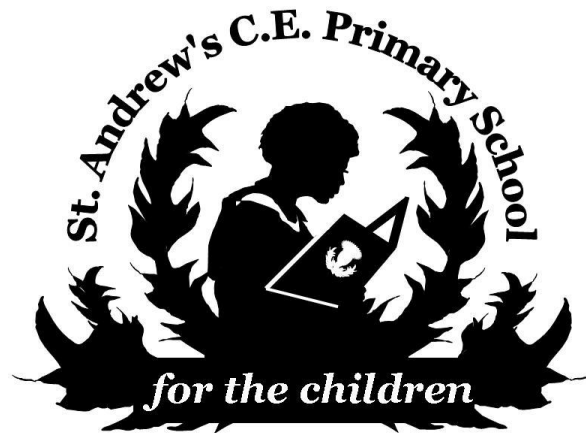


# Administration of Medication Policy

Leasingham St. Andrew's Church of  
England Primary School

**'Everything you do, do in love'**



**Reviewed and updated:** January 2025

**Next review:** January 2026

## **Rationale**

Children with long-term health problems such as asthma, epilepsy and diabetes need to be accommodated in school but proper and clearly understood arrangements for medicines must be in place and observed.

A medicine is any substance used, whether internally or externally, for the treatment or prevention of disease or any medical condition.

## **Principles relating to the aims and ethos of the school**

The policy aims to reflect the vision of Leasingham St. Andrew's Church of England Primary School, as outlined below:

***Everything you do, do in love'***

*At St Andrew's, we seek to be a safe and happy environment, inspiring our school family to be positive participants in the world community. A place where we are all encouraged, through love and service, to be the very best.*

***John 13:34 'Love one another, as I have loved you'***

## **Medication and Medical Care in school**

The majority of children with medical needs are able to attend school regularly and, with support from the school, take part in most normal school activities. Extra care may be needed in supervising activities to ensure that pupils with medical needs, and others, are not put at risk.

While teachers have a general professional duty to safeguard the health and safety of the children in their care and to act 'in loco parentis', that is to act as any reasonable parent would, this does not include a duty or obligation to assist in the self-administration of medication. Teachers or other school staff may undertake this duty voluntarily as long as they have received appropriate training.

Parents are a child's main carers. If necessary, the Headteacher may request a parent, or person designated by the parent, to attend the school at the appropriate times in order to administer the medicine.

The Headteacher will identify those members of staff who are willing to be trained and make the necessary arrangements with outside First Aid providers. The use of medicine delivery systems must be practiced in advance of their use with a pupil.

## **Entitlement**

The school will discuss the admission of a child with a condition requiring personal or invasive medical treatment with the Special Educational Needs Team and the Local Education Authority may seek advice from the Community Medical Officer before agreeing that such a child can be admitted on the school roll. If the child is admitted, the above organisations must be informed.

Medications may be given on a short-term basis, such as when a child is completing a course of ongoing antibiotics, while others may be given on a regular basis as part of the management of an ongoing medical condition. However, where a child has been prescribed antibiotics or penicillin,

they must not attend school for 24 hours after the prescription is started, in case of any allergic reaction.

Medications that staff may help children to self-administer include asthma medication delivery systems such as inhalers.

A child should never be given medication containing aspirin unless it is prescribed by a Doctor, as it may cause severe illness.

Members of staff can only administer medicines that have been prescribed by a medical professional.

## **Implementation including staff training and support**

The Governing Body will ensure that children with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They will ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher will ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a specific child's condition. He/she will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

When teachers or other staff members volunteer to help children with their medical needs, this should only take place with the Headteacher's agreement and the staff members should receive appropriate support and training. Day to day decisions concerning helping with the self administration of medication will fall to the Headteacher or a designated member of staff.

The Headteacher will ensure that all parents are aware of the school's policy and procedures for dealing with medical needs.

