



SUNNYHILL PRIMARY SCHOOL

Supporting Pupils with Medical Conditions

Managing medicines during the school day

Prescription medicines should **only** be taken during the school day when **essential**.

Parents/carers are encouraged to look at dose frequencies and timing so that medicines can be taken out of school hours. Parents/carers can ask Doctors for timed-release medication for a minimum number of daily doses.

If it is inevitable and medicine has to be administered during the school hours, the prescribed medicine must be supplied in the original packaging including prescriber's instructions and parents/carers must complete, and sign a 'Request to Administer Medicine' form (Appendix 1), including possible side effects before administration of any medicines.

It is understandable that some pupils have long term illnesses and require access to their medication when needed. In these circumstances the school will have a School Medical Plan prepared for such children containing instructions on what dosage and when medicine should be administered.

If possible doctors should provide two prescriptions; one for home use, one for school use, so that the medicine can be kept in the original containers when the illness is long-term.

Named member of staff may administer prescribed medicine for whom it has been prescribed, according to the instructions, and record will be kept for audit and safety (Appendix 5). The school will store medicines in a secure environment. It is the responsibility of parents/carers to ensure that medicines sent to school are 'in date' and the school will communicate with the parents/carers if new medication is required. All medicines should be returned to parents/carers for disposal once a course of medication has been completed, or medication date expired.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the School Medical Plan. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school.

Inhalers are kept in the school office. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider.

The school inhaler will only be used in an emergency and will always be used with a spacer.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. Training in the administration of auto injectors is provided to staff.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/carer to provide 2 auto-injectors for school use.

Each child should have two Epi-pens which are kept in the office in a clearly labelled cupboard. Epi-pens are stored in boxes with a photo of the child on the outside. Adults receive training annually.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction.



Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. Physical Education, Design and Technology.

Hay fever

Parents/carers will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils School Medical Plan. The school will administer 1 standard dose of antihistamine (appropriate to age of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupil must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms, then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay, an ambulance called and the parents/carers informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has a School Medical Plan, the emergency procedures detailed in the plan are followed. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available, staff will administer the school's emergency medication and will then notify parents/carers.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use.

Instructions for calling an ambulance are displayed in the school office.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines and parents/carers must complete, and sign a 'Request to Administer Medicine' form (Appendix 1).

Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained. Circumstances that might permit the use of pain relief in the under 10's include fracture, and post-operatively general surgery. In addition to the protocol for the administration of paracetamol detailed above the school will:

- If a dose of pain relief has not been administered in the past four hours the school will with parental consent administer one dose.
- Only administer paracetamol for a maximum of 1 week.
- The parent or guardian will supply daily a single dose of paracetamol for administration. This can be in the form of a liquid sachet.
- The requirement for pain relief will be regularly reviewed during the week; pain relief should not be given routinely each day.



The school will inform the parent/carer if pain relief has been administered and the time of administration. Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc. If the school is in any doubt, the school nurse will be contacted for further advice.

The school will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions.

Pupils with Long-term or Complex Medical Needs

Parents/carers should provide the school office with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements should be outlined 'at induction' and discussed at the home visit where relevant. Arrangements can then be made, between the parents, school, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in a School Medical Plan. These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

Where school staff carry out glucose monitoring, records will be kept with parents/carers.

Impaired mobility

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's School Medical plan.

Managing medicines on trips and outings

Children with medical needs can still take part in visits. The responsible member of staff will carry out a specific and additional risk assessment, if necessary, and medical needs are always a consideration when completing a risk assessment. This will allow reasonable adjustments to be made.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the School Medical Plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Head Teacher, for administering medicines and carrying out procedures.

When all appropriate planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.



The Head Teacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

Storing medicines

The school will keep medicines in the school office. Asthma medication is to be kept in the office and for more acute cases additional inhaler will be kept in the classroom for children to use when needed. Asthma medication must be taken on all school visits.

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff training record – Supporting pupils with medical conditions' (Appendix 2).

