



# Marriott Primary

Achieving Together

## ADMINISTRATION OF MEDICINES & SUPPORT OF PUPILS WITH MEDICAL CONDITIONS

This policy should be read in conjunction with the DfE guidance entitled 'Managing medicines and healthcare needs in schools, early years and youth settings' issued in July 2020.

<b>Adopted</b>	<b>29<sup>th</sup> November 2022</b>
<b>Signed (Chair of Governors)</b>	<b><i>Steve Wilson</i></b>
<b>Reviewed (Due November 2024)</b>	
<b>Signed (Chair of Governors)</b>	

## **Rationale**

Marriott Primary School is an inclusive school that welcomes and supports pupils with medical conditions and we provide all pupils with any medical condition the same opportunities as others in the school. The school understands that on occasions it may be in the child's best interest to administer medication in school to ensure they can attend school and learn. This is particularly relevant when a child has a long standing medical need. The Children and Families Act 2014, places a duty on schools to make arrangements for children with medical conditions.

## **Aims:**

The school aims to:

- Ensure full access to education for pupils with medical conditions
- Assist parents in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Liaise as necessary with medical services in support of the individual pupil
- Monitor and keep appropriate records.
- Adopt and implement the LA policy of Medication in Schools;
- To ensure the safe administration of medicines to children where necessary and to help to support attendance
- To ensure the on-going care and support of children with long term medical needs via a health care plan
- To explain the roles and responsibilities of school staff in relation to medicines
- To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- To outline the safe procedure for managing medicines on school trips
- Where a child has SEN this guidance should be read in conjunction with our SEN policy

## **Designated areas**

- The first aid room is located near the office.
- The toilet next to the office, at the top of Key stage 2 and the toilet in the family room are disabled toilets.
- There is also space for changing children in the medical room.
- The toilet in the family room includes a changing table.
- A fridge for medicines is available in the First Aid Room

## **Administration of Medicines**

There is no legal requirement for school staff to administer medicines but staff are expected to do what is reasonable and practical to support the inclusion of all pupils. Teachers and other school staff in charge of pupils have a common law duty

to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Records of pupils requiring medication are updated on an annual basis. Each class has a list with a photograph of each child and medication required. Photographs of children with chronic illnesses or certain allergies are displayed in the staffroom and First aid room. Where appropriate or necessary the child's peers may need some explanation of the condition and administration of medication.

### **'Short-term' Medication**

Children who require a short course of medication e.g. antibiotics, will, whilst ill, remain at home until the course is finished.

If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunch time. If this is not possible a parent/carer may administer the lunchtime dose by arrangement with the Head teacher.

However, if the child is well enough to attend school, and a parent or carer cannot take either of these options, a nominated member of the school staff will administer the medicine as long as there are fully written instructions and the medicine is in the original packaging (with label as dispensed by the pharmacy). Medicine should be held securely in the First Aid room (placed in the fridge if necessary) on these occasions and the necessary forms completed and signed by the parents/carers. All forms will be filed in the administration of medicines folder in the First Aid room.

### **'Long-term' Medication**

A few children, whilst fit to attend school, may need to take medicines during school hours. In addition, it may be necessary for children with long term complaints or chronic illnesses such as asthma, diabetes or certain allergies to use medication while in school. **If a child has been prescribed epi-pen, an individual plan will be created for them, with allocated members of (trained) staff.** Some children may require regular visits to hospital and so special arrangements may be necessary. Consideration will need to be given about how children are reintegrated back into school after periods of absence. Where appropriate, a healthcare plan will be put in place involving parents/carers and healthcare professionals, for children on long-term medication. The following guidelines are designed to give schools direction as to the procedures and arrangements which should be observed when dealing with this subject. Staff cannot be required to administer medication, but may volunteer to do so. For some support staff, the administration of medicines may be specified in their job description.

Medicines should not be given in school unless the parent/carer has completed the request for administration of medicines form (See Appendix B). A clear written statement of their responsibility is given to all parents/carers. Copies of these forms must be kept with the medication and then filed in the Administration of medicines folder in the First Aid room.