Where a child has medical needs, the Headteacher will agree with the parents or carers exactly what support the school will provide. If there are concerns the Headteacher will seek advice from relevant outside organisations.

The Headteacher is responsible for ensuring that medicines are stored safely i.e. in a "locked" cupboard. Inhalers are always kept accessible to children. It is the parents responsibility to ensure that the medicine held in school is in date.

Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to children with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The school may choose to arrange training themselves and should ensure this remains up-to-date. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will ensure that its staff are aware of this policy and their role in implementing this. The school's policy should additionally set out arrangements for whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. At induction, new staff will be made aware of this policy, as will any temporary members of staff e.g. supply teachers.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

## **Assessment**

The Headteacher must ensure that accurate records are maintained. Monitoring arrangements are to be in place to ensure that guidelines are followed.

## **Practical Implications of this policy**

### **Staff**

Any member of school staff may be asked to provide support to children 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 children with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help

School staff who, in the course of their duties, voluntarily undertake to assist with administration of personal or invasive medicinal treatments and who follow strictly the guidelines and training given to them, will have the full support of Lincolnshire County Council. As their employer, Lincolnshire County Council is legally liable for any wrongful actions of its employees if they are committed in the course of their employment.

If staff follow the school's documented procedures, they will be fully covered by their employer's public liability insurance in the event of a parent making a complaint. Teachers' Conditions of

Employment do not include giving medication or the supervision of a child taking medication. However, staff may volunteer to do this.

Appointed first aiders have the key responsibility for medicines and there will be a designated deputy for this process in the event of staff absence. There should be a clear procedure for passing this responsibility to another staff member, and alerting all staff to the fact that this has been done, when staff absence makes it necessary.

Several members of a staff team, therefore, must have the necessary training in these activities and training will be refreshed on expiry. A record of the information, instruction and training programme given to individual members of staff will be maintained.

School staff should not dispose of medicines. Should the need arise, surplus medicines are to be taken to the local Pharmacy for disposal.

## **Parents**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

Parents or carers are responsible for the disposal of medicines. At the end of each term, parents or carers should collect any medicines held at the school.

The School has a 48 hour stay away policy from the last bout of illness, for those suffering from sickness and/or diarrhoea following guidance from Public Health England.

## **Children**

Children with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

## **School Nurse**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

## **Other Health Care 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. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### **The Local Authority (Lincolnshire County Council)**

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs<sup>9</sup> (whether consecutive or cumulative across the school year).

### **Clinical Commissioning Groups (CCGs)**

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility.

### **Providers of Health Services**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

### **Ofsted**

Ofsted inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

## **Risk Assessments for Educational Visits, Residential Visits and other activities taking place outside of the normal timetable**

The governing body are committed to ensuring that Leasingham St. Andrew's Church of England Primary School will actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. This is achieved by:

- Teachers being aware of how a child's medical condition will impact on their participation, but ensuring there is enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- Making arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Considering what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits. We will always carry out a risk assessment that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and advice from the relevant healthcare professional to ensure that children can participate safely. We will also refer to the Health and Safety Executive (HSE) guidance on school trips.
- Please see our Educational Visits Policy for further information on the risk assessment process for educational visits, Residential Visits and other activities taking place outside the normal timetable.

## **Monitoring of Individual Healthcare Plans**

The Governing Body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. 10 13. The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Individual healthcare plans can help to ensure that the school effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A. The format of individual healthcare plans may vary to enable the school to choose whichever is

the most effective for the specific needs of each child. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be overly-burdensome on the school but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan. Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Children should also be involved whenever appropriate.