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Leadership Team who will immediately inform the pupil's parent/guardian and seek medical advice. Details of the incident will be recorded locally as part of the school's local arrangements (Appendix 4). Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Leadership Team will investigate the incident and change procedures to prevent reoccurrence if necessary.

NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Record keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'Record of medicine administered to an individual child' (Appendix 5).

Children's medical needs – parental responsibilities

The school will liaise closely with parents/carers so that information is shared and the School Medical Plan reflects all information.

The School Medical Plan will be agreed jointly by the school and parents/carers.



The school will seek parents/carers' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents/carers should provide the school with information about their child's condition and be part of the School Medical Plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines. The Head Teacher should seek their agreement before passing information to other school staff.

It is the parent/carer's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

Approved by:	Resources Committee May'22
Reviewed Date:	26 th Mar'24
Next Review Date:	Spring 2026



Appendix 1 'Request to Administer Medicine'

SUNNYHILL PRIMARY SCHOOL REQUEST TO ADMINISTER MEDICATION

Please complete this form if you wish the school to administer medication to your child/ren or supervise them whilst they take the medicine themselves during the school day.

This form will be kept in the office and class teacher will be provided with a copy:

Child's Name				
DOB		Class		
Condition/ Illness				
Medicine Name		Expiry Date		
To be stored in:	Medicine fridge		Medicine Cabinet	
Dosage				
Time/s of dosage				
<i>Please indicate (with a ✓) which days you wish the school to administer the medicine</i>				
(Mon)	(Tue)	(Wed)	(Thu)	(Fri)
Duration of Administration:		Self-administration:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects:				
Emergency Contact Name		Number		

Parent Signature		Date	
Parent (Print Name)			
Staff Name (completing form)			



Appendix 2 'Staff training record – Supporting pupils with medical conditions'

SUNNYHILL PRIMAY SCHOOL
STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name:			
Type of training:		Date of training completed:	
Training provided by:			
Refresher training date:			

I confirm that above named member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated _____.

TRAINER'S NAME: PRINT		Trainer's Signature:
Date :		



Appendix 3 'Emergency Ambulance Call Procedure'

SUNNYHILL PRIMARY SCHOOL

Emergency Ambulance Call Procedure

Purpose:

Emergency procedures must be established to ensure proper attention for any individual injured at school.

Records must be maintained on all accidents that require an ambulance to be called or the attention of a medical doctor.

Details: After an individual has been assessed by a fully qualified 1st Aider and the decision to call an ambulance has been made:

Step 1:

Remain calm and never leave the ill or injured individual.

Step 2:

Have someone notify the school office. Most senior member of staff on site needs to call 999 and co-ordinate response from the school telephone.

Step 3:

Have the following information ready:

- Give information to the dispatcher to the best of your ability about what has happened, individual's name and a brief description of their symptoms;
- Location of injured individual on the site and inform Ambulance of the best entrance to use, i.e. come to Main Entrance on Sunnyhill Road or Children's Centre Entrance on Harborough Road. State that the crew will be met and taken to the patient;
- The number of the phone you are calling from;
- School Address including the post code;
- Stay calm and follow the advice the ambulance service operator gives you.
- If the affected individual can be safely moved to the school office, they should be in the room when speaking to the Emergency Services

Step 4:

A member of staff will be asked to stand at the school entrance/reception to direct Emergency Medical Services (EMS) to the individual or request the admin staff to guide EMS to injured individual.

Step 5:

A member of SLT or office staff must notify the parent of what has happened. If unable to reach parents/next of kin, the office staff will continue attempting to make contact using the designated phone numbers recorded on the School System. Do NOT wait for parents/next of kin to arrive.

Step 7:

Once EMS personnel arrive and if parent/next of kin is not present, a member of staff will accompany the pupil in the ambulance or follow the ambulance to the hospital. Information about where the individual is being taken will be shared with parents/next of kin as soon as they arrive or contact has been made.

Step 9:

Member of staff will stay with the injured individual until a parent/carer or next of kin arrives at the hospital.

[illegible]

[illegible]