All medicines must be clearly labelled with the child's name, mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of any changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

### **Asthma Inhalers**

Spare Inhalers are available

For Lunchtime Foundation Stage - spare inhaler should be kept in the base in the medical cabinet

Nurture Room - a spare inhaler should be kept in a box in the nurture room which can be used for the hall if needed

Red Zone - one member of staff must have a spare inhaler in the medical pouch.

Main playground - one member of staff must have a spare inhaler in the medical pouch.

Year 5 & 6 children with inhalers should be encouraged to take them outside with them and return to the cabinet in the classroom at the end of lunch.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Where a pupil requires medicines to be administered by invasive procedures e.g. rectal Valium or injection (adrenaline) the school seeks the written authorisation from the parents/carers. Staff carrying out these procedures will be appropriately trained and their training kept up to date. A list will be available of the staff authorised to administer such medications.

### **Storage of Medicines**

Medicines, when not in use, are kept in a safe and secure place in line with the pharmacist's instructions. Any unused or time expired medication will be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed controlled drugs, staff need to be aware that these will be kept in the locked cabinet in the First Aid room. Items such as plasters, antiseptic wipes etc, that may be required in an emergency are readily accessible at all times. These are stored in the metal wall cabinet or medical box (a green plastic box) kept in each classroom and clearly marked as such.

Wherever possible and after discussion with parents and if necessary health care professionals, children who are competent to manage their own health needs and medicines, should be allowed to carry or access their own medication and devices for self-medication quickly and easily. On rare occasions pupils are required to carry their own medication, but they will be instructed to do so by a member of staff e.g. on school trips. At all other times their medication must be kept in the medical box in their own classroom.

General First Aid boxes are inspected monthly by Wendy Rossell and stock replaced as necessary.

### **Roles and Responsibilities**

The Head teacher is the named person responsible for medicines. The Head teacher is responsible for acquiring spare Inhalers and anaphylaxis pens. The SENCO will be responsible for liaising with parents and healthcare professionals and drawing up and reviewing healthcare plans for pupils with medical conditions. The healthcare plan is completed for pupils with medical conditions – See (Appendix A) and reviewed annually or more frequently as appropriate. Day-to-day administration is delegated to competent, trained colleagues. All children who require medication should be given clear instructions where and to whom they should report. It is advised that non-prescription drugs should not be brought into school e.g. Calpol, throat lozenges, creams etc. Individual cases may be discussed with the Head teacher, but drugs will only be accepted into school when the request for medicine to be taken/administered in school form (Appendix B) has been completed by the parent/carer.

### **Staff**

- To follow the procedures outlined in this policy using the appropriate forms
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the First Aid room, tidy and first aid bags stocked with supplies

The Class teacher/support staff are responsible for ensuring that new/different staff (e.g. supply teachers) are given relevant information about children with medical difficulties in the class they are teaching.

### **Parents/Carers**

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school

- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

### **Administration / Record keeping**

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. Children with medical conditions which are likely to impact on their day to day life in school will have an Individual Healthcare Plan, which explains what staff need to do in the event of a medical emergency.

The label on the medicine container is checked against the school medicine record (completed by parent/carer). Any discrepancy is queried with the parent before administering. Preferably drugs should be self-administered. Where this is not possible medicines will be administered by a named individual member of the school with specific responsibility for the task in order to prevent any errors occurring. This will be a trained member of staff or the nominated staff member. Where practicable a witness should be present who should also sign the appropriate box on Appendix C.

Parents should be informed if their child has been unwell at school.

If a child refuses to take medication, staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day. If the refusal to take medication results in an emergency, the school's emergency procedures should be followed.

Schools should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages. The only exception to this is insulin which will generally be inside a pen or pump for administration in school.

A record should be kept on the back of the medical sheet of any self-administration of an inhaler to track the frequency of administration.

A record is kept of all doses given (See Appendix C). This is carried out to the best of the named person's ability.

A witness should sign the record to acknowledge the administration of any controlled drugs.

All First Aid accidents must be recorded in the Accident/Illness/Incident Report Book, located in each classroom. There is a separate book for lunchtimes. Serious accidents should be recorded on a SO2 form, located in the staff room and passed

to the **Business Manager** to be recorded on online Incident and Accident Reporting System.

