



IMPERIAL AVENUE INFANT SCHOOL

Medicines Policy

Policy Date:	Spring 2025		
Policy Review Date:	Spring 2026	Head Teacher Miss E Smith	Chair of Governors Miss E Harrop
		Signature: 	Signature: 

Introduction

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the Department of Education document "Supporting Pupils at School with Medical Conditions", December 2015.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some point have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may require an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An Individual Health Care Plan (ICP) can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. If a plan is necessary, the school will prepare this plan and may seek help and advice from health professionals.

There is no legal duty that requires school staff to administer medicines. This is purely a voluntary role.

We never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

Parents/Carers Responsibility

Parents/carers have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. This should be done upon admission or when their child first develops a medical need. Parents should obtain details from their child's health adviser if needed. This would be the aligned Community Paediatrician (school doctor) or School Health Adviser (school nurse) or a health visitor or possibly a GP. Specialist voluntary bodies may also be able to provide additional background information for staff.

It is also their responsibility to keep school informed when, or if, medical needs/requirements change. Where a child has a long term medical need then a health plan will be drawn up with the school, parents/carers and relevant health professionals.

Non-Prescription Medicines

The school **does** administer over the counter medicines, e.g. calpol, ibuprofen etc. These medications have to be in the correct bottle and a form needs to be completed fully by the parents stating times the medicine was previously given and when to be given in school times. Staff may refuse to give medication if they feel the dosage or need for it is inappropriate.

Prescribed Medicines – Short Term

The school **does** administer any form of prescribed short-term medication. Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of anti-biotics or to apply a lotion. Again a form needs to be completed fully so staff are aware of when a dose was given and when the next dose is needed.

Prescribed Medicines - Long Term

The school **does** administer prescribed long-term medication. Medicines should only be taken to school when essential; that is would it be detrimental to a child's health if the medicine were not administered during the school day.

Medicines **will not be administered without the prior written agreement** of the parent/carer and a fully completed and signed individual health care plan and agreement form.

It is important to have sufficient information about the medical condition of any child with long term medical needs. A healthcare plan will be put in place for children with more severe and complex conditions. The care plan will be written involving the parents/carers and relevant health professionals.

All medicines must be clearly labelled with the child's name, type of administration i.e. mouth/nasally, dosage, frequency and name of medication being given. We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Oral medication should ideally be in a childproof container.

Staff will complete and sign a written record each time they give medicine to a child and the administration of all medicines will be witnessed by a second adult.

Parents/carers must take responsibility to update the school of any changes in the administration for medication and maintain an in-date supply of the medication. Revised care plans must be completed when a change in medication takes place.

Emergency Medication and Reliever Inhalers

It is our policy to manage the administration of emergency medicines such as (for example):

- Injections of adrenaline in response to severe allergic reactions
- Rectal diazepam for epileptic seizures/fits/convulsions
- Buccal Midazolam for epileptic seizures/convulsions
- Asthma reliever inhalers

Emergency medication and reliever inhalers **must** follow the child at all times, for example sports hall, off-site visit etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication will be kept by the teacher in charge. The school may hold spare emergency medication provided by the parents/carers which will be kept in a suitable place within the classroom. Emergency medication should not be locked in a drawer. Storage of medicines must be in accordance with the product instructions. Parents/carers must ensure that all medication is labelled with the child's name. All emergency medication must be taken home at the end of a school term. It is the parent/carers responsibility to ensure that medicines are in date and replaced as appropriate. Parents/carers should ensure that spacers are washed monthly and replaced 6 monthly. The school has a separate policy for dealing with Asthma.

Injections

There are certain conditions such as diabetes, bleeding disorders etc which are controlled by regular injections. Children with these conditions are usually taught to give their own, and where this is not possible, they should be given this by their parents/carers or a qualified nurse. It is not envisaged that it will be necessary to give injections in school. However, should this be necessary then any member of staff giving the injection will have received the necessary training beforehand. A written record of treatment will be kept within school.

Administering Medicines

No child under 16 should be given medicines without their parent/carers written consent. Any member of staff giving medicines to a child should check the child's name, dose, expiry date, written instructions provided the label or container and the medication form completed by the parent.

Wherever possible, medicines will be administered by a named individual member of staff with specific responsibility for the task in order to prevent any errors occurring. All children who require medication to be given during school hours will be aware of whom they report to. Staff will complete and sign a written record each time they give medicine to a child and a witness will sign too.

