Policy/Procedure Name:	MEDICAL NEEDS (ADMINISTRATION OF MEDICATION) POLICY		
Last Update:	**March 2025**	Next Update Due:	**March 2028**

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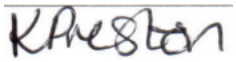
Signature of Authorised Individual	
Signature of the Director	

This document forms part of **the First Aid Policy** and **should be read in conjunction with it**.
In the Medical Room (the kitchen), there is a locked cabinet in which medication is to be stored and a refrigerator for medications that require refrigeration.

1. Introduction

1.1 Purpose of Policy

1.1.1 The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We believe it to be important that parents should not send a child to school if he or she is unwell. Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. It is crucial that parents inform the school about any particular medical needs before a child is admitted or when a child first develops a medical need.

1.2 Legal Position

1.2.1 Any staff who agree to administer medicines to pupils in school do so on an entirely voluntary basis: there is no obligation on staff to volunteer to administer medicines.

1.2.2 Willow Park School acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

Negligence

1.2.3 "A headteacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing" (Gower v London Borough of Bromley, 1999)

1.2.4 Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the School, which is vicariously liable for a breach of duty by the headteacher, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the School, then the School will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with any training

received from and endorsed by the School.

1.3 Criminal Liability

1.3.1 In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk or serious injury or harm.

2. General

2.1 Non-Prescribed Medication

2.1.1 It is expected that parents will ensure that non-prescribed medication is administered, by parents, outside of school hours. However, in rare cases, the school will store and give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines) if the parent completes the school's agreed pro forma detailing the reasons for the medication and dose to be given (see appendix A). If the school has a concern about the frequency of individual children needing such medication in school, a senior leader will talk with the parents to make them aware of these concerns. If the senior leader(s) have concerns about the welfare of a child being regularly given medication in school, the procedures in the school's Safeguarding Policy will be followed.

2.2 Prescribed Medication

2.2.1 The teacher and teaching assistants are responsible for administering medicines to pupils in cases where a child is prescribed medicine that needs to be taken during the school day.

2.2.2 If medicines such as antibiotics are prescribed and need to be taken up to 3 or 4 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

2.2.3 Parents should give careful consideration to whether their child is well enough to be at school if they require medicine 4 times a day.

2.2.4 Prescribed medicine will NOT be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers, using the form in Appendix A, and the school has indicated that it is able to comply with these. Support is available for the completion of the relevant form for parents who have literacy problems or where English is not their first language.

2.2.5 It must be understood that staff who are administering prescribed medicines are acting voluntarily. Medication will only be administered by staff who have received appropriate training.

2.2.6 The parents or carers must take responsibility for updating the school, in writing, with any changes in administration for routine or emergency medication and maintain an in-date supply.

2.2.7 All medicines must be provided in the original container as dispensed by a

pharmacist and include the prescriber's instructions. They must be clearly labelled with:

- Name of child;
- Name of medicine;
- Dose;
- Method of administration;
- Time/Frequency of administration;
- Any side effects;
- Expiry date.

All medicines must be collected by parents / carers by the end of each term.

2.2.8 Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. Parents or carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

2.2.9 All children who require medication to be given during school hours will be given clear instructions on where to report and who will be administering their medication, in order to prevent any error occurring. A strict recording system is in place for the administration of all non-emergency medication.

2.2.10 If a child refuses medication or treatment to be administered by school staff, then the school will:

- **NOT** force the child to take the medicine / treatment;
- If considered necessary, call an ambulance to get the child to hospital;
- Inform the child's parents / carers immediately.

3. Emergency Medication (incl. Storage and Disposal of Medication)

3.1 Emergency Medication

3.1.1 Asthmatic children must have immediate access to "reliever" inhalers at all times as self-administration is the usual practice. However, at Willow Park, this will done considered on a case-by-case basis depending on the understanding and maturity of the pupil. Where a pupil has an inhaler, this is kept by the pupil's teacher or teaching assistant in a designated First Aid bag. The inhaler should be clearly marked with the child's name. When the pupil attends lessons, other than in their own classroom, e.g. outside or off-site learning, the bag should be given to the adult responsible for that session. The parent must have signed a form to request for the pupil to carry his/her medication.

