



CORPUS CHRISTI
CATHOLIC SCHOOL

Administering Medication Policy

February 2024

Date Approved	Next Review Date	Staff Member Responsible	Responsible Governor
26/2/24	February 2025	Mrs. J. Connery	M. Sawyer

Designated Member of staff: Mrs Connery

MISSION STATEMENT

Corpus Christi Catholic School is a welcoming, vibrant and diverse community with the Christian values of respect, equality and love for all at its core.

We aim to nurture, motivate, educate and to inspire all children to become lifelong learners and to achieve the best that they can.

Following the example of Jesus, we uphold our school motto:
To Learn, To Live, To Love.

Discere Vivere Amare




CORPUS CHRISTI CATHOLIC SCHOOL

The following are very important telephone numbers that must be kept up to date at all times:

Safeguarding Contacts	Contact	Email
Designated Safeguarding Lead	02072744722	jconnery@corpus-christi.org.uk
Deputy Designated Safeguarding Lead	02072744722	rcoyle@corpus-christi.org.uk
Nominated Governor for Safeguarding	02072744722	msawyer@corpus-christi.org.uk
Local Authority Designated Officer (LADO)	020 7926 4679	LADO@lambeth.gov.uk
Social Services Referrals	020 7926 3100	helpandprotection@lambeth.gov.uk
Out of Hours Social Services	020 7926 5555	
Police	999	
NSPCC Whistle-blowing Helpline	0800 028 0285	

INTRODUCTION

We believe this policy should be a working document that is fit for purpose, represents the school ethos, enables consistency and quality across the school and is related to the following legislation:

- Medicines Act 1968
- Misuse of Drugs Act 1971
- Health and Safety at Work, etc Act 1974
- Children Act 1989
- Workplace (Health, Safety and Welfare) Regulations 1992
- Education Act 1996
- Schools Standards and Framework Act 1998
- Education (School Premises) Regulations 1999
- Management of Health and Safety at Work Regulations 1999
- Special Educational Needs and Disability Act 2001
- Education Act 2002
- Health and Safety (Miscellaneous Amendments) Regulations 2002
- Children 2004
- Equality Act 2010
- School Premises (England) Regulations 2012
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Children and Families Act 2014

The following documentation is also related to this policy:

- Supporting pupils at school with medical conditions (Statutory guidance for governing bodies of maintained schools and proprietors of academies in England) (DfE December 2015)
- Equality Act 2010: Advice for Schools (DfE)
- Race Disparity Audit - Summary Findings from the Ethnicity Facts and Figures Website (Cabinet Office)

We acknowledge that under the standard terms and conditions for the employment of school staff there is no legal duty for them to administer or to supervise a child taking medication. Supporting pupils at school with medical conditions clearly states that **'Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.'**

Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, volunteer personnel will be expected to undertake sufficient and suitable training and to achieve the necessary level of competency before they are able to administer medicines.

We ensure all school personnel and supply teachers:

- are trained in first aid;
- will attend periodic first aid refresher training;
- are trained in how to administer medication in the case of a severe allergic reaction;
- are familiar with the Individual Health Care Plans of pupils in their care;
- know what to do in an emergency;
- are aware that allergy management strategies are incorporated into risk assessments for all school events, educational visits and sporting events.

We work hard to have in place and to maintain a system that ensures all medical care plans are kept up to date and are available at all times to school personnel who may need them in an emergency. It is vital that all medical care plans clearly indicate whether a pupil needs emergency medication such as asthma inhalers or epipens.

Those members of the school personnel who have volunteered to administer or supervise the taking of medication attend regular refresher training and are up to date with the medical care plans for those pupils with specific medical needs or emergency medication.

Medicines will only be administered that have been prescribed by a doctor or some other authorised person and where it would be detrimental to a child's health if the medicine were not administered during the day. Non-prescription medicines will not be administered by staff but parents/carers can make arrangements at lunch time to administer the medication to their child.