Refusal of Medicine

If a child refuses to take medicine we will not force them to do so, but will note this in the records. Parents/carers will be notified of the refusal on the same day and if the refusal to take medicines results in an emergency, our emergency procedures will be followed, which is likely to be calling an ambulance to get the child to hospital.

Storage

Children are not allowed to carry their own medication. All medicines (except emergency medications and inhalers) will be kept secure. Arrangements for storage will be agreed upon when drawing up the relevant health plan of the individual child.

Storage of medicines must be in accordance with the product instructions. Some medication may need to be stored in a refrigerator in order to preserve its effectiveness (this will be indicated on the label). In order to meet the requirement for safety and security, this will be kept in the fridge located in the staffroom kitchen which is not accessible to children. It is the responsibility of the parent to ensure that the received medicine container is clearly labelled with the name of the child, the name of medicine the dose and the frequency.

Disposal

All unused or time expired medication will be handed back to the parent/carer for safe disposal. Medicines will not be kept on school premises during times when the school is closed. These will be returned to the parent/carer at the end of each term.

Hygiene and Infection Control

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

Health Care Plans/Request for Administration forms

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A completed and signed 'Request for Administration of Medicines (General Care Plan)' may be all that is required. Parents/carers are required to provide the school with sufficient information about their child's medical needs if treatment or special care is needed.

Specific health care plans are in place for the administration of a pre-prepared Adrenaline injection in response to Anaphylaxis, the administration of Rectal Diazepam, the administration of Buccal Midazolam in response to epileptic seizures and the administration of insulin for Diabetes Mellitus. These must be completed by the child's Consultant, parent/carer and school prior to the child commencing school or at the time of diagnosis if currently on roll. Appropriate paperwork will be completed for each child prior to commencing the administration of these medicines.

Record Keeping

Each time medication is given to a child, a member of staff will complete and sign a 'Record of Medicine Administered to an Individual Child' and co-signed by a witness. This record of administration is kept in the relevant child's classroom.

If an incorrect administration of dosage is given the incident must be notified to the local authority using the online Form SO2. In the event of excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned must be taken to hospital as a matter of urgency.

Off Site Trips/Visits

Children with medical needs are encouraged to participate in visits. The school will assess all risks and consider what reasonable adjustments, if any, might be needed to enable children with medical needs to participate fully and safely in a visit.

Staff supervising trips will be aware of any medical needs and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency. A named person will be identified to supervise the storage and administration of any medication. Wherever

possible children should carry their own reliever inhalers or emergency treatment. The named person will be aware of this. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, parental views and medical advice from the school health service will be sought. Advice/information will also be sought from the site they are to visit e.g. Beaumanor Hall.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many children, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in P.E should be recorded in their individual health care plan.

Children with Infectious Diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the school nurse or local health authorities. The school will also refer to the 'Guidance on Infection Control in Schools and other Childcare Settings' produced by the Health Protection Agency. This guidance refers to numerous infections and recommends how long a child should remain absent from school to prevent the spread of the infection. For example, 'Diarrhoea and/or vomiting – 48 hours from last episode of diarrhoea or vomiting'. We would also ask parents to use their common sense and judgement and ask that children are not sent to school when they are clearly unwell, for example sickness and diarrhoea.

Known Medical Conditions

A list of all children within a class with known medical conditions will be placed in each classroom register. The list is also placed in the class folder which is then available for supply teachers. It is the responsibility of that class teacher to ensure that all other staff working within the classroom are aware of any child with a medical condition.

Accidental Failure of Agreed Procedures

Should a member of staff fail to administer any medication as required, they will inform the parent/carer as soon as possible.

Training

Any staff required to administer prescribed medicines or carry out emergency treatment will receive any necessary training to do so. All training and guidance will be carried out by a professional and competent source, for example the local health service or health professionals such as school nurse. The type of training necessary will depend on the individual case.

A training record will be completed to document the level of training undertaken and retained by the school. Such training will form part of the overall training/health care plan and refresher training will be scheduled at appropriate intervals.

Appendix A – permission forms for administering medicines

Appendix B – Guidance on antihistamines or epipen administration

Appendix C – Epilepsy and administering medications

Appendix D – Diabetes information