### **Incorrect Administration of Dosage**

Individual protocols/health plans will contain emergency actions in respect of this happening. The incident will be notified to the local authority using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, emergency medical advice will be sought and followed, the child being taken to hospital if necessary, and parents informed.

### **Disposal of Medicines**

Medicines that are no longer required are not allowed to accumulate. They are returned in person to the parent/carer for disposal. Where it is not possible to return medicines to the parent, a pharmacist should be contacted for advice regarding disposal.

Sharp boxes should always be used for the disposal of needles and other sharps.

### **Training of Staff**

Staff who administer medicines, volunteer themselves for such duties and are adequately trained and supported by the School Nurse as necessary. A record is kept of staff who have received training. Please note that basic first aid training does not prepare staff adequately to administer specialised medicines, further training will be needed. Any difficulties in understanding about medication usage should be referred to the School Nurse.

### **Liability of School Staff**

Staff who administer medication to pupils will be covered by the employer (Leicester City Council) in the event of a liability / negligence claim being made against them as long as they have taken reasonable steps to follow the procedures contained in these guidelines and the healthcare plan, if available.

### **Procedures for Out of School Activities**

Arrangements are made to ensure that children who may require medication when away from the school have access to that medicine, and, where necessary, are accompanied by staff who have received training in the administration of that medicine.

Emergency medication and reliever inhalers must follow the child at all times. Inhalers and emergency treatment medication must follow the child to the sports venues, swimming pool etc. The medication should be kept by the teacher in

charge in a box on the touchline or at the side of the pool. It is the parents/carers responsibility to ensure that medicines are in date and replaced as appropriate. Courtesy calls will be made to inform parents/carers that medication is near the end date. Where appropriate, pupils should carry their own medication for immediate use if needed.

A first aid kit is always taken on a school trip. An emergency first aider, will accompany a school trip. Should an incident occur whilst on a school trip, requiring emergency medical assistance, staff should follow guidance in the crisis line documentation (regarding the calling of ambulances etc) which is always taken by a trip leader on a trip.

The guidance for residential trips is slightly different to day visits. The guidance for prescription medicines would be as above. Parents would need to provide the medication in its box, with the label indicating dosage, and complete a form authorising the member of staff to administer. However, a parent may also authorise a member of staff to administer a non-prescribed medicine in an emergency situation e.g. paracetamol or oral antihistamines. In this case, the parent will provide the medicine in its original box, and complete a form authorising the staff to administer the medication, giving guidance about when the medication may be needed. In this case, the member of staff will make the judgement about whether and when a child needs the medication, using the guidance given by the parent. The same guidelines as above apply, such as encouraging the child to administer the dose themselves, if possible, for the medication to be stored safely and all doses to be recorded. Medication should never be administered without first checking maximum dosages and when the previous dose was taken.

### **Medical Diets**

There are many reasons why children may need a special diet including coeliac disease, lactose intolerance, problems with their kidneys and other food allergy/intolerances.

- For families that request a special diet for medical reasons, **Chartwells** will try to provide a school meal for these children however, this may not always be possible for children on very restricted diets.
- Children will only have a special menu provided by the Dietitian once the parent has filled out the medical diet – school meal request form. The request to provide a special diet must be signed by a health professional, this could be the child's Dietitian, school nurse, practice nurse or doctor
- This form should be sent directly to the **Chartwells** Dietitian at the address on the form.
- Once the Dietitian has received the form they will liaise with the parent to ensure the child receives the appropriate foods. This may be via letter or telephone or in some cases a meeting with the family will be arranged to



discuss the child's dietary requirements. Please allow 10 school working days for the Dietitian to contact the family.

