessons. In Key Stage 2 one Epi-pen should be stored in the medical room. The other Epi-pen should be stored in a safe place in the classroom, out of the reach of pupils, and taken for outdoor PE and other external lessons. All pens must be clearly labelled with the child's name.

## Disposal of Medication

Staff should not dispose of medicines. Parents should collect medicines at the end of the agreed administration time period and are responsible for ensuring that date expired medicines are returned to a Pharmacy for safe disposal.



## Summary of Procedure to Dispense Medication

- Permission to dispense medication form must be completed by the parent / carer.
- Medicine must be in original packaging clearly marked with name of child, class, **time** and dose to be administered.
- Recommended / prescribed dose will not be exceeded without written permission from a medical professional.
- All medication given must be recorded and witnessed in the Medication log form (Appendix 2)
- **When medication is received by the office staff, a log is to be made on the Medication Log slip with a time of when each dose is due to be taken. Where prescribed medicines needs to be administered at particular times of the day, the children, particularly the older children, will be encouraged to to maintain their own timekeeping and come to the office. However, if a child doesn't present themselves at a dosage time a member of staff will collect the child. Date, time and signature to be recorded in Log Book.**
- **In the case of NON-PRESCRIBED or non-time-critical medicines e.g. paracetamol-based painkillers, the child should come to the office (e.g. when they feel they need it).**
- **Also in the case of NON-PRESCRIBED or non-time-critical medicines e.g. paracetamol-based painkillers, the school will not administer medicines before 1pm to avoid exceeding the recommended dosage.**
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary.
- Medication will be taken out of school on trips or visits and be the responsibility of a member of staff at all times.

## Roles and Responsibilities

### Parent/Carer\*

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form.
- Must keep staff informed of changes to prescribed medicines.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.

### Headteacher

- To ensure that the school's policy on the administration of medicines is implemented.
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receive support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on the administration of medicines.
- Ensure that medicines are stored correctly.

### Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- **Where prescribed medicines needs to be administered at particular times of the day, the children, particularly the older children, will be encouraged to to maintain their own**



timekeeping and come to the office. However, if a child doesn't present themselves at a dosage time a member of staff will collect the child.

- The school will not administer non-prescribed medicines before 1pm to avoid exceeding the recommended dosage.
- Ensure that a second member of staff is present when medicines are administered.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

## Refusal of Medicine

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

## Children with Long-term Medical Needs

It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

## Confidentiality

The head and staff should always treat medical information confidentially. The head should agree with the child/parent who else should have access to records and other information about a child.

## Staff training

Training opportunities are identified for staff with responsibilities for administering medicines.

## Monitoring

This policy should be reviewed REGULARLY in accordance with national guidance.

*\*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.*

## First Aid

First Aiders are responsible for supporting health and welfare issues within the School and in particular:

- To be responsible for attending to and monitoring student or visitor illness/injury and to refer pupils to their own doctor or hospital as appropriate;
- To maintain the school medical equipment/first aid boxes;
- To assist in the monitoring of first aid equipment and boxes;
- To assist in the development and health promotion activities at the school;
- Ensure adequate numbers of staff are trained in first aid procedures (to cover trips, sickness, etc.);
- To ensure the necessary records are maintained relating to accidents associated with the work of the school.



## First Aid Boxes

First aid boxes are located:

- KS1 – in the office and on each play ground
- KS2 – in the medical room and two in each year group plus two that go outside during lunch

For minor accidents (bumps and grazes) a member of staff should administer basic first aid.

## Accidents

Accidents will be recorded in the Accident Books/File. Parents will be phoned if the accident is serious. If the child has bumped their head parents will always be informed with a sticker **and a message home via SchoolPing, text or email**. If there is cause for concern we will also text or call the parent. Teachers will try to speak to parents at the end of the day if their child has had an accident. If the child has any marks from bumps, staff must inform the parents.

Children will be regularly reminded of the importance of safety conscious behaviour.

## Emergency Medical Treatment

If anyone attending an incident believes that they may have been affected by bodily fluids e.g. vomit, sputum, blood in the face/mouth/open wound then medical advice should be sought immediately.

If the accident does not require immediate hospital treatment (e.g. butterfly stitches) the child's parents/carers will be phoned and asked to take them to casualty or the local health centre.

## Defibrillators

As recommended in the DfE documentation "[Automated external defibrillators \(AEDs\) – A guide for schools](#)" we have purchased two AEDs. One is located in the entrance of KS1, the other in the medical room in KS2. As part of our package up to 48 members of staff can be trained, but the unit is designed to be used without training. Stickers and signs have been put up to notify anyone in the building of the presence of the AEDs.

Should someone show symptoms that could indicate a cardiac arrest we will attach them to the AED which will automatically scan them and will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

## Infectious Illness

The school office is to be informed whenever a child is known to have a notifiable instance such as chicken pox, measles, Meningitis or Scarlet Fever. It may sometimes be necessary to anonymously inform all parents. To read the full guidance on infection control in schools please refer to [this document](#):

[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)



## Hygiene

Children will be taught the basic rules of hygiene, e.g. always to wash hands after using toilet and before eating, not to leave food around for any length of time, not to put anything into their mouths when on the playground or on an outing, e.g. acorns, berries, stones, leaves, worms, etc. Students will also be encouraged to use hand sanitisers / wash hands prior to lunch.

## Medical Care

### General

Our policy has been drawn up with reference to DfE Circular 14/96 'Supporting pupils with Medical Needs in School'.

If a child is unwell at school, we will make every effort to contact the parents/guardians. It is very important that we have up-to-date home/work telephone numbers or other contact numbers. Until we have contacted the child's parents we will take any action required in the interests of the child. Parents will be informed that although we will always care for children who become ill at school. Many of the school staff are trained 'emergency first aiders' and in the event of an accident, appropriate first aid will be given. In the case of more serious accidents, we will contact parents as soon as possible. We will always inform parents if their child suffers a knock on the head, even if there are no apparent physical symptoms.

### Accidents

In the event of an accident injuring one or more people, the first priority is to ensure, within the limits of personnel and facilities, the safety of other pupils and adults in the vicinity. In attending to the injured person(s), help may be called from colleagues holding a first aid certificate.

If the accident is of a more serious nature the office staff should be informed. A decision will then be taken by a senior member of staff whether or not an ambulance should be called. Parents should be contacted as soon as possible.

The member of staff who was first on the scene must complete an accident report form (from the office) and submit it to the Head teacher for signature.

### Asthma

A child having an attack should never be left unattended. Attacks of asthma often cause panic – staff should stay calm and reassure the child. Try to encourage the child to breathe slowly and deeply and to relax. If the child does not respond to the inhaler, contact the office as soon as possible for assistance.

### Epilepsy

Staff need to be aware of any children with epilepsy in their care. Children with severe medical conditions will have a care plan in place. If a child has a fit, contact the office immediately for assistance. During a fit, remove objects away from the child until they have recovered – do NOT attempt to restrict the child. As soon as the child is relaxed or 'floppy' enough, try and roll them into the recovery position. After a fit allow a child to relax somewhere quiet or even sleep.

If a fit is long lasting, i.e. longer than 60-90 seconds, further medical help may be needed.

The school nurse will provide training for staff if we have a child who has epilepsy.



## **Head lice**

Any outbreak of head lice should be reported to school. Letters will be issued to all the children in that class encouraging the parents to check their child's head and treat any lice.



## Appendix 1 – Parental agreement for school to administer medicine

### Balfour Primary School Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form.

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Medical condition/illness:** \_\_\_\_\_

#### MEDICINE

**Name/Type of Medicine**  
*(as described on the container)* \_\_\_\_\_

**Date dispensed:** \_\_\_\_\_

**Expiry date:** \_\_\_\_\_

**Name and address of Doctor:** \_\_\_\_\_

*(Please include a note/letter from your doctor if you have one)*

**Dosage and method:** \_\_\_\_\_

**Timing:** \_\_\_\_\_

**Special Precautions:** \_\_\_\_\_

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

**For non-prescribed medicines has the child has this specific medicine before?** Yes / No *(delete as appropriate)*

**Self Administration:** Yes / No *(delete as appropriate)*

**Procedures to take in an Emergency:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### EMERGENCY CONTACT DETAILS

**Name:** \_\_\_\_\_

**Daytime Telephone No:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_



**Address:**

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I understand that I must deliver the medicine personally to the school office, collect it at the end of the dosage period, and ensure it remains up-to day; and accept that this is a service that the school/setting is not obliged to undertake.

*(if applicable)* I understand I'm asking the school to provide medicine that has not been prescribed by a doctor and that I have chosen the medicine and dosage. I therefore absolve the school of liability should the medicine/dose cause any harm (e.g. allergic reaction). Furthermore, I understand the school will not administer this medicine before 1pm to avoid exceeding the recommended dosage.

I understand that I must notify the school/setting of any changes in writing.

**Date:**

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**Signature(s):**

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**Relationship to child:**

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