3.1.2 All emergency medication must follow the child at all times. A small minority of children (described in paragraph 3.1.1) may carry their own emergency treatment, but if this is not appropriate the medication will be kept by the adult in charge.

3.1.3 The school may hold spare emergency medication, if it is provided by the parents / carers, for use in the event that the child loses their medication. Until it becomes the emergency treatment the spare medication will be kept securely in accordance with the procedures for the storage of non-emergency medicines.

3.2 Storage

3.2.1 All medicines except emergency medication and inhalers will be held stored in a

locked cabinet or locked fridge, as necessary.

3.2.2 The designated teaching assistant is responsible for ensuring that the locked medical cabinet is checked on a regular basis and any out-of-date medicines are identified.

3.3 Disposal

3.3.1 Any unused or time expired medication will be handed back to the parents / carers of the child for disposal.

3.3.2 Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held when their child leaves the school. If parents do not collect all medicines, the Designated teaching assistantwill take them to a local pharmacy for safe disposal.

4. Long Term Medication

4.1 The school acknowledges that medicines in this category are largely preventative in nature and that it is essential they be given in accordance with instructions, otherwise the management of the medical condition is hindered.

4.2 The school may seek parents' / carers' permission to explain the use of medication to a number of pupils in their child's class so that peer support can be given. This will only occur where it is considered such action would be helpful and/or necessary and in a number of years' time when we have older pupils at Willow Park.

5. Injections

5.1 There are certain conditions (e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders) which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case (and, in reality, for the majority of cases at Willow Park) an **Individual Care Plan** (see appendix B) will need to be written an signed before any administration, and training provided to staff who agree to administer the injections. The care plan must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

5.2 Where injections are being administered, this should be by trained staff, and there should be one other person present in the medical room to double check the dosage being administered is correct. As injections are usually administered in the thigh, a child may need to adjust clothing so it is good practice to have another adult present.

6. Emergency Treatment

6.1

a) No emergency medication should be kept in school except that specified for use in an emergency for an individual child.

b) A care plan must be in place in all cases where a child has been prescribed emergency medication / treatment. Guidance and template documentation can be found in appendix B

c) Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency (see paragraph 2.6).

d) In the event of the absence of all trained staff, parents / carers will be notified immediately and agreement reached on the most appropriate course of action.

e) If it is necessary to give emergency treatment, a clear written account of the incident will be recorded and retained by the school: a copy will be given to the parents / carers of the child.

f) In all circumstances, if the school feels concerned, they will call an ambulance.

6.2 In accordance with paragraph 6.1 above:

a) When specifically prescribed, a supply of antihistamines or pre-prepared adrenalin injection should be used if it is known that an individual child is hypersensitive to a specific allergen (e.g. wasp stings, peanuts, etc). Immediate treatment will be given before calling an ambulance.

b) A supply of "factor replacement" for injections should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary it is usual for the child to be able to self-inject. If this is not the case the parents / carers will be contacted immediately. If contact cannot be made emergency advice will be taken from the Haematology day unit run by the University Hospitals of Coventry and Warwickshire NHS Foundation Trust (02476 965491) or an ambulance will be called.

c) For children who have repeated or prolonged fits and require the administration of rescue medication, a small supply of Buccal Midazolam or Rectal Diazepam may be kept in school for administration to a specifically identified child. In such circumstances, a Care Plan (Appendix B) will be written.

Where either of these rescue medicines have been administered an ambulance will be called to take the child to the nearest hospital receiving emergencies, unless the parent / carer or a healthcare professional indicates otherwise and this is acceptable to the school.

d) A supply of glucose (gel, tablets, drink, food etc) for treatment of hypoglycaemic attaches should be provided by parents / carers of any child suffering from diabetes mellitus. If, after an initial recovery, a second attack occurs within 3 hours, the treatment will be repeated and the child taken to the nearest hospital receiving emergencies.

7. Educational Visits

7.1 Any medical problems must by highlighted by parent / carers prior to their child's participation in an educational visit.

7.2 Where insurance cover is obtained by or through the school, medical conditions must be disclosed, otherwise insurance cover may be refused or be invalid.

7.3 The designated teaching assistant supervises the storage and administration of all medication. See also section 2 of this policy.

7.4 Where medication needs to be kept refrigerated, parents / carers may be asked to supply a cool box / bag and ice packs for use on educational visits. Care must be taken to ensure that the mediation does not come into direct contact with the ice packs.

7.5 In a small number of cases, children should carry their own reliever inhalers or emergency treatment (see 2.7 above), but it is important that the Designated teaching assistantis aware of this.

7.6 In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A "999" call will then be made to summon emergency assistance.

8. Advice on Medical Conditions

8.1.1 The Community Paediatrician or Nurse may be asked to give advice regarding medical conditions to the school.

8.1.2 Parents / carers of children suffering for medical conditions, who require general information, are advised to seek advice from the GP, school health professionals (contact details available on request), or from the bodies detailed in **appendix C**. These bodies can also supply leaflets regarding the conditions listed.

9. School Illness (attendance) Guidelines

9.1 Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.

9.2 Parents are expected to adhere to the guidelines in **appendix D** in the event of their child contracting particular illnesses / conditions:

10. Glossary

Care Plan	Specific information on individual pupil requirements and their needs, to be met while in school. Includes details of any treatment / medication to be administered by members of staff. Agreed by the Head Teacher and parents.
Medication	Medicines, therapeutic products and products used as a treatment for the child.

Appendix A

Basic Care Plan / Instruction to Administer Medication

Please **complete all shaded boxes on this form**

Name of Child	DOB

My Child has been diagnosed as having (condition)	

	Name of Prescribed Medication	Name of Non-Prescribed Medication
(S)he has been considered fit for school but requires the following prescribed/non-prescribed medicine to be administered during school hours:		

	by an adult only	Either by the child themselves or by an adult
I give permission for the medication to be administered (indicate **yes** in the appropriate box)…		

	Dosage (how much)	At (times)	Starting from (date)	Until (date) leave blank if there is no defined end date
Administration details				

	Mouth	Ear	Nose	Other (please specify)
Administered to…				

I allow for my child to carry the medication upon themselves* **Yes or No**	

*The school will need to also give permission for this, taking into account the risks

Please turn over to complete the form

Declaration

- I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.
- I understand that the school cannot undertake to monitor the use of self-administered medication or that carried by the child and that the school is not responsible for any loss of/or damage to any medication.
- I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near my child at all times.
- I understand that staff will be acting voluntarily in administering medicines to children.
- I undertake to collect all medicines from the school when they are no longer required, expired, and at the end of each term.

Signature of Parents/Carers with Legal Responsibility for the Child (please use an electronic signature where possible – we will send this back to you for signing if not)	Name of Parent/Carer	Date

	Mobile	Work	Home
Contact Details			

for school use only ✂----------

Record of Medication Administered to the Pupil

MUST BE PRINTED BACK TO BACK WITH THE 'Instruction to Administer Medication' form

Name of Child | | Yr Grp | |

Date	Time given	Dose given	Initials (staff)	Sign (staff)	Countersigned

Appendix B

INDIVIDUAL CARE PLAN

For long-standing medical conditions

Please **complete all shaded boxes on this form**

DOB	Name of Child	Date of Birth

Address	

Medical Diagnosis or Condition	GP Surgery

Parent(s)/Carer(s) Name(s)	Parent/Carer Contact Nos.

Describe **medical needs** and give details of **child's symptoms**	
Daily care requirements	
Describe **what constitutes an emergency for the child**, and the **action to take** if this occurs	
Follow up care (including school recording in First Aid Book)	
Who is responsible in an emergency, including if different for off-site activities (including school's trained first aiders)	
Who has required **specific training**?	
Back up Procedures in the Event of the absence of a trained member of staff	

Signature of Parents/Carers with Legal Responsibility