We believe that school personnel have a responsibility to ensure a safe and healthy working and learning environment for all pupils and other school personnel.

We will not allow school personnel to undertake the inappropriate use of alcohol or the misuse of drugs/substances, whether illicit or prescribed, as this will adversely affect their ability to care for children, their work performance, their conduct or their relationships at work.

We expect all medication for either pupils or school personnel to be securely stored away at all times.

We wish to work closely with the School Council and to hear their views and opinions as we acknowledge and support Article 12 of the United Nations Convention on the Rights of the Child that children should be encouraged to form and to express their views.

We as a school community have a commitment to promote equality. Therefore, an equality impact assessment has been undertaken and we believe this policy is in line with the Equality Act 2010.

We all have a responsibility to ensure equality permeates into all aspects of school life and that everyone is treated equally irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We want everyone connected with this school to feel safe, secure, valued and of equal worth.

We acknowledge the findings of the Race Disparity Audit that clearly shows how people of different ethnicities are treated across the public services of health, education, employment and the criminal justice system.

The educational section of the audit that covers: differences by region; attainment and economic disadvantage; exclusions and abuse; and destinations, has a significant importance for the strategic planning of this school.

AIMS

- To outline the procedures for administering prescribed medicines to pupils.
- To have in place health and safety control measures.
- To ensure compliance with all relevant legislation connected to this policy.
- To work with other schools and the local authority to share good practice in order to improve this policy.

RESPONSIBILITY FOR THE POLICY AND PROCEDURE

ROLE OF THE GOVERNING BODY

The Governing Body has:

- appointed a member of staff to be responsible for Health and Safety;
- delegated powers and responsibilities to the Headteacher to ensure all school personnel and stakeholders are aware of and comply with this policy;
- responsibility for ensuring that the school complies with all equalities legislation;
- nominated a designated Equalities governor to ensure that appropriate action will be taken to deal with all prejudice related incidents or incidents which are a breach of this policy;

- responsibility for ensuring funding is in place to support this policy;
- responsibility for ensuring this policy and all policies are maintained and updated regularly;
- responsibility for ensuring all policies are made available to parents;
- responsibility for the effective implementation, monitoring and evaluation of this policy.

ROLE OF THE HEADTEACHER

The Headteacher will:

- work in conjunction with the Senior Leadership Team to ensure all school personnel, pupils and parents are aware of and comply with this policy;
- ensure risk assessments are:
 - ☐ in place and cover all aspects of this policy;
 - ☐ accurate and suitable;
 - ☐ reviewed annually;
 - ☐ easily available for all school personnel.
- have in place the following health and safety control measures:
 - ☐ Policy published on school website and school handbook.
 - ☐ School personnel aware of school policy via induction training and staff handbook.
 - ☐ Parents reminded that they must inform the school if medications are sent to school with their child.
 - ☐ Parents must sign a form stating the medication, dosage and times of administration.
 - ☐ Named person(s) in place to oversee the administration of medications to pupils.
 - ☐ Medications securely stored in the designated medical room.
 - ☐ Records kept of medications sent to school and when medications were administered and by whom.
 - ☐ Named person(s) trained in and follow correct procedures.
 - ☐ Named persons achieve an expected level of competency after a period of training;
 - ☐ Ensure school personnel only work with pupils if medical advice confirms that the medication that they are taking is unlikely to impair that person's ability to care and look after pupils;
- ensure all school personnel, pupils and parents are aware of and comply with this policy;
- ensure designated persons undertake suitable and sufficient training;
- ensure designated persons achieve an expected level of competency after a period of training;
- ensure the administration of prescribed medicines by putting into practice effective strategies and examples of good practice;
- work closely with the link governor;
- provide leadership and vision in respect of equality;
- provide guidance, support and training to all staff;

- monitor the effectiveness of this policy by speaking with pupils, school personnel, parents and governors;
- annually report to the Governing Body on the success and development of this policy.

ROLE OF THE DESIGNATED PERSONS

Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- undertake appropriate training;
- be up to date with the Individual health care plans for those pupils with specific medical needs or emergency medication such as asthma inhalers or epipens;
- be aware of individual health care plans and of symptoms which may require emergency action;
- read and check the medical consent forms before administering or supervising the taking of medicines;
- check that the medication belongs to the named pupil;
- check that the medication is within the expiry date;
- inform the parent if the medication has reached its expiry date;
- confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage;
- record on the medication record all relevant details of when medication was given;
- return medications to the secure cabinet for storage;
- always take appropriate hygiene precautions;
- record when a child refuses to take medication;
- immediately inform the parent/carer of this refusal.

ROLE OF THE COORDINATOR

The coordinator will:

- lead the development of this policy throughout the school;
- work closely with the headteacher, designated persons and the nominated governor;
- ensure the following information is supplied by the parent/carer:
 - ☐ Name and date of birth of the child.
 - ☐ Name and contact details of the parent/carer.
 - ☐ Name and contact details of GP.
 - ☐ Name of medicines.
 - ☐ Details of prescribed dosage.

- ☐ Date and time of last dosage given.
- ☐ Consent given by parent/carer for staff to administer medication.
- ☐ Expiry date of medication.
- ☐ Storage details.
 - ensure all medications are kept in a secure place and accessible only to the designated persons;
 - ensure all medications are kept cool in a small secure fridge;
 - provide guidance and support to all staff;
 - ensure a designated person will attend all educational visits in order to administer medications;
 - ensure pupils have immediate access to asthma inhalers during sporting activities in the school day and during extra-curricular clubs;
 - provide training for all staff on induction and when the need arises;
 - keep up to date with new developments and resources;
 - review and monitor;
 - annually report to the governing body on the success and development of this policy.

ROLE OF SCHOOL PERSONNEL

School personnel must:

- ensure a safe and healthy working environment for all pupils and other school personnel;
- be aware that they have the right to decline administering medicines to pupils;
- not be under the influence of alcohol or any other substance which may affect their ability to care for children;
- seek medical advice if they are taking medication which may affect their ability to care for children;
- inform the headteacher or their line manager if they are taking prescribed medication;
- ensure all prescribed medication on the school premises for either pupils or school personnel is securely stored away and out of the reach of pupils at all times;
- comply with all aspects of this policy;
- implement the school's equalities policy and schemes;
- report and deal with all incidents of discrimination;
- attend appropriate training sessions on equality;
- report any concerns they have on any aspect of the school community.

ROLE OF PUPILS

Pupils will:

- be aware of and comply with this policy;
- be aware of the designated school personnel who can administer medications;

- listen carefully to all instructions given by the teacher;
- ask for further help if they do not understand;
- support the school Code of Conduct and guidance necessary to ensure the smooth running of the school;
- liaise with the school council;
- take part in questionnaires and surveys.

ROLE OF PARENTS

Parents/carers must provide:

- written permission by completing the Medication Consent Form;
- sufficient medical information on their child's medical condition;
- the medication in its original container;
- sufficient medicine for the dosage to be given in school.

RAISING AWARENESS OF THIS POLICY

We will raise awareness of this policy via:

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|---|---|
| ▪ School handbook/prospectus; | ▪ Headteacher reports to the governing body; |
| ▪ School website; | ▪ Information displays in the main school entrance; |
| ▪ Staff handbook; | ▪ Text messages; |
| ▪ Meetings with parents such as introductory, transition, parent-teacher consultations and periodic curriculum workshops; | ▪ Email; |
| ▪ School events; | ▪ Social media: |
| ▪ Meetings with school personnel; | <input type="checkbox"/> Facebook |
| ▪ Written communications with home such as weekly newsletters and of end of half term newsletters; | <input type="checkbox"/> Twitter |
| ▪ Annual report to parents; | <input type="checkbox"/> Virtual pin boards |
| | <input type="checkbox"/> School blog |

TRAINING

We ensure all school designated personnel in each phase group:

- have received the appropriate training on all safeguarding policies and procedures undertaken by a registered training provider;
- are familiar with the following documentation:
 - Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges
 - Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children;
 - are aware of the following linked policies:

<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Medical and First Aid	<input type="checkbox"/> Sharps and Needles
<input type="checkbox"/> Asthma	<input type="checkbox"/> Manual Handling
<input type="checkbox"/> Diabetes	
- the content of all training is correct, delivered well and engages staff as we believe that the more engaging training is, the better the outcomes that we need to measure;
- that we have in place data that evidences staff understanding by using a simple short multiple-choice test through one of the following applications such as Google Forms, Microsoft Forms, Kahoot or SurveyMonkey;
- that we have in place evidence for all staff that:
 - ✓ highlights the knowledge gaps in the training;
 - ✓ shows how those knowledge gaps were corrected
- all school personnel understand and undertake their role in safeguarding and child protection effectively

SAFEGUARDING

We are committed to safeguarding and promoting the welfare of all children as the safety and protection of children is of paramount importance to everyone in this school. We work hard to create a culture of vigilance and at all times we will ensure what is best in the interests of all children.

We believe that all children have the right to be safe in our society. We recognise that we have a duty to ensure arrangements are in place for safeguarding and promoting the welfare of children by creating a positive school atmosphere through our teaching and learning, pastoral support and care for both pupils and school personnel, training for school personnel and with working with parents. We teach all our children about safeguarding.

We work hard to ensure that everyone keeps careful watch throughout the school and in everything we do for possible dangers or difficulties. We want all children to feel safe at all times. We want to hear

their views of how we can improve all aspects of safeguarding and from the evidence gained we put into place all necessary improvements.

EQUALITY IMPACT STATEMENT

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

RACE DISPARITY AUDIT

We acknowledge the findings of the Race Disparity Audit that clearly shows how people of different ethnicities are treated across the public services of health, education, employment and the criminal justice system.

The educational section of the audit that covers: differences by region; attainment and economic disadvantage; exclusions and abuse; and destinations, has a significant importance for the strategic planning of this school.

MANAGEMENT AND ORGANISATION

There are an increasing number of children attending Corpus Christi School 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 medication.

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. A designate member of staff is responsible for 1st Aid issues.

Children with medical conditions requiring medication, such as Epi Pens or inhalers, and other vulnerable children such as those children with sickle cell, have their photo displayed in 1st Aid areas and in the staff work room.

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 instructions are given on the medication to be administered to their child.

- ✓ Parents should always complete a “Request for a school to administer medication” form available from the school office giving information including the child’s name and class, clear instructions on the dose, time to be taken, taken before or after a meal and for what period.
- ✓ Medication must be in its original packaging including the prescriber’s instructions. Only the prescribed dose will be administered.
- ✓ The form should be signed by the parent or guardian and retained in the school office for reference by staff involved.

LABELLED CONTAINER/FORM

1. Pupils name
2. Contact details of parent/carer
3. Contact details GP
4. Name of medication
5. Prescribed dose
6. Frequency of dose
7. Date(s) of dispensing
8. Storage requirements
9. Expiry date
10. Possible side effects

- ✓ In cases where the child’s medical needs may be greater than those of their peers, the Headteacher may request that an individual Healthcare Plan be prepared if applicable by the school nurse. In such cases, consultations on the Plan will include the school, health service practitioners (i.e. school nurse) and the parents/guardians. This will also clarify the extent of responsibility taken by the school. Procedures should be in place before the child starts a new term. Where transition arrangements are needed, arrangements should be in place within two weeks.
- ✓ 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, 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 required 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. The designated lead member of staff for 1st Aid will liaise with parents/carers
- ✓ 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 i.e. in the child's homework diary and in the Medication Record Book. All medication administered must be recorded and witnessed by another member of staff.

MEMBERS OF STAFF AVAILABLE FOR ADMINISTERING MEDICINES AND DRUGS:

Members of staff available for administering medication.

Medication Manager: Miss O'Rourke

Designated members of staff:

EYFS Mrs Channer & Mrs Powell

KS1 Mrs Duffy & Ms L Murnin

Lower KS2 Ms T Murnin & Mrs S Giles

Upper KS2 Mrs Cole, Mrs Smart, Ms O'Rourke

Additional staff: Mrs Tatton & Mrs Connery

Each phase group medication

area has its own lockable medication cabinet and fridge. Mrs Tatton will log the doses given.

Designated medication areas are:

EYFS-Outside Reception classes

KS1-Outside Classes 3 and 4

Lower KS2 Outside Class 9

Upper KS2 Outside Holy Family Room

Other members of staff available to administer emergency medication:

Mrs Tatton, Mrs Connery, Mrs Smart.

We ensure that staff who administer medication:

- ✓ Are trained in 1st aid
- ✓ Will attend periodic refresher training
- ✓ Follow school nursing service updated advice on administering medication
- ✓ Are familiar with the Individual Health Care Plans of pupils
- ✓ Understand safe use and storage of medications
- ✓ Know what to do in an emergency
- ✓ Are aware that allergy management strategies are incorporated into risk assessments for school events, educational visits and sporting events

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. If the parent or carer requests that the school administer prescribed medication, the Headteacher will allow this on the condition that the school's Permission to Dispense Medication Form is completed and signed by the parent. If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication.

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 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.

TAKING MEDICATION ON SCHOOL TRIPS

It may be necessary to take medication for pupils on a school trip, i.e. EpiPen, Inhalers or Epilepsy emergency medication. This medication must be logged in and out of school. 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. A separate medication form needs to be completed for school journeys, as prescriptions may have altered.

INHALERS FOR ASTHMA

The Headteacher has agreed that, when appropriate, pupils in Key Stage 2 should assume responsibility for their own inhalers. It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.

In the case of pupils in Early Years and Key Stage 1 the school can supervise the child using the inhaler. The inhaler should be given to the class teacher or kept in the School office and written instructions given. As before, all inhalers should be regularly renewed and collected at the end of the school year. They must be available for all sporting activities, including extra curricular clubs.

We can purchase spare adrenaline auto-injectors such as EpiPen, Jext or Emerade for use on children with serious allergies in emergencies. We acknowledge that these spare devices can only be used on pupils at risk of anaphylaxis (a life-threatening allergic reaction) where consent from doctors and parents has already been obtained. We believe that parents will now feel more confident about their children's safety during school time knowing that we have in place spare adrenaline auto-injectors.

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. Antibiotics should be stored in a small secure fridge.

DIABETES

Most children in school will have Type 1 diabetes, which is a serious, lifelong condition where your blood glucose level is too high because your body can't make a hormone called insulin. Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it is not managed. Parents should provide up-to-date information about their children's diabetes needs and all the supplies needed to manage diabetes in school. Children with diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo. Children with diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves as they become more independent.

The school will monitor pupils with diabetes in accordance with their care plan, created by the school and agreed by a parent. 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.

EPILEPSY

The school will monitor pupils with epilepsy in accordance with their care plan, created by the school and agreed by a parent. Most children with epilepsy are treated with anti-convulsants to prevent or reduce their seizures. It is not normally necessary for them to take this medicine during school hours. Where medication does need to be taken during the school day, staff will be trained to administer. Medication given will be logged and reported. If staff notice that a child's seizures are on the increase, or that they appear sleepy, inattentive or hyperactive, they may need to have adjustments made to their medication. Such concerns should be discussed with the child's parents who can take the necessary steps to inform the appropriate medical staff. It is important that as far as possible, children with epilepsy are included in all school activities. However, particular care may be required in specific areas, such as swimming lessons, technology or science practicals. In PE lessons it would be unwise, for example, to allow a child with epilepsy to climb ropes or wall bars. Any safety concerns should be addressed as part of the child's individual care plan. Number of factors may increase the likelihood of a child having a seizure. They can include:

- anxiety or stress
- tiredness
- being unwell
- flashing or flickering lights
- certain geometric shapes or patterns.

