

Birkdale Primary School



Supporting Children with Medical Needs:

Administration of Medication Policy

"Attainment through Caring, Challenge & Creativity"

Date: June 2025

Next Review: June 2026

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

1. INTRODUCTION

1.1 Under The Equality Act 2010, responsible bodies for schools including the Nursery must not discriminate against disabled children in relation to their access to education and associated services including all aspects of school life including school trips and school clubs and activities.

1.2 Birkdale Primary will endeavor to adhere to the aforementioned acts through the implementation of our Medical Needs Policy that aims to:

- Avoid disability discrimination
- Ensure all children are included
- Ensure that children with medical conditions are properly supported so they have full access to education, including school trips and physical education.
- Enable regular attendance.

There is no legal duty that requires schools to administer medicines however we have a duty to make arrangements to support pupils with medical conditions.

1.3 We propose to administer, after appropriate training, prescription medication to assist children with medical needs.

1.4 Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training if required. All volunteers will be indemnified by the Council's Liability Insurance for any claims made against them provided that they have received training, taken any necessary refresher training, followed the Health Care Plan and used appropriate protective equipment.

1.5 We propose to work with local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education.

2. HEALTH CARE PLANS (HCP)

2.1 Healthcare plans must be drawn up for any child with a medical condition that needs management. HCP will include detailed instructions on day-to-day management on the condition together with procedures to be followed in an emergency and the level of support required. The School Nurse will work closely with the school, parents and healthcare professionals in formulating the HCP. The school nurse will deliver any necessary training, in conjunction / consultation with other agencies. The School Nurse will also deliver refresher training annually, or as required.

2.2 The Head Teacher and Senior Leadership Team, class teacher and the school's First Aiders will be informed of the child's needs.

2.3 Detailed medication administration sheets will be kept. Any medication will be recorded on our Medical Tracker system. Please refer to Administering Medicines Procedures.

2.4 Children in EYFS and KS1 will not be allowed to carry medication whilst in school. Items such as asthma inhalers and adrenaline pens will be stored in the classroom and be readily available (in green bags, clearly labelled by classroom doors). Children in KS2 may carry their own asthma inhalers in school subject to parental consent and completion of permission forms. This will be decided on an individual basis by a member of the Senior Leadership Team (SLT.) Any other medication must be kept in a relevant secure area (e.g. Office, fridge in Staff Room, classroom).

3. ROLES AND RESPONSIBILITIES

3.1 **Parents** have the prime responsibility for their child's health and must provide the school with information about their child's medical condition. Parents must also advise of any changes to the child's healthcare needs as soon as they become aware of them and provide clear written details of such changes pending a full review of the HCP.

3.2 The **Head Teacher and SLT and Ms J.Lloyd** are responsible for putting the school's policy into practice and for developing detailed procedures as well as ensuring that sufficient numbers of staff are appropriately trained to manage medicines as part of their duties. Furthermore, they are responsible for ensuring parents and carers are made aware of the policy and procedures. They are responsible for ensuring that all relevant staff will be made aware of a child's condition.

3.3 **Staff** are responsible for ensuring that they understand this policy. This policy will be discussed once a year during staff meetings/INSET Days and during termly TA meetings.

3.4 Further details on roles/responsibilities, administration of medicines and record keeping are clearly outlined in the attached Administering Medicines procedures and must be adhered to at all times.

MONITORING

3.5 This Policy will be reviewed annually by the Governors Premises Health and Safety Committee as part of their review of the School's Health and Safety Policy. This Policy should be read in conjunction with all other relevant policies and guidelines.

4. INFECTIOUS ILLNESSES

4.1 All staff will refer to the Health Protection Agency guidance when responding to a child who is ill or infectious. All staff will take necessary steps to prevent the spread of infection and take appropriate action if children are ill. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

SUPPORTING CHILDREN WITH MEDICAL NEEDS – ADMINISTRATION OF MEDICATION GUIDANCE AND PROCEDURES

1. ROLES AND RESPONSIBILITIES

1.1 GOVERNING BODY

1.1.1 The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions. They must ensure that arrangements are in place to support pupils with medical conditions and that such children can access and enjoy the same opportunities as any other child.

1.1.2 Children with medical conditions will not be refused admission because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body will ensure that other pupils' health is not put at risk from, for example, infectious diseases.

1.1.3 The governing body will ensure that school policies, plans and procedures are put in place, effectively implemented and reviewed regularly.

1.1.4 The governing body will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support a child with a medical condition. Staff will have access to information and support.

1.1.5 The governing body will ensure that the appropriate level of insurance is in place and that it appropriately reflects the level of risk.

1.2 HEAD TEACHER, SLT (and Ms. J. Lloyd)

1.2.1 The Head Teacher is responsible for putting the school's policy into practice and for developing detailed procedures. The Head Teacher and SLT MUST ensure that staff receive proper support and training where necessary. As the manager of staff, the Head Teacher will agree when and how such training takes place. The Head Teacher should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Head Teacher and SLT will make sure that all relevant members of staff are aware of a child's medical condition.

1.2.2 For a child with medical needs, the Head Teacher or a member of SLT will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unachievable or unnecessary, the Head Teacher or a member of SLT will seek advice from the school nurse or doctor, the child's GP or other medical advisers.

1.2.3 The Head Teacher, a member of SLT or Phase Leader will ensure this policy is available for parents to read on the school website.

1.2.4 A member of SLT will ensure that cover arrangements are made when staff are absent and that supply teachers are always briefed of medical needs of the children in their care (direct supply staff to Orange File in classroom with information regarding children with medical needs). Sufficient trained numbers of staff will be available to implement the policy and deliver against the individual healthcare plans.

1.3 STAFF

1.3.1 Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act as any reasonable prudent parent would to make sure that children are healthy and safe. There is no legal duty that requires school staff to administer medicines.

1.3.2 Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training, if required. All volunteers will be indemnified by the Council's Liability Insurance for any claims made against them provided that they have received training, taken any necessary "Refresher Training," followed the Health Care Plan and used appropriate protective equipment.

1.3.3 We will ensure that sufficient members of staff are appropriately trained to manage medicines as part of their duties. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips or after school activities.

1.3.4 The Head Teacher and staff will always treat medical information confidentially. The Head Teacher or a member of SLT will agree with the parent who else should have access to records and other information about a child. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith. Should a parent insist in complete confidentiality then the school will not agree to administer medication of any kind and the responsibility for administering the medication will be the parents.

1.3.5 We will ensure that the social and emotional implications associated with medical conditions are considered and support provided when needed. Staff will be vigilant for signs that children are self-conscious about their condition, being bullied or developing emotional disorders such as anxiety or depression. Support will be offered through our pastoral care and safeguarding team.

1.4 PARENTS

1.4.1 Parents have the prime responsibility for their child's health and must provide the school with sufficient and up-to-date information about their child's medical condition. The school will require verification from the child's GP or another medical practitioner.

1.4.2 The parent will be expected to contribute to their child's Health Care Plan.

1.4.3 It is the parent's responsibility to provide the school with the child's medicine. The parent must hand all medication to the school office. Please refer to Administering Medicine Procedures. Medication must be in date and with the correct instructions and information from the prescriber. Staff may request that a parent temporarily remove their child from school if sufficient emergency medicine is not in school.

1.4.4 Parents should, wherever possible, administer or supervise the self- administration of medication to their children. This may be affected by the child going home during the lunch break or by the parent visiting school. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at school. Medicines should only be taken into school where it would be detrimental to a child's health if it were not administered during the day.

1.5 SCHOOL

1.5.1 The School Nursing service is responsible for notifying the school when they become aware a child has been identified as having a medical condition which will require support in school. The School Nurse will not necessarily be aware of all pupils with medical conditions. Parents and Carers must inform the school or the school nurse of any medical conditions.

1.5.2 The School Nurse will deliver training and support for members of staff who have agreed to provide medication etc. to children with medical conditions.

1.5.3 The School Nurse will meet with parents/carers to write the Individual Health Care Plan for a child with a medical condition. The School Nurse will review all Individual Health Care Plans as requested. There is a clear expectation from the school that school nursing services are involved in the care plan process, as appropriate.

1.5.4 The School Nurse will liaise with medical professionals on appropriate support and associated staff training needs.

1.6 PUPILS

1.6.1 Pupils should be fully involved in discussions about their medical support needs, where appropriate.

1.6.2 Pupils in KS2 may carry their own asthma inhalers in school subject to parental consent and completion of permission forms. This will be decided on an individual basis by a member of the Senior Leadership Team (SLT.)

2. STAFF TRAINING

2.1 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child or supporting a child with a medical condition will have appropriate training and guidance. They should also be aware of possible side effects of any medicines and what to do if they occur. All staff will be able to notify the Head Teacher or a member of SLT if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personal file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed. Please refer to Administering Medicines Procedures.

2.2 Any medication that is to be administered to children in any other form than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. All diabetic children are now on an insulin pump meaning that staff are not required to administer medicines by injection.

Training must not be provided by parents, carers or any other non-medical professional. The school will ensure that there are sufficient members of staff who are appropriately trained to manage such medicines as part of their duties. The Head Teacher and SLT will ensure that there are appropriate systems for sharing information about children's medical needs.

2.3 The Head Teacher and SLT will be responsible for making sure that staff have appropriate training to support children with medical needs and will arrange training appropriate to the needs of the school in conjunction with the Sefton Health Team.

2.4 The family of the child will provide relevant information to school staff about how their child's needs can be met. They must not be the sole trainer when delivering staff training as a relevant medical professional must also deliver training, for example the school nurse.

2.4 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure. The Head Teacher and SLT will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training (including refresher training) on a regular basis. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

2.5 The school bursar will maintain a register of staff members who are trained to administer medication.

3. HEALTH CARE PLAN

3.1 Healthcare plans must be drawn up for any child with a medical condition that needs management. It should include instructions as to how to manage a child in an emergency.

3.2 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, day to day management and include permission for the school to administer medication on an on-going basis or in an emergency situation.

3.3 An individual Health Care Plan clarifies for staff, parents, and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.

Staff should agree with parents how often they should jointly review the plan. The Health Care Plan should be reviewed at the beginning of each academic year as a minimum, or more frequently, depending on the nature of the child's particular needs

3.4 Most children with medical needs are able to attend school regularly and, with some support from school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Additional supervision must be written into the child's Health Care Plan. An individual risk assessment may need to be completed prior to the child carrying out any identified activities.

3.5 Where a child is returning to school following a period of pro-longed absence due to their medical condition, support will be identified and provided to ensure that their return to school is as smooth as possible. This reintegration plan will be written by a member of SLT and attached to the Health Care Plan.

4. ADMINISTERING MEDICINES

4.1 STORAGE

4.1.1 Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into school by the child. The parent must hand all medication to the school office. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

4.1.2 Parents must complete an authorisation form, prior to any prescription medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. Please refer to Administering Medicines Procedures.

4.1.3 Large volumes of medication should not be stored (no more than one half term's supply should be kept in school at a time. Please refer to Controlled Drugs guidance) Prescribed medication kept at the school should be kept in the school office to be readily accessible when required. Children should know where their medicines are stored, who is administering it to them and be able to access them immediately.

4.1.4 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available - in the classroom - to children and will not be locked away. Inhalers should always be available during physical education, sports activities and educational visits.

4.2 DISPOSAL

4.2.1 Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

4.3 RECORD KEEPING

4.3.1 An electronic record will be kept of all the drugs and medicines administered at school.

4.3.2 Parents must complete an authorisation form prior to any prescription medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

4.3.3 Upon receipt of medication, staff administering medication must check the Administration of Prescribed Medication During School Time form.

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date
- Number/amount of medication provided

4.3.4 Staff administering medication must complete the 'Administration of Prescribed Medication During School Time' form after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the classroom.

4.3.5 The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

5. Controlled Drugs

5.1 The Head Teacher or Deputy Head Teacher must be informed if controlled drugs are being stored on school premises.

5.2 Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents.

5.3 No more than a week's supply of controlled drugs should be kept in school at any one time and the amount of medication handed over to the school should always be recorded. See Administering Medicines Procedures.

5.4 Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded on the Medical Tracker System.

5.5 The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.

5.6 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

5.7 As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

6. Non-Prescription Medication

6.1 Non-prescription medication can be administered by staff as long as verbal consent is obtained from the parent/carer. This includes paracetamol and homeopathic medicines.

6.2 School has a supply of Calpol medication. After investigating the child's

symptoms and coming to the decision that pain relief in the form of Calpol is necessary the administration of Calpol procedure must be followed and recorded on the medical tracker making sure that every section is correctly completed. • Contact parent or carer by telephone. (Contact must be with parent or carer, if they are not available you should try contacting them again later.) • Permission to give Calpol can only be given by parent or carer no other emergency contacts should be asked for permission. • Check with parent or carer if Calpol or any other medicine has been administered at home before coming to school. If medicine has been administered before coming to school. • If any pain relief medicine was administered at home Calpol must not be given until at least 4 hours have lapsed since administration of the last medicine. • If no medicine (including Calpol) has been administered at home or at least 4 hours have lapsed since the last dose of medicine was given, Calpol can be administered after checking the age of the child to ensure that the correct Calpol® is used. • A record of the name of person giving the medicine plus the dose, type of Calpol and time given must all be recorded on the medical tracker. • Finally, a Calpol information email is sent to parents from the medical tracker informing them of the time and dose of Calpol given. School will only administer the Calpol brand. Other brands will not be administered.

6.3 If a child suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate prescribed painkillers for their child's use, with written instructions from the prescriber about when the child should take the medication.

6.3 A member of staff should notify the parents that their child has requested medication and supervise the child taking the medication if the parents have agreed to it being taken. This will then be recorded on the Medical Tracker system.

7. Emergency Asthma inhalers.

7.1 We have asthma inhalers in school that will be available to pupils who have been diagnosed with asthma and who usually have an inhaler in school.

7.2 Emergency inhalers must only be used if a pupil's own inhaler is not available or the child doesn't have an inhaler in school.

7.3 Parents or Carers of pupils must sign a consent form to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used.

7.4 All pupils using an emergency inhaler must use a spacer for hygiene purposes.

7.5 Parents/Carers of pupils using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

7.6 Staff administering the emergency inhaler must log this on the Medical Tracker system.

8 Administering medicines on school trips

8.1 Arrangements will be made to support pupils with medical conditions participating in school trips. Teachers will allow for flexibility in their plan for the trip so as to allow pupils

with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of pupils in school trips and activities unless evidence from a medical professional states that this is not possible or an individual risk assessment deems it not possible.

8.2 All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.

8.3 It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis.

8.4 It should be ensured that a member of staff who is trained to administer any specific medication (e.g., epi-pens) accompanies the child and that the appropriate medication is taken on the visit.

8.5 Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

8.6 When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

8.7 Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure an authorisation form is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip. The 'individual child administering medicines record' must be completed and then transferred on to the Medical Tracker system upon return to school.

8.8 If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines.

9. EMERGENCY PROCEDURE

9.1 Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the procedure as laid down in the school's Health and Safety Policy. All staff should know how to call the emergency services. If anyone other than a member of the office staff call an ambulance then the school office needs to be informed so that the child's records, HCP etc. can be copied for the ambulance crew.

9.2 If an emergency occurs and a child needs to be transported to hospital then, in the absence of the parent, a member of staff must accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

9.3 The individual Health Care Plan should include instructions on how to manage a child in an emergency, and identify who has the responsibility in an emergency.

10. HYGENE AND INFECTION CONTROL

10.1 All staff should be familiar with normal precautions for avoiding infection and follow hygiene procedures.

10.2 Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

10.3 All staff will be familiar with the Health Protection Agency guidelines for responding to children who are ill or infectious.

11. COMPLAINTS

11.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Phase Leader, a member of SLT or the Head Teacher.

11.2 If they do not feel they have been able to resolve the issue then parents may make a formal complaint via the school's complaint procedure. Information regarding this can be found on the school website.

Procedures for administering medicine during the school day

Following a parent/carer request for administering medicines, office staff must ask parents to complete an authorisation form.

1. Staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.
2. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to school. Staff administering medicines must check the initial 'Administration of Prescribed Medication During School Time' form
 - Name of child on medication
 - Name of medicine
 - Dosage is specified
 - Written instructions provided by prescriber
 - Expiry date
 - Number/amount of medication provided

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.
3. When administering medicines staff must:
 1. Ensure they wear protective clothing if necessary
 2. Ensure they complete Administration of Prescribed Medication During School Time form and complete the Medical Tracker system after administering each dose
 5. Ensure medication is kept in the fridge after each dose if appropriate.

Procedures for administering medicine during residential trips

1. Parents wishing staff to administer medicines during residential trips must complete an authorisation form prior to trip departure.
 2. Requests will be considered by a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.
6. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to school. This should not be done on the day of departure for the trip but should be done in advance when possible. Staff administering medicines must check the 'Administration of Prescribed Medication During School Time' form.
- Name of child on medication
 - Name of medicine
 - Dosage is specified
 - Written instructions provided by prescriber
 - Expiry date

- Number/amount of medication provided

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.

3. All medicines must be kept in secure, locked containers throughout the duration of the trip.
4. One identified person is responsible for administering each child's medicines on the trip. (For example, adult A administers child A's medicine.)
5. When administering medicines staff must:
 1. Ensure they wear protective clothing if necessary
 2. Check they have the correct child
 3. Ensure they complete the Medical Tracker System on return to school.
 5. Ensure medication is kept in the medication's fridge after each dose.

Procedures for administering emergency asthma inhaler/epi pen.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers/epi pens without a prescription, for use in emergencies. The emergency salbutamol inhaler/epi pens should only be used by children, for whom written parental consent for the use of emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication or epi pen. The inhaler/epi pen can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty) or own epi pen does not work.

1. Parents must complete an 'Emergency inhaler/EpiPen consent form' and include dosage information from child's regular inhaler.
2. If a child presents as needing an inhaler/EpiPen then an emergency inhaler can be used. These are kept in two locations: Key Stage One Corridor and Year Six cupboard.
3. A spacer must be attached to the inhaler.
4. The child should administer the recommended dose, with adult support if needed. Epi pen should only be administered by a trained adult.
5. Parent/Carer of the child must be informed.
6. The adult present must complete the Medical Tracker system after each dose
7. Parents/Carer must supply a new asthma inhaler/EpiPen as soon as possible.

Defibrillator

The school currently has four defibrillators and staff have been trained to use them. The defibrillators are located in EYFS, the play deck, the school hall and in a year 6 classroom.