- The family will be sent out a copy of the menu for them to look at and if they are happy they should inform the school office to say that they would like their child to start to have school meals
- The Dietitian will ensure that the school kitchen have a copy of the appropriate named menu.
- If a child no longer requires a special diet, the family should contact the **Chartwells** Dietitian. The Dietitian will then contact the Unit Catering Manager at the child's school and only then will the school kitchen be able to offer the regular menu
- Parents are responsible for informing school if their child has medical dietary requirements
- Should a pupil have medical needs regarding their dietary requirements, school will discuss this parents
- Where special events and days involved catering or food tasting careful consideration will be taken to either include all children or provide suitable alternative options

### **Risk Assessments**

A full risk assessment is always carried out before any school trip (See Off-site Visits Policy), which will include pupils who need regular medication and those who may need it; those pupils with allergies, asthma inhalers etc.

If hospitalisation is necessary, a member of staff should always accompany a child to hospital by ambulance and should stay until the parent arrives. In the event of an emergency/accident which requires a child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents/carers are not available.

As a general rule, staff should never take children to hospital in their own car. When emergency treatment is required, medical professionals or ambulance should always be called immediately. However, if the Head teacher or person in charge decides that the only solution is to take the child to hospital or home in a member of staff's car, the following must be taken into consideration: -

- The car must be insured for business use
- The car is taxed and has a current MOT and is in a roadworthy condition
- The driver has a full licence with no penalty points (unless they are for minor speeding offences)
- The driver is experienced (no definition of this but unlikely to be someone who has only passed their test in the last 2 years)
- The driver has a current DBS certificate

- If the child is small, then an approved booster seat must be used and correctly fitted (kept in School Office)
- Seatbelts must be worn at all times. Child safety locks on the doors should be used.
- No child is to sit in the front seats (this is for safety, not distracting the driver, driver cannot be accused of inappropriate contact with the child)
- Any sick child must be accompanied by two adults (one to be the driver)

The situation is risk assessed by the person in charge. Common sense must come first.

The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers should always be informed.

### **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/aprons and take care when dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

### **Complaints**

If parents feel there is need for complaint, then the school's complaint procedure should be followed.

### **Emergency situations**

Please see the Schools Business Continuity Incident Management Plan for more information about what will happen in the event of a critical incident in school.

If a medical emergency occurs during the school day, on the school site, then the staff member will alert the nearest first aider to come and assist. They will also notify the head teacher (or person deputising) immediately, who will call an ambulance, giving details of the child, nature of the incident/condition and location of the invalid. The office must be informed immediately, when an ambulance has been called, so that they can ensure that the ambulance staff get to the right place as quickly as possible on their arrival at school. Any child being taken by ambulance to hospital will be accompanied by a member of staff. Parents will be contacted and told which hospital their child has been taken to and which member of staff is accompanying them.

For children with medical conditions, the Individual Healthcare Plan will indicate what should be done in an emergency situation for that particular child.

**Additional Forms Attached:**

- Appendix A – example Individual Healthcare Plan
- Appendix B – Request for Administration of Medicines
- Appendix C – Record of Medicine Administered to an Individual Child

## Appendix A – example Individual Healthcare Plan



Broughton Road  
Saffron Lane Estate  
Leicester  
LE2 6NE

TEL: 0116 2832433

*Email: admin@marriott.leicester.sch.uk*

*Headteacher: Ms Neill*

*Co-Head & Deputy Headteacher: Mrs Tucker*

### Individual Healthcare Plan

Child's First Name

Child's Surname

Class and Year Group

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

**Appendix B**

**Parental agreement for Marriott Primary School to administer medicine**

**(One form to be completed for each medicine)**

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

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Class \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

Medicine: to be in original container with label as dispensed by the pharmacy

Name/type and strength of medicine \_\_\_\_\_

(as described on the container)

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Date commenced \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage and method \_\_\_\_\_

Time to be given \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the school should know about?

\_\_\_\_\_  
\_\_\_\_\_

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Carer Contact Details:**

Name \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Appendix C**

Name of Child \_\_\_\_\_ Inhaler \_\_\_\_\_

<b>Date</b>	--/----/---	--/----/---	--/----/---
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			
<b>Witness</b>			
<b>Observations/comments</b>			

<b>Date</b>	---/----/---	--/----/---	--/----/---
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			
<b>Witness</b>			
<b>Observations/comments</b>			

<b>Date</b>	--/----/---	--/----/---	--/----/---
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			
<b>Witness</b>			
<b>Observations/comments</b>			