Details of the types of triggers likely to affect an individual child should be detailed on their individual care plan so that staff can be aware of the need for care with particular activities. Most children with epilepsy do not have a problem using computers or watching television.

If a child has a seizure, teachers should observe the following guidelines, in addition to any specific advice given in the child's individual care plan:

- Remain calm and reassure others in the class.
- Ensure that the child cannot harm themselves.
- Only move the child if there is a danger of, for example, sharp or hot objects or electrical appliances.
- Cushion the head with something soft, eg a folded jacket.
- Do not attempt to restrict the child's movements..
- Do not put anything in the child's mouth, including food or drink.
- Loosen any tight clothing around the neck (care is needed not to frighten or alarm the child).
- Once a convulsive seizure has stopped, place the child in the recovery position and remain with the child until they are fully recovered.
- Re-assure the child and allow to rest and/or sleep as necessary, in a supervised, quiet place such as a medical room.

An ambulance should be called if:

- it is the child's first seizure
- the child is badly injured
- they are experiencing breathing difficulties
- the seizure lasts for longer than the period set out in the child's health care plan
- the seizure lasts for longer than five minutes, and you do not know how long the child's seizures usually last
- there are repeated seizures, unless the child's care plan states that this is normal for that child.

MAINTENANCE OF 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.

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.

School should inform parents to update their child's medication half a term before the expiry date. If this does not happen, referral will be made to the school nurse. All medication needs to be stored inside a Tupperware box with the child's care plan.

NUT ALLERGIES/ANAPHYLAXIS PROCEDURES

Medication for the treatment of nut 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. An annual review to check expiry dates will be carried out by the school nurse but it is the parental/carers responsibility to check expiry dates and provide 2 Epi-Pens from their child's GP. The school will hold emergency epi pens for diagnosed children.

In the case of medication administered by staff, i.e. use of an EpiPen, proper training will be provided by the school nurse and parents will need to complete a medication form accepting responsibility. The school will administer the Epi-Pen in an emergency situation, as they will be acting in the best interest of the child.

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 of 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 medication must be stored in the designated medication areas i.e. the secure medication cupboard in the school office or the office fridge (depending on prescriber's instructions.) EpiPens and Inhalers should be readily available and not locked away (on top of medication cupboard in school office.) These will be stored in the orange Emergency Rucksacks located in each class. The rucksack is to be taken out when there is an emergency evacuation. Some children have EpiPen/Inhalers in their classrooms in accordance with the recommendation of their care plan.

DISPOSAL OF MEDICINES

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a Pharmacy for safe disposal. Where old medication containers are dispensed, this take place in the sanitary bins in the ladies cloakrooms.

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 and dose to be administered.
 - Prescribed dose will not be exceeded without written permission from a medical professional. Any changes to the dose will need to be received by a medical professional in writing
 - All medication given must be recorded and witnessed in Medication Record book. Appropriate staff need to be aware of a child's medical needs.
 - It will be the parent / carers responsibility to collect medication at the end of each school day where necessary.
 - Medication being taken out of school on trips or visits must be logged in and out with the school office and be the responsibility of a member of staff at all times.
- A medical form will be completed for each trip.

MONITORING THE IMPLEMENTATION AND EFFECTIVENESS OF THE POLICY

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Headteacher and the nominated governor.

A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the Governing Body for further discussion and endorsement.

Linked Policies:

- | | |
|----------------------------|----------------------------------|
| ▪ Asthma | ▪ Manual Handling |
| ▪ Diabetes | ▪ Medical and First Aid |
| ▪ Epilepsy | ▪ Risk Management and Assessment |
| ▪ Health and Safety | ▪ Sharps and Needles |
| ▪ Alcohol and Drugs Misuse | |

See Appendices Documents section

- Frequency of Policy Monitoring
- Monitoring Implementation and Policy Effectiveness Action Plan
- Initial Equality Impact Assessment
- Policy Evaluation
- Policy Approval Form

FORM 1**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medicine

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth ____ / ____ / ____ M ☐ F ☐

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use:

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self-Administration

Yes/No (delete as appropriate)

~~Procedures to take in an Emergency~~

Contact Details

Name _____

Phone No: (home/mobile)

(work)

Relationship to Pupil

Address _____

I understand that I must deliver the medicine personally to _____

(agreed member of staff) and accept that this is a service, which the school is not obliged to undertake.

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

Signature(s) _____ **Date** _____

Agreement of Headteacher

I agree that _____ (name of child) will receive

_____ (quantity and name of medicine) every day at

_____ (time(s) medicine to be administered eg lunchtime or afternoon break).

This child will be given/supervised whilst he/she takes their medication by

_____ (name of staff member)

This arrangement will continue until _____ (either end date of course of medicine or until instructed by parents)

Signed _____ **Date** _____

(The headteacher/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

FORM 2



Medication Log

School Day/School Journey/Day Trip (Delete as appropriate)

FORM 2

Name of child _____

Date of medicine provided by parent ____/____/____

Group/class/form _____

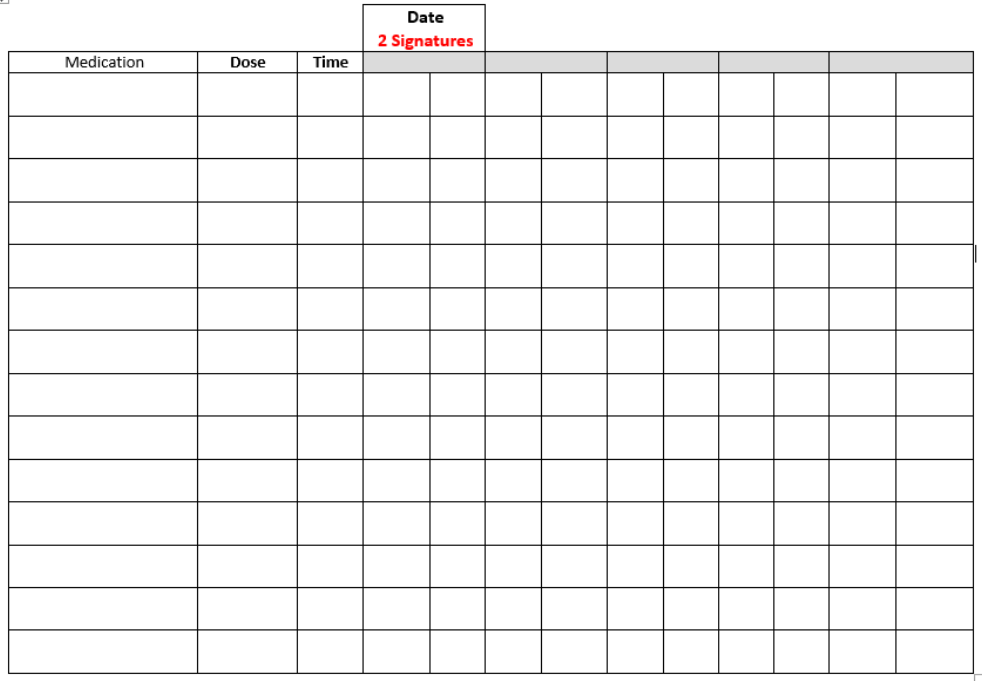
Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____



EpiPen®

Child's Name: _____

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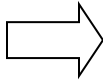
Allergic to: _____

Send someone to get the emergency kit, which is kept in:

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER
RAPIDLY AS A REACTION DEVELOPS**

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

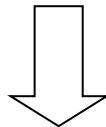


ACTION

- Give _____
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

‘ANAPHYLACTIC REACTION’

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.

6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Head teacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviseline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/