POLICY
For
Medicines in School

Amended

Spring 2021 new	**September 2023**		
September 2021	**September 2024**		
September 2022	**September 2025**		

Striving for excellence, caring for all
Within a loving and caring Christian environment.

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As a RRS (Rights Respecting School - UNICEF) this policy upholds the following articles from the UNCRC (United Nations Convention of the Rights of the Child)
Article 2: Everyone has equal rights whatever their race, religion, ability, whatever they think or say or whatever their family
Article 3: The best interests of the child must be as top priority in all actions concerning children
Article 28: Every child has the right to an education
Article 29: Every child has the right to be the best they can

Our Academy Vision

We are a community in which everyone is offered the opportunity to fulfil their full potential, to understand themselves and be valued for who they are. Through a stimulating and challenging learning environment, we pursue academic excellence and seek the flourishing of all. This is because we know we are all God's children.

"Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as you ever can."
John Wesley

Policy Statement

This Trust is an inclusive community that aims to support and welcome pupils with medical conditions.

This Trust aims to provide all pupils with medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The Trust ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This Trust understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

This Trust understands the importance of medication being taken as prescribed.

Staff understand the common medical conditions that affect children at our schools. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within the Children and Families Act 2014 and follows all legal requirements.

The parent / carer should not send a child to school if they are unwell; Abbey Academies Trust is not an extension of Accident and Emergency. If your child sustains an injury, it is your duty of care to ensure you take your child to their local Accident and Emergency or GP. We can only deal with first aid issues that occur on site.

Where a child has a long-term medical need, a written care plan will be drawn up with the parent / carer and health professionals.

The parent / carer must inform the school or setting (before and after school club etc.) about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up. The school and the setting need separate notifications.

The National Curriculum in England: Framework for Key Stages 1 to 4 emphasises the importance of providing effective learning opportunities for all pupils within the section on inclusion.

Responsibilities

Parents and Carers
If school staff agree to administer medication on a short term or occasional basis, the parent / carer is required to complete a consent form (appendix 5). **Verbal instructions will not be accepted.**

If it is known that pupils are self-administering medication in school on a regular basis, a completed consent form is still required from the parent / carer (appendix 2).

For administration of emergency medication, a care plan must be completed by the parent / carer in conjunction with school nurse and/or school staff. Minor changes to the care plan can be made if signed and dated by the parent / carer. If, however, changes are major, a new care plan must be completed with appropriate medical documentation to support. Care plans should be reviewed annually (as a minimum).

The parent / carer must ensure there is sufficient medication, and that the medication is in date. The parent / carer must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following clearly shown on the label:

- Child's name and date of birth
- Name and strength of medication
- Dose
- Expiry dates whenever possible
- Dispensing date/pharmacist details

School Staff
Some teaching unions advise school staff not to administer medication to pupils; the unions also accept that sometimes it is done. If so, they advise that the teacher has access to information and training and that appropriate insurance is in place. In practice, CEO/Executive Headteacher/Headteacher/Head of School may agree that medication will be

administered or allow supervision of self-administration to avoid children losing teaching time by missing school.

Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken. The administration of any medication during the school day must be recorded (Appendix 3 or Appendix 4 as appropriate).

Care Plans

The care plan should be completed by the parent / carer and designated school staff and informed by up-to-date reports where applicable. It should include the following information:

- Details of a child's condition
- Special requirements e.g. dietary needs including pre-activity precautions, and any side effects of the medication
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role staff can play

An example care plan is in appendix 1.

Staff Training

When training is delivered to school staff, the school must ensure that a training record is completed for inclusion in health and safety records. This will primarily be appropriate for the use of EpiPens (for allergies), although other conditions / procedures may also be included. This is for both insurance and audit purposes.

Storage

When items need to be available for emergency use, e.g. asthma pumps and EpiPens, they may be kept in the area designated (e.g. reception; year block; classroom) according to the size/layout of the building, or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff.

When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys.

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on the school premises, a written stock record (appendix 4) is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent / carer, e.g. at the end of term. These drugs should be kept in a locked cabinet within a room with restricted access (staff only or accessible with staff supervision).

Antibiotics

The parent / carer should be encouraged to ask the GP to **prescribe an antibiotic** which can be **given outside of school hours wherever possible**. Most antibiotic medication will

not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. The parent / carer must complete the consent form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent / carer if needed. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent / carer.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed.

Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, pot or syringe provided by the parent/carer.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent/carer must be informed that day.

Analgesics (Painkillers)
For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does **not** keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Written consent from the parent/carer should ideally be in place. However, AAT keeps a small supply in each school and will administer in an emergency on the verbal authority of the parent/carer. Parent/carer to countersign administration form.

Children should never be given aspirin or any medicines containing aspirin.

Over the Counter Medicine (e.g. Hayfever Remedies)
These should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. The parent / carer must clearly label the container with the child's name, dose and time of administration and complete a consent form.

Disposal of Medicine

The parent / carer is responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each year.

Residential Visits

On occasion it may be necessary for a school to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the Parental Consent Form will provide an "if needed" authority, which should be confirmed by phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

Refusing Medicine

When a child refuses medicine the parent/carer should be informed the same day and it should be recorded accordingly. Staff cannot force a child to take any medicine.

Self-Management

Children are encouraged to take responsibility for their own medicine from an early age, overseen by adult supervision. A good example of this is children keeping their own asthma reliever – this should be put into place where children are able to consistently take charge of their own care and will be done with full support of their parent/carers.

Travel Sickness

In the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

- **Day Visits (e.g. to a museum or exhibition)**

  The pupil should be given the appropriate medication before leaving home, and when a written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents and time of medication). Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation

Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by school staff who have volunteered and have been designated as appropriate by the CEO/Executive Headteacher/Head of School and have received the appropriate training.

- There should be an individual care plan and consent form in place for each child – these should be readily available
- Ensure that the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box
- The EpiPen should be readily accessible for use in an emergency and where children are of an appropriate age; the EpiPen can be carried on their person
- Expiry dates and discolouration of contents should be checked termly
- The use of the EpiPen must be recorded on the child's care plan with; time, date and full signature of the person who administered the EpiPen
- Once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent / carers' responsibility to renew the EpiPen before the child returns to school
- If the child leaves the school site e.g. school visits, the EpiPen must be readily available.

Guidelines for Managing Asthma (see also Asthma Policy)

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently, it is unlikely there would be any adverse effects.

- If school staff are assisting children with their inhalers a consent form from the parent /carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency
- Inhalers **must** be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in a small school inhalers may be kept in the school office
- It would be considered helpful if the parent / carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidently left at home, or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year
- All inhalers should be labelled with the child's name
- Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning
- School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers
- The parent / carer should be responsible for renewing out of date and empty inhalers
- The parent / carer should be informed if a child is using the inhaler excessively
- Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **must** be available during PE and games. If pupils are unwell, they should not be forced to participate
- If pupils are going on off-site visits, inhalers **must** still be accessible
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues and hazardous substances. Care should be taken to ensure that any pupil who reacts to these are advised not have contact with these

Guidelines for Managing Hypoglycaemia in Pupils who have Diabetes (Hypos or Low Blood Sugar)

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Executive Headteacher/Head of School will administer treatment for hypoglycaemic episodes.

To prevent "hypos":

- There should be a care plan and consent form in place. Staff should be familiar with a pupil's individual symptoms of a "hypo". This will be recorded in the care plan
- Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent / carer

To treat "hypos":

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech
- Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per care plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term
- It is the responsibility of the parent / carer to ensure appropriate treatment is available. Once the child has recovered, a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made, and the child put in the recovery position. Do not attempt oral treatment. The parent / carer should be informed of "hypos" where staff have issued treatment in accordance with the care plan

If Hypostop has been provided:
The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's care plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious.

Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having

more adult-like conversations than usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling Behind with Work
Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parent / carer, should be able to reassure them and if necessary, arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets (if applicable) as before, unless they specifically want to change groups. Regularly revise the pupil's timetable and school day as necessary.

Having a Key Person at School
It's helpful to have one "key" adult that the pupil can go to if they are upset or finding school difficult, plus a "plan B" person for times when the usual person is not available.

Physical Activity
Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy or an adult to carry their bags and ensure all access arrangements are in place as required.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing Staff
Ensure that all staff, including lunchtime supervisors, have been briefed on key information.

If staff are concerned about the pupil, it is important that they phone the parent / carer to discuss the significance of signs or symptoms. The parent / carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call 999 for an ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

Further Information and Guidance

Asthma UK
www.asthma.org.uk

Diabetes UK
www.diabetes.org.uk

Epilepsy Action
www.epilespy.org.uk

CLIC Sargent (Cancer)
www.clicsargent.org.uk

Appendices

Appendix 1: Care Plan

Appendix 2: Request for Child to Carry Medication

Appendix 3: Administration of Medicines Record Form

Appendix 4: Register and Administration of Controlled Medicines Record Form

Appendix 5: Request for School to Administer Medication

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Appendix 1

Care Plan

Name of School / Setting:	
Child's Name:	
Date of Birth:	
Class Name:	
Child's Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	
Written/reviewed by:	

Contact Information

Contact 1		**Contact 2**	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		**GP**	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.:
Daily care requirements (e.g. before sport / at lunchtime):
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):
Who is responsible for providing support in school:

Staff training needed/undertaken:
Specific additional support e.g. social, emotional and educational needs:
Arrangements for school visits etc.

Parental Agreement for School to Administer Medicine

Name of School / Setting:	
Child's Name:	
Date of Birth:	
Class Name:	
Child's Address:	
Medical Diagnosis or Condition:	
Name/Type of Medicine as Described on the Container (Medicines must be in the original container as dispensed by the pharmacy):	
Date Dispensed:	
Expiry Date:	
Agreed review date to be initiated by (name of member of staff):	
Dosage and method:	
Timing:	
Special Precautions:	
Any side effects that the school/setting needs to know about?	
Self-Administration? (see Request for Child to Carry Medication if appropriate)	
Procedures to take in an emergency:	

This healthcare plan was drawn up with my full involvement and is, to the best of my knowledge, accurate at the time of writing.

I give consent to the school to administer medicine in agreement with the school policy.

I understand that I must deliver the medicine personally to the school in the original container with any measuring equipment.

I acknowledge that any staff involved in the administration of medication in school are not qualified medical practitioners nor hold themselves to be medically qualified practitioners.

I understand that the staff in school will take reasonable care in the administration of medicines in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

I understand that I must notify the school of any changes in writing or at a meeting where all parties are represented.

Child's Name:	
Date:	
Signature:	
Print Name:	
Relationship to Child:	

Appendix 2

Request for Child to Carry Medication

This form must be completed by the Parent / Carer.

Name of School / Setting:	
Child's Name:	
Date of Birth:	
Class Name:	
Child's Address:	
Name of Medication:	
Procedures to be taken in an emergency	

Contact Information

Name:	
Daytime Phone No.	
Relationship to Child:	

I would like my child to keep their medicine on their person for use as necessary.

Signed:	
Date:	

If more than one medicine is to be given a separate from must be completed for each type of medication.

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Appendix 3

Administration of Medicines Record Form

Childs Name:	
Class Name:	

Name of Medication	Dosage (Time, Frequency and Amount)	Date	Time (24 Hour Clock)	Signature 1	Signature 2

Appendix 4

Register & Administration of Controlled Medicines Record Form

Childs Name:	
Class Name:	
Week Beginning:	

Day of the week	Name of Medication	Quantity on opening ___mg	Dosage given	Date	Time (24 Hour Clock)	Remaining Stock on closing ___mg	Administered by Name & signature	Witnessed by Name & signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

New stock received:

Date	Name of Medication	Quantity Received ___mg		Signature 1	Signature 2

Friday stock-check:

Date	Name of Medication	Quantity Remaining ___mg		Signature 1	Signature 2

ABBEY ACADEMIES TRUST

Appendix 5

Request for School to Administer Medication

Name of School/Setting:	
Child's Name:	
Date of Birth:	
Class Name	
Child's Address:	
Medical Diagnosis or Condition:	
Name/Type of Medicine as Described on the Container (Medicines must be in the original container as dispensed by the pharmacy):	
Date Dispensed:	
How long will your child take this medication for:	
Dosage and method:	
Timing:	
Special Precautions:	
Any side effects that the school/setting needs to know about?	
Self-Administration? (see Request for Child to Carry Medication if appropriate)	
Procedures to take in an emergency:	

Contact Information

Name:	
Daytime Phone No.	
Relationship to Child:	

I understand that I must notify deliver the medicine personally to the class teacher or school office and accept that this is a service which the school is not obliged to undertake.

Child's Name:		Signature:	
Date:		Print Name:	