

# Supporting Children with Medical Needs Policy 2023



JERICO PRIMARY SCHOOL  
POLICY 24

Roles	
Head teacher:	Mr James Blackwell
SENDCo:	Mrs Laura Ball

Approved	

## REVIEW SHEET

Each entry in the table below summarises the changes to this policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Very minor tweaks to include topical medicines where oral is mentioned and clarify the acceptance procedure for non-prescription medicines.	June 2015
4	New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review.	November 2015
5	Updated reference DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' resulting in only 1 change in <b>Section 3.1</b> a new bullet point about LAs, CCGs and service providers (3 <sup>rd</sup> one down). <b>Revised Appendix B:</b> IHCP with space for other people involved in the development to sign if they want to or there is a need. <b>New Appendix C2:</b> a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
6	Links to DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' updated.	September 2016
7	Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service.	May 2017
8	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	November 2018
9	Revised to take into account the forthcoming changes to Cumbria Safeguarding Children Partnership (CSCP) which replaces Cumbria Local Safeguarding Children Board (LSCB) from 29 September 2019. Updated links to ' <i>Guidance on the use of emergency Salbutamol inhalers in schools</i> ' March 2015.	September 2019
10	Updated to take account of LA statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs'. The addition of the updates will assist in meeting the requirements for schools to have a statutory Policy (incorporated within this Policy) for Children with health needs who cannot attend school.	November 2019
11	No legal or significant policy changes. Minor updates: S2 clearer statement of understanding about LA duties; S3.2 new example statement to choose; S4.2 new example wording on re-integration if you struggled to write something simple; S4.5 made guidance text simpler and turned it into example text with a new statement choice.	September 2020
12	No legal or significant policy changes. Major updates throughout to significantly cut content but more clearly express procedures & current good practice expected from staff. Updates to template forms to identify when a medicine is a controlled drug and requires a witness. New text in section 4.8 covering records retention. New references to new Asthma and Anaphylaxis Procedures.	November 2021
13	Reviewed as still current requiring no legal or significant policy changes. Minor content updates to reflect the separation of appendices from the main document for ease of use. Significantly updated and removed appendices include the 999 Flowchart/poster (now more useful as a poster including w3w or other options, Forms A-C3 (gender category now sex and option to add pronouns included), Forms D1 & D2 with clearer expectations,	September 2022

	Emergency Salbutamol use letter (now 3 slips to one sheet and includes an option to notify parents of a child's self-administration of their own inhaler as recommended by Asthma UK), and the Parent Invite to IHCP meeting (now includes the suggestion that parents add things to an enclosed blank IHCP to bring to the meeting). Login to <a href="http://www.kymallanhsc.co.uk">www.kymallanhsc.co.uk</a> and click on the links on the contents page to download them.	
14	Reviewed. No legal or significant policy changes required. Links updated including to the new KAHub <a href="http://www.kymallanhub.co.uk">www.kymallanhub.co.uk</a> and added 3 advisories where, if using our <b>V3 model Administration of Medicines Procedures</b> , cuts can be made to this policy and the others referred to instead (managing medicines, Salbutamol, and AAI's) new since this policy was last reviewed by KAHSC.	September 2023
15	Updated procedures for administration and managing medication in school	Jan 2024

## Contents

1	Definitions .....	1
2	Statement of Intent .....	1
3	Organisation .....	1
3.1	The governing body .....	1
3.2	The Head teacher .....	2
3.3	School staff .....	2
3.4	Pupils .....	2
3.5	Parents and carers.....	2
3.6	School nurses.....	3
3.7	Integrated Care Boards (ICBs) .....	3
3.8	Other healthcare professionals .....	3
3.9	Providers of health services .....	3
3.10	Local authorities .....	3
3.11	Ofsted .....	3
4	Arrangements and Procedures.....	4
4.1	Notification that a pupil has a medical condition .....	4
4.2	School attendance and re-integration .....	4
4.3	Individual Healthcare Plans (IHCP) .....	4
4.4	Pupils managing their own medical conditions.....	5
4.5	Training.....	6
4.6	Supply staff .....	7
4.7	Managing medicines.....	7
4.8	Record keeping and retention.....	8
4.9	Emergency procedures.....	9
4.10	Salbutamol inhalers .....	9
4.11	Allergens.....	9
4.11.1	School meal and wrap around care providers.....	10
4.11.2	Other food handlers .....	10
4.11.3	Steps to reduce anaphylaxis risks.....	10
4.12	Adrenaline Auto Injectors (AAI).....	11
4.13	Day trips, residential visits, and sporting activities .....	11
4.14	Other arrangements .....	12
4.14.1	Home to school transport.....	<b>Error! Bookmark not defined.</b>
4.14.2	Defibrillators .....	12
4.15	Unacceptable practice.....	12
4.16	Insurance .....	12
4.17	Complaints.....	13

Flowchart: [Developing an Individual Healthcare Plan \(IHCP\)](#)

Notice: [Summoning Emergency Services](#)

## 1 Definitions

For the purposes of this document a child, young person, pupil, or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g., carers, legal guardians etc.

## 2 Statement of Intent

The governing body of Jericho Primary School has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this Policy and procedures is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, schools sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document ['Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'](#), will be reviewed regularly, and made accessible to pupils, parents, staff, and other adults as appropriate.

This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that pupils can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some pupils with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health, and Care (EHC) plan in place bringing together provision to manage all of them. For these pupils, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document ['Special Educational Needs and Disability: Code of Practice 0-25 Years'](#).

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents.

## 3 Organisation

### 3.1 The governing body

The whole governing body and not any one person is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school.

Governors will ensure that:

- Pupils with medical conditions can access and enjoy the same opportunities as any other pupil.
- No pupil with a medical condition is denied admission because arrangements to manage their medical condition have not been made.
- No pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease.