The aim is to capture the steps which we as a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we as a school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **What should be included in individual healthcare plans?**

The following should be considered when deciding what information should be recorded on individual healthcare plans:

- the medical condition, its triggers, signs, symptoms and treatments.
- the child's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors.
- specific support for the child's educational, social and emotional needs – for example, 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.
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they 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 headteacher for medication to be administered by a member of staff, or self-administered by the child during school hours.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, 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.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **Emergencies**

When personal or invasive medicine or medical care has been given by school staff in an emergency, medical assistance may still be needed urgently and should be summoned by dialling 999 straight away. The person making the call will be asked to provide relevant information (Form 8 in the Department of Health/DfEE Booklet 'Supporting Pupils with Medical Needs', provides a model). Ambulance personnel should be given written information about the treatment given and parents should be informed of the situation.

Emergency first aid measures should be taken as appropriate.

All first-aid trained staff should know how and when to place an unconscious person in the recovery position and ensure that their airway is clear. All staff should have a clear procedure for summoning an ambulance in an emergency.

With parental agreement all staff who come into contact with a pupil who suffers from a life-threatening condition will be briefed about this condition. Other pupils who come into contact with the child may be briefed as well. However, the pupil's right to confidentiality, privacy and sensitive treatment is paramount.

## **Defibrillators**

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

At St. Andrews's, our defibrillator is located in the main entrance foyer, inside the trophy cabinet. It is clearly signposted. We have notified the local NHS Ambulance Service of its location.

## **Unacceptable Practice**

Although our staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication 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 this may be challenged).
- send children with medical conditions home frequently for reasons associated with their medical condition 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 children 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 medication or provide medical support to their child, including with toileting issues.
- 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.

## **Liability and indemnity**

The Governing Body ensures that the appropriate level of insurance is in place and appropriately reflects the level of risk. This covers staff providing support to children with medical conditions and provides liability cover relating to the administration of medication.

## **Complaints**

Should parents be dissatisfied with the support provided for their child they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **Safeguarding Legislation linked to this policy**

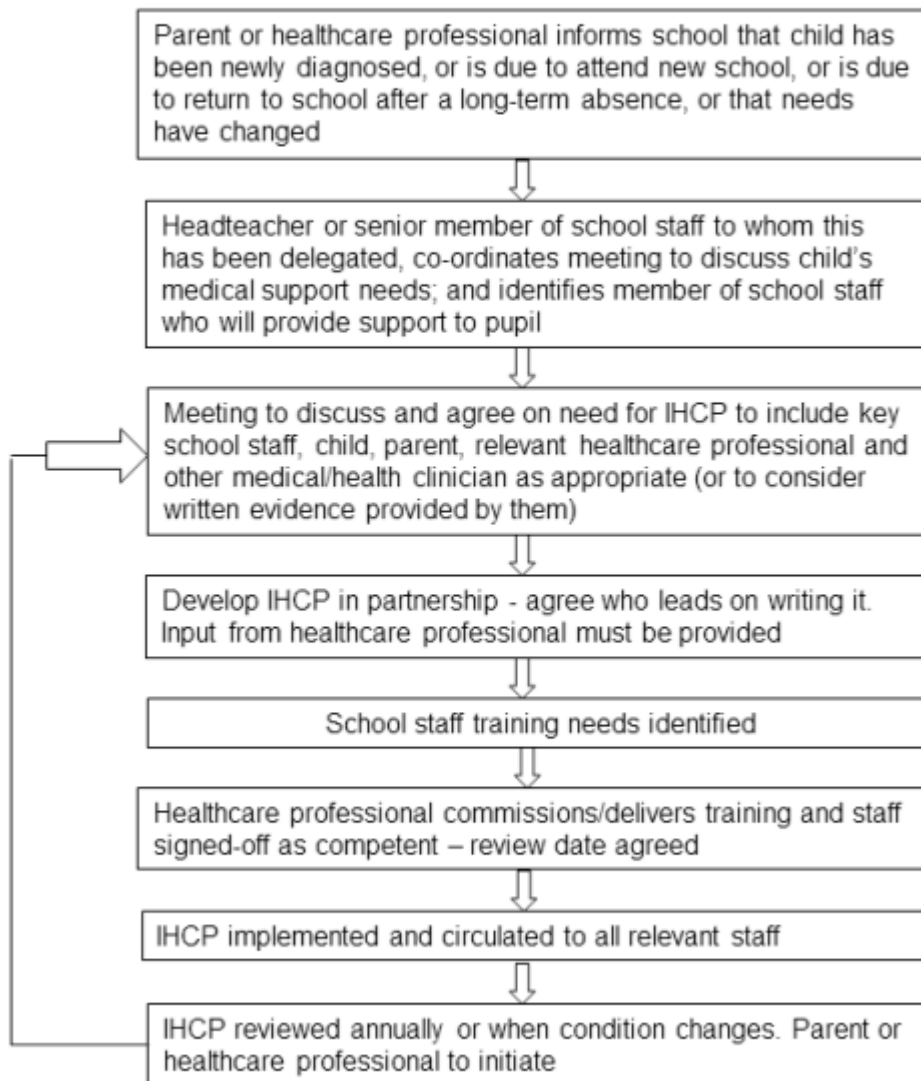
- Education Act 2002
- Children Act 1989
- Children Act 2004
- NHS Act 2006
- Equality Act 2010
- Supporting Pupils at Schools with Medical Conditions 2015