<sup>1</sup> The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

<sup>2</sup> Governing Bodies, Proprietors and Management Committees free to determine – DfE recommend annually

- Work with the LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education is effective.
- Pupils are reintegrated effectively following long-term or frequent absence.
- The focus is on the individual needs of each pupil and what support is required to support them.
- Parents/carers and pupils can be confident in the school's ability to provide effective support.
- All members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Policies, plans, procedures, and systems are properly and effectively implemented.

Our Lead Governor for supporting pupils at school with medical conditions is Natalie Appleton,

### 3.2 The Head teacher

The Head teacher has a responsibility to ensure this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCPs and will implement arrangements to ensure that:

- this Policy is effectively communicated and implemented with all stakeholders.
- all staff are aware of this Policy and procedures and understand their role;
- enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations;
- staff are appropriately insured and aware of the insurance arrangements;
- recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered;
- there is a named person (usually the SENDCo) who will liaise with the LA, parents, and other professionals in relation to children with health needs;
- professional medical support is sought where a pupil with a medical condition requires support that has not yet been identified.

### 3.3 School staff

Every member of school staff:

- may be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so;
- should consider the needs of pupils with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines;
- will receive enough training to achieve the required level of competency before taking specific responsibility for supporting pupils with medical conditions;
- will know the signs when a pupil with a medical condition needs help and what to do in response.

### 3.4 Pupils

Pupils with medical conditions are often best placed to provide information about how they affect them. All pupils should:

- be fully involved in discussions about their medical support needs if they have any;
- contribute to the development of their IHCP, if they need one, and follow it;
- be sensitive to the needs of all pupils with medical conditions.

### 3.5 Parents and carers

Parents and carers are key partners in the success of this Policy and should:

- notify the school if their child has a medical condition;
- provide enough up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHCP;
- carry out any agreed actions in the IHCP;
- ensure that they, or another nominated adult, are contactable at all times.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)



### 3.6 School nurses

The school nursing service should:

- notify school at the earliest opportunity, when a pupil has been identified as having a medical condition requiring support in school;
- support staff to implement IHCPs and provide advice and training;
- liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

### 3.7 Integrated Care Boards (ICBs)

The role of ICBs is to:

- ensure commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions;
- make joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- are responsive to LAs and schools looking to improve links between health services and schools;
- provide clinical support for pupils who have long-term conditions and disabilities;
- ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### 3.8 Other healthcare professionals

Other healthcare professionals, including GPs and paediatricians should:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- provide advice on developing IHCPs;
- provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., asthma, diabetes, anaphylaxis, and epilepsy.

### 3.9 Providers of health services

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

### 3.10 Local authorities

Our Local Authority (LA):

- commissions school nurses for local schools;
- promotes co-operation between relevant partners;
- makes joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered;
- works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

### 3.11 Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social, and cultural development.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

## 4 Arrangements and Procedures

### 4.1 Notification that a pupil has a medical condition

When the school is notified that a pupil has a medical condition that requires support in school, the Headteacher and SENCO will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP.

For a pupil starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins this school mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put in place within two weeks.

For pupils leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process.

School does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Head teacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

### 4.2 School attendance and re-integration

After a period of absence through ill health, hospital education or other alternative provision there will be a period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities;
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff;
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school;
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence;
- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

### 4.3 Individual Healthcare Plans (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head teacher makes the final decision.

The IHCP is a working document that will help school effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments;

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

- the pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen. crowds, distance between lessons etc.);
- specific support for the pupil's educational, social, and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, including in emergencies;
- whether a child can self-manage their medicine and how this can be supported;
- who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively;
- cover arrangements for when named supporting staff are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities,
- arrangements for written permission from parents and the Head teacher for the school supply of emergency salbutamol or adrenaline to be administered by a member of staff, or self-administered by the pupil in an emergency during school hours or activities;
- separate arrangements or procedures required for school trips and activities e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

#### **4.4 Pupils managing their own medical conditions**

After discussion with parents, pupils who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

Where possible pupils will be allowed to carry their own medicines and relevant devices. If not, they will be able to access them quickly and easily.

If a pupil refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This may trigger a review of the IHCP.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

## 4.5 Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

**All staff will undergo 'whole school awareness' training** on induction and regularly to be delivered at school by Health and Safety Coordinator, lead first aider and our SENCO. It will cover:

- current school Policy on supporting pupils with medical conditions;
- the role of staff in implementing it;
- whether any of our pupils have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support as yet undiagnosed pupils;
- how to spot a pupil experiencing an emergency;
- what to do in an emergency;
- how to find more information and resources.

**Staff who administer simple oral or topical medicines will undergo 'administration awareness' training** to be delivered at school by the lead first aider before being asked to do so. The lead first aider will have received training on how to administer medication and there will train staff appropriately. It will cover:

- an awareness of school procedures around Fabricated or Induced Illness (FII);
- whether different procedures apply in different locations and where to find the written checklist displayed in each one;
- hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again; washing hands between each pupil if administering to more than one;
- pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.;
- recording procedures.

**Designated staff will undergo 'specific awareness' training** on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- responding appropriately to a request for help from another member of our staff;
- administering the medicines or procedures;

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

- recognising when emergency action is necessary;
- making appropriate records; and
- ensuring parents are informed (see links to letters and the IHCP on the contents page).

Our Health and Safety Leader records all training as necessary.

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice they will never be relied on as the sole source of advice.

#### 4.6 Supply staff

Supply staff will be:

- provided with access to this policy and procedures;
- informed of all relevant medical conditions of pupils they will have a responsibility for;
- covered under the school's insurance arrangements.

#### 4.7 Managing medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and it would be detrimental to the pupil's health or school attendance not to do so**. Such medicines can be prescription or non-prescription.

In managing the administration of medication we will adapt the following:

- We will not give pupils under 16 a medicine containing aspirin unless prescribed by a doctor.
- We will not administer herbal medication with a prescription from a doctor.
- We will gain written consent for all medication – prescription and non-prescription before administering medication.
- When administering pain relief – we will:
  - Contact parents prior to administration (where possible).
  - Check maximum dosages and
  - Check when the previous does was taken.
- We will only accept medicines that are
  - In-date
  - Labelled
  - In the original container as dispensed by a pharmacist or sold over the counter.
  - Contain instructions supplied with the medicine.
  - Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Staff will read medication leaflet carefully so that they understand what they should do next if they have made a mistake in administering the medication e.g under/over dose.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions.
- For medicines such as inhalers, pupils must know where their medicine is at all times so that they know how to access them if needed.
- When medicines are no longer required, they are returned to parents for safe disposal.
- Sharps boxes are always used for the disposal of needles and other sharps.
- The school asthma inhaler for emergency use are stored in the **School Office** and their use is recorded. Inhalers are always used in line with medical guidance.
- The school adrenaline auto-injector(s) for emergency use are stored in the **School Office** and their use is recorded. AAI's are always used in line with medical guidance and specific training.

#### **Controlled drugs**

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

#### 4.8 Procedure for administration and record keeping/retention

Before any medication is given, staff must ensure that written consent has been gained for all medication that will be administered.

All medication administered in school must be overseen by our two Nominated First Aiders (NFA) – Claire Nicholson and Georgia Hunter. The administration of all medication must be overseen by **2** members of staff. One must be one of our **NFA**.

School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a pupil's medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record see **Form 1 Single Medication**.

When a pupil is given a more than one medicine e.g., pain relief and controlled drugs, it will be recorded on **Form 2- Multiple Medications**.

When a pupil is given general medication – e.g. pain relief and parents have given consent, this will be recorded on the schools central **General Form (Form 3)**

To ensure that only eligible and appropriately identified pupils are given the school's emergency salbutamol asthma reliever inhaler and/or AAI, a register of such pupils will be kept in each emergency kit.

When a pupil is given the school emergency inhaler or school emergency AAI, it will be recorded on the relevant general record card in the relevant kit (see contents page for links to Forms E2 and E3). Parents should be informed about use of an asthma reliever inhaler using the Letter: Emergency Salbutamol Inhaler Use - see contents page for the link to a template with 3 slips to a page).

When a pupil has needed to use the school emergency AAI, parents will be informed immediately by telephone or another agreed instant communication method, and a record made.

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should be held in a separate file to the pupil file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, like Forms 1,2,3, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

## 4.9 Emergency procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

## 4.10 Salbutamol inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with asthma and has developed separate Asthma Management Procedures to be followed.

In summary:

- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma register of all pupils prescribed a reliever inhaler will be kept the school office and our emergency asthma inhaler kits and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Whether use of a child's own asthma reliever inhaler should be recorded and reported to parents will be made clear in the IHCP/asthma plan.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has 2 emergency salbutamol inhaler kits in the staff room and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**
- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.

## 4.11 Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

This school is committed to supporting pupils who have been diagnosed with an allergy and has developed separate [Anaphylaxis Management Procedures](#) to be followed.

#### 4.11.1 School meal and wrap around care providers

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- properly labelling all foods they prepack;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

#### 4.11.2 Other food handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the [Major Food Allergens](#), so they can take it into account when planning any food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

Staff or volunteers working with food in play, the curriculum, or other school activities will receive sufficient instruction on and follow the good practice outlined in Section 4.11.1 above in managing exposure to allergens.

#### 4.11.3 Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks, and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to food-allergic children without parental engagement and permission e.g., birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)



- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

#### 4.12 Adrenaline Auto Injectors (AAI)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, governors have decided that keeping a supply **will** currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with anaphylaxis and has developed separate [Anaphylaxis Management Procedures](#) to be followed.

In summary:

- The administration of AAIs will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and also what to do if they believe help will not come fast enough.
- The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.
- Safe disposal arrangements are in place with sharps containers Staff Toilet
- An AAI register of all pupils prescribed an AAI will be supervised and located in a quiet area and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Every use of a child's own AAI will be recorded and reported to parents including:
  - Where and when the reaction took place
  - How much medicine was given and by whom.
- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.
- School has 2 emergency AAI kits in Staff room and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**
- A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.
- Designated staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency, as well as what to do if they believe help will not come fast enough.
- Parents will be informed whenever their child has used the school emergency AAI.

#### 4.13 Day trips, residential visits, and sporting activities

Through development and communication of the IHCP staff will be made aware of how a pupil's medical condition might impact on their participation in educational visits, sporting, or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers, and relevant medical professionals.

A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

## 4.14 Other arrangements

### 4.14.1 Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and the DfE has supported a campaign to install them in schools.

This school has an Automated External Defibrillator (AED) as part of our first aid equipment outside the plant room (at the front of the building) and the community does have access to it.

We followed government recommendations in the DfE guide [Automated external defibrillators \(AEDs\) in schools](#), current at the time we got it regarding the type of machine, kit, location, installation, signage, and systems of access we needed.

There is a monitoring and maintenance schedule to ensure we spot when the automatic testing detects a fault or when consumables like pads, or batteries etc. need to be replaced.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the device. All school staff have been given access to the instructions and an appropriate briefing on our procedures for using the AED.

The emergency services will always be called where an AED is used on a person or requires using.

The local NHS and ambulance service have been notified of its location.

## 4.15 Unacceptable practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments;
- prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

## 4.16 Insurance

School staff who agree to support pupils at school with their medical conditions and administer medicines are appropriately insured by the local authority to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time. The Insurance Policy wording is available on request from our school office.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

#### **4.17 Complaints**

If parents or pupils are unhappy with the support provided they should discuss their concerns directly with Laura Ball our Special Educational Needs Coordinator or Penny Leck our Health and Safety Leader.

If this does not resolve the issue, they can make a formal complaint through the normal school complaints procedure <https://www.jericho.cumbria.sch.uk/policies/> .

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

# PROCEDURES FOR THE ADMINISTRATION OF MEDICATION

Relevant roles held and by whom (correct at the time of publishing)	
<b>SENDCo:</b>	Mrs Laura Ball
<b>Designated Safeguarding Lead (DSL):</b>	Mrs Penny Leck
<b>First Aid / Medication Leads</b>	Mrs Claire Nicholson / Miss Georgia Hunter

<sup>1</sup>The Governors are free to determine how to implement.

<sup>2</sup>The Governing Body/Board of Trustees or Proprietor is free to determine review period. (DfE recommend annually)

## REVIEW SHEET

Each entry in the table below summarises the changes to these procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	February 2023
2	March 2023: New section on records and retention referring staff to Supporting Pupils... Policy.	March 2023
3	New section on different types of medicines including herbal remedies and policy decisions on some e.g., no aspirin for U16s without a prescription.	September 2023
4		
5		
6		
7		
8		
9		
10		

## 1. Purpose

This procedure provides the process for administering medicines to pupils when they are attending school or during school-related activities, in accordance with the advice of the pupil's prescribing medical practitioner or as an emergency response. Having clear, documented procedures to manage the administration of medicines facilitates safe systems of work that ensure pupil and staff safety and supports this school in meeting legislative requirements under Section 100 of the Children and Families Act 2014, the Medicines Act 1968, the Misuse of Drugs Act 1971, and workplace health & safety laws.

Pupils will be treated as individuals with due consideration given to their age, beliefs, opinions, experience, ability, cultural needs, and any other factors important to them such as preserving their dignity and privacy.

## 2. Who can administer medicines

Only staff who have been trained and assessed as competent can undertake the administration of medication at Jericho Primary School. At Jericho we have two nominated first aiders (NFA) who take the lead and oversee all administration of Medication. These are Claire Nicholson and Georgia Hunter. All administration must be overseen by 2 staff members, at least one must be a NFA. We will administer the following:

- topical medicines
- ear, eye, or nasal drops
- inhalers or other respiratory aerosol devices
- oral medicines (and additionally assessed for controlled drugs administration)
- invasive medicines e.g., adrenalin auto-injectors or other injection/intravenous devices, suppositories, or pessaries,
- personal oxygen supplies.

Staff administering a medicine need an understanding of what it is for, what the normal dosage is, precautions required such as "take with food", contra-indications to be aware of such as the effects of taking another drug that interacts with the medicine, and how to look for and report possible adverse effects (sometimes called side effects) the pupil may experience, including changes which may mean a pupil's clinicians should review their prescription.

If necessary, staff should seek advice from the prescriber, or a pharmacy professional if they have an issue with any checks they have carried out or if they are unsure what to do when administering a medicine. This is important for **all** medicines but is particularly important for those like insulin where a Boehringer Mannheim (BM) blood check must be carried out first and the results may affect the administration.

## 3. Types of medicine

### 3.1. Prescription

Prescription medicines are strictly controlled by law and can only be taken by the person they were prescribed for. It is both dangerous and illegal for anyone to take a medicine prescribed for someone else or to give a person someone else's prescription medicine.

This is also why schools and childminders must have written parental consent to administer medicines to anyone in their care who is under the age of 16.

We have strict guidelines on how we accept prescription medicines to avoid receiving the wrong one. Staff take particular care when a child shares the same name or same first name initials as someone else that they live or come into contact with where their medicines might be confused. There is also more than one check during administration that should ensure the medicines of a parent and child cannot be confused and an adult (over)dose be administered accidentally.

### 3.2. Non-prescription

It is appropriate for over-the-counter medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents.

However, every school has a statutory duty to protect the physical and mental health of pupils. This can include administering prescription or OTC medicines but also not administering them where there are significant **health or** safeguarding concerns.

All staff who administer medicines are trained to recognise and handle safeguarding concerns involving potential Fabricated and Induced Illness (FII). Any member of staff who has concerns about a potential case of FII must report it immediately to the DSL.

We will not administer Herbal or homeopathic remedies.

### 3.3. Policy decisions on some medicines

In line with national guidance, we have made several policy decisions on the administration of some medicines to pupils as follows.

Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. We will encourage the pupil to involve their parents while respecting their right to confidentiality.

Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.

Pain relief must not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief will be given.

The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.

We will not administer medicines covertly.

## 4. Receiving medicines

Medicines can only be received in school as agreed in each Individual Health Care Plan (IHCP) or as detailed in a Parental Consent to Administer Medicines Form.

Medicines must be hand delivered to the school office to a member of our administration team.

It is school policy only to accept the minimum quantity of a medicine necessary in school at any one time. This might require a daily delivery to school or monthly (no more than 20 school days' worth) depending on our risk assessment and what is reasonable. Sometimes a medicine must come to school and go home daily e.g., a refrigerated antibiotic oral liquid suspension.

Staff receiving medicines must check:

- There is explicit and valid written **parental consent** for the administration of this medicine to this pupil. If not, provide the appropriate form and check it *before* accepting the medicine.
- The name of **the pupil** on the prescription label (or written by parents or carers on the non-prescription medicine container) and/or the consent form match.
- The name of **the medicine** on the prescription label, and consent form, and packaging, and inside the packaging e.g., on the blister pack, bottle etc., all match, especially the strength of the medicine.
- **The expiry date** of the medicine has not passed. If the medicine is already open and it expires *before* the expiry date once opened (many oral liquid antibiotics, eardrops, and eyedrops):
  - check that the date it was first opened has been written on the container (if not ask for the date of opening to be written on it now)

- check that the medicine is not past its safe administration window (often 28 days from opening - look at the packaging or Patient Information Leaflet for information).
- If the pupil has **any allergies** that might affect or be affected by the medicine, or if they have had an adverse reaction to the medicine in the past.
- The prescription or **other directions** for administration are unambiguous and include as appropriate the name, form (or route of administration), strength, timing, and frequency of dose of to be administered, course start and finish dates and, where possible, the manufacturer's Patient Information Leaflet detailing known adverse effects and other important information.
  - Raise *any* ambiguities or concerns regarding the directions for administration of the medicine with parents or (sometimes and) the prescriber, or a pharmacy professional without delay.
  - Check that all necessary calculations have been done and the medicine is ready for administration e.g. packaging for an oral liquid suspension contains a suitable 5ml medicine spoon, oral syringe, or measuring cup. If a half tablet is required, check the tablets are already cut in half.
- Any specific **storage requirements** have been and will be reasonably maintained i.e., make sure medicines are put in the secure medical cabinet or fridge as soon as possible after receiving them.

Once checks have been done and the medicine is accepted, the office staff should ensure:

- the correct completed form is passed to Claire Nicholson (EYFS/KS1) or Georgia Hunter (KS2)
- the medicine is put away as soon as possible in the secure medicines store, and

A medicine must be returned to parents or carers:

- daily when it is a bottle of oral liquid suspension and the pupil needs to take it at home
- when it has expired
- when the packaging is damaged or improperly sealed
- when the medicine has been split and there is no way to store it safely, securely or hygienically, or
- when the course of treatment has ended.

Parents must collect all medication from the school office at home time or from the after-club play leader, if using our wrap around care. If the medicines are not collected, parents can try to contact school staff and can be given the medication by alternative staff members with the agreement of a member of the Senior Leadership Team. If the medicine is not collected it will remain in the recommended storage.

Staff returning medicines to parents and carers must ensure that any relevant tracking record is completed e.g., the signature sheet for the receipt and return of controlled drugs.

## 5. Refusing administration

Pupils can refuse the administration of medicines for a variety of reasons.

If a pupil refuses a medicine, staff must NEVER force them to take or use it. Parents must be contacted and a senior leader informed.

We will not administer medicines covertly.

## 6. Administering medicines

These procedures seek to ensure we achieve the five "rights" to the safe administration of medicines.

- Right person that we hold the right consent to administer to,
- Right medicine,
- Right dose,
- Right time,
- Right records.



## All medicines

The nominated first aider who has been trained and assessed as competent to do so will administer medication in line with the following procedures.

If they are unsure what to do at any stage when following this procedure or if the information checked does not match with expectations, they must **STOP**, not administer the medicine, and refer to a **senior leader** for advice before proceeding.

### Preparation

1. At all times there must be 2 members of staff who administer medication. 1 member of staff must be the nominated first aider. The other must be a witness. They must both agree the checks made, watch the dose being measured, and the medicine being taken, and to legibly sign the records.
2. All medications should be administered in the staff room where medication is stored.

### Administration

3. Thoroughly **wash and dry hands** and any necessary equipment e.g., medicine spoon, oral syringe, measuring cup, glass, tablet cutter.
4. If required, undertake other **preparations or infection control** procedures such as, preparing other necessary equipment, safely donning fresh Personal Protective Equipment (PPE) if needed in the circumstances.
5. Ensure **only ONE medicine is administered at a time**

### Establish the SIX RIGHTS of medicines administration

1. **Right pupil** – Check the pupil's identity and their IHCP for important information such as valid parental consent to administer *this* medicine to *this* pupil, whether self-administration has been assessed and agreed, is not agreed, or if agreement is being worked towards and further assessment is required, their allergy status, any preferred method of administration if there are options, whether they might refuse the medicine, adverse effects they have experienced before to be alert to etc.
2. **Right medicine**
  - Check the person's name on the prescription medicine label or the non-prescription medicine label written by parents or carers matches the pupil's name. Be vigilant in checking the date of birth of the patient on prescription labels with the pupil's when a parent or carer shares the same name as the pupil and the adult's prescription may have been handed to school in error.
  - Check the name of the medicine on the prescription label matches the name of the medicine in the IHCP and in the administration record, and that the name of the medicine on the external packaging *and* the blister pack or container inside also matches. Double check that the strength of the medicine matches to ensure it has not been mixed up with a much stronger version. This can happen when an adult in the household with the same name takes the same medicine and the wrong blister pack or container has been put back in the wrong packaging at home.
  - Check the physical state of the medicine, packaging, and labelling, noting ready to report any significant damage such as a pierced blister pack or cracked pill container, that the expiry date has not passed, and whether storage had been suitable i.e., it was in the fridge if it requires refrigeration. When a medicine has a different expiry date once opened, commonly eye, ear, or nasal drops and sprays, and most oral liquid suspensions, the date of opening should be written on the bottle and packaging where possible. Consult the packaging or Patient Information Leaflet for the expiry period from opening which is often 28 days but can be less so it must be checked. It is not good practice to calculate the expiry date from the date of opening and write it on the medicine in case it is confused for the opening date.

- Check the amount of medicine available is as expected and note how much will be left after administration. If there appears to be too much medicine available or not enough, **STOP**, do not administer the medicine yet. Re-check the records and the medicine store and refer to **senior leader** first if still unsure whether there has been a previous missed dose or if the due dose has already been taken *before* administering *this* dose of the medicine. Missing medicines, especially controlled drugs must be recorded **to a senior leader immediately**.
- 3. Right dose** – Check that the required dose matches all the relevant medicine-related records and any special instructions on the dispensing label e.g., “not to be given with milk or antacids” or “to be taken with food” etc. and take appropriate action.

NEVER dispense a medicine (take it from its original container) and give it to another member of staff, unless it will remain in sight the whole time and you and the witness can see the pupil take it.

- 4. Right time** – Check against the IHCP and the administration record that this medicine is for this pupil, that they are due to have it *now*, the dose they should be having, the normal frequency etc., that nothing has changed, and that the pupil has not already had it.

Giving a medicine too late or too early can have serious consequences for the way the medicine works and on the health or wellbeing of the pupil. This can include occasions when the timing of a dose interferes with how it should be taken, for example offering a pupil their medicine after lunch when it must be taken on an empty stomach. If a previous dose was too recent, there is also a danger of toxicity.

- 5. Right records** –

- Record on the administration record details of the medicine given, or that it was offered and refused, or that administration went wrong in some other way (see above).
- Record any other issues and trigger any action necessary e.g., notification to parents of insufficient pre-cut tablets.
- Ensure any witness to the procedure has signed the administration record.

## 7. Disposing of medicines

Our school policy is to return all unused medicines to parents and carers for proper disposal by them when necessary.

## 8. Records and retention

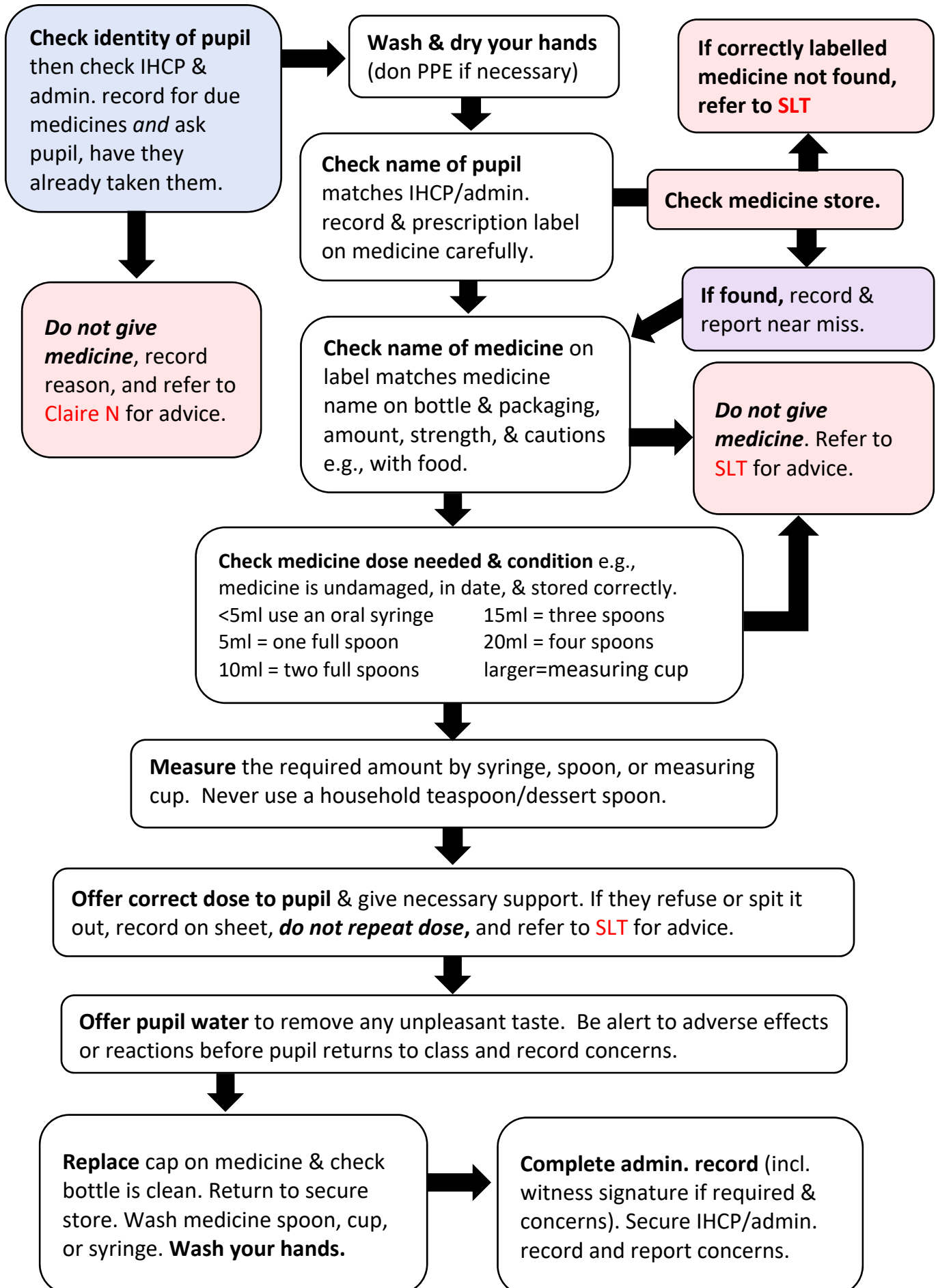
School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a pupil’s medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record see **Form 1 Single Medication**.

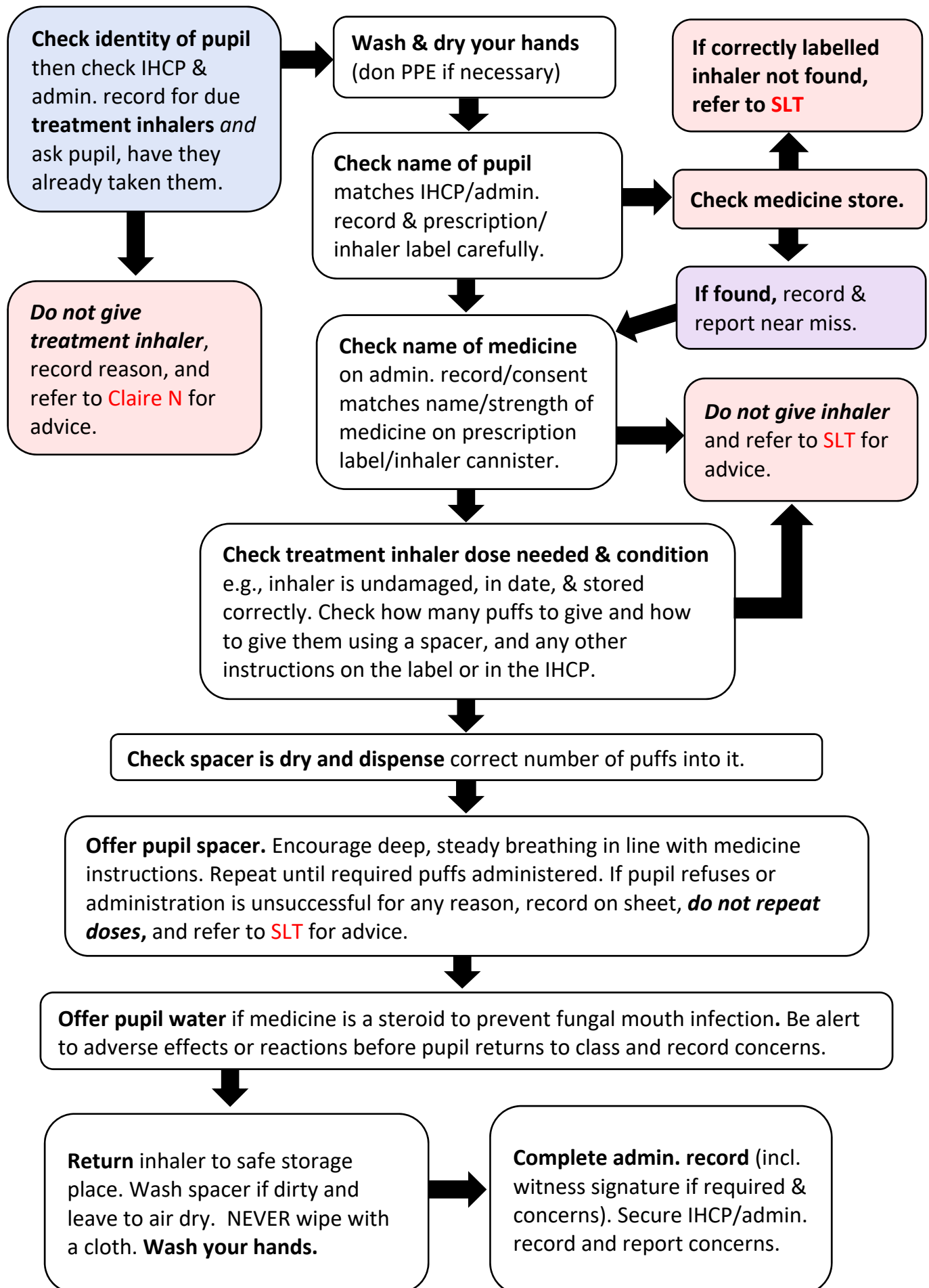
When a pupil is given a more than one medicine e.g., pain relief and controlled drugs, it will be recorded on **Form 2- Multiple Medications**.

When a pupil is given general medication – e.g. pain relief and parents have given consent, this will be recorded on the schools central **General Form (Form 3)**

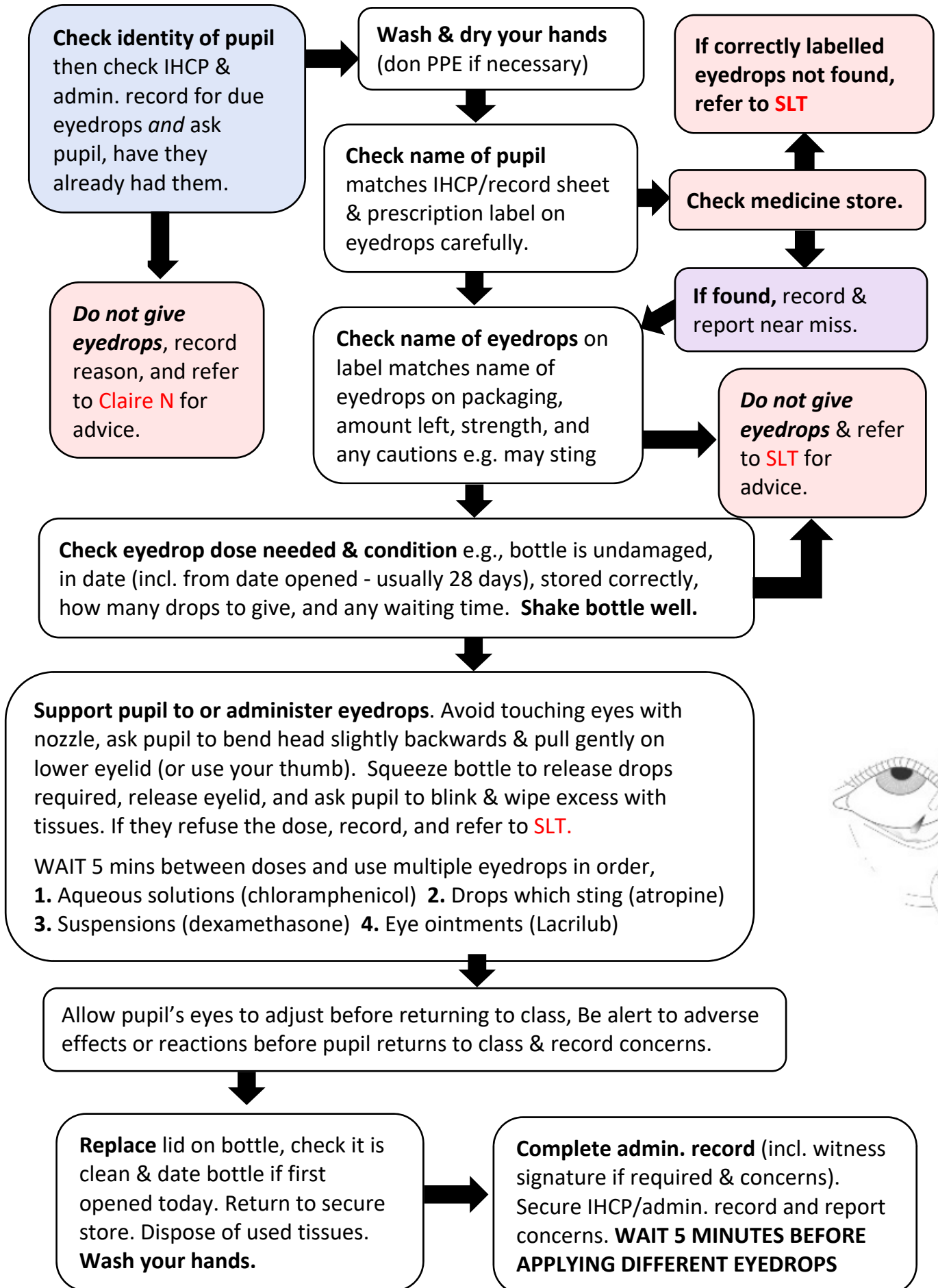
## Administering Oral Liquids (by mouth) Flowchart



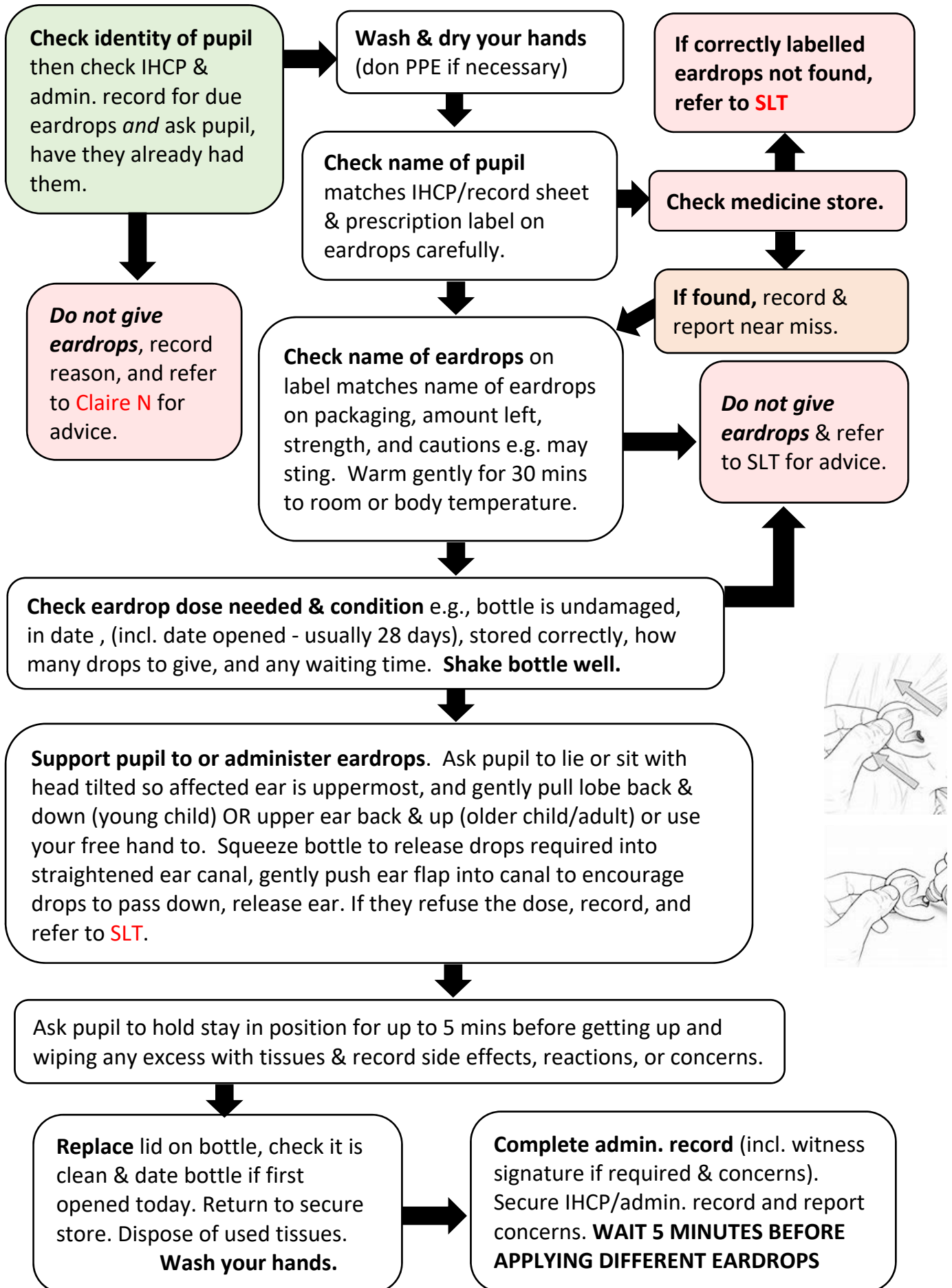
## Administering Treatment Inhalers Flowchart



## Administering Eyedrops Flowchart



## Administering Eardrops Flowchart



## 5 Controlled Drugs Admin. (all forms) Flowchart