## **Other Relevant Legislation linked to this policy**

- Health and Safety at Work Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- Regulation 5 of the School Premises (England) Regulations 2012

- The Special Educational Needs and Disability Code of Practice
- Education Act 1996

## Annex A: Model process for developing individual healthcare plans



**LEASINGHAM ST. ANDREW'S  
CHURCH OF ENGLAND PRIMARY SCHOOL**

**PROCEDURE FOR THE USE OF MEDICINES IN SCHOOL**

This document should be read in conjunction with the school's policy on Administering Medication.

**PROCEDURES**

We will not store large amounts of medication. Where we store medicines, they will be in individual containers, supplied and clearly labelled by the pharmacist, with the pupil's name, the dosage instructions and the expiry date of the medicine. Where a pupil needs two or more prescribed medicines, each will be in separate containers. We will only administer named medicines that have been prescribed for the same-named pupil and not "over the counter remedies".

Pupils must have access to their medicine when required. They will know where their own medication is kept and how to access it.

Some medicines, such as inhalers for asthma, must be readily available to pupils and should not be locked away. If appropriate, some Upper Key Stage 2 pupils will carry their own inhalers – depending on their degree of maturity. Their use should be recorded and relayed to the parents.

If pupils can administer their medication themselves, staff need only supervise the process. However, written parental consent is required.

For pupils who need complex treatment, clear action plans must be available for staff to follow, based on advice from parents or a medical practitioner.

If pupils refuse to take their medication, staff will not force them to do so. The pupil's parents or carers will be informed as a matter of urgency. If necessary, the school will call the emergency services.

The school will be aware of a pupil's needs in relation to food management. This extends to cookery and science experiments with food, as well as menus, individual meal requirements and snacks. It is important to ensure that the midday staff are aware of a pupil's particular requirements.

Outdoor activities and school visits will be discussed in advance by the parents and the school. Full details of a pupil's medical needs will be taken on school visits. Advice may be sought from the school Nurse or the LEA.

Pupils with epilepsy may need a designated place to rest and recover after a seizure and be allowed to recover at their own pace.

**REQUEST FOR 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 medication.

**DETAILS OF PUPIL**

Surname: \_\_\_\_\_ D.O.B \_\_\_\_\_

Class \_\_\_\_\_

Forename: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**MEDICATION**

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

How long will your child take this medication \_\_\_\_\_

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

**Full direction for use:**

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

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

Side Effects: \_\_\_\_\_ Self Administration: \_\_\_\_\_

Procedure to take in an Emergency \_\_\_\_\_

**CONTACT DETAILS**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to the Office and accept that this is a service that the school is not obliged to undertake.

Date : \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

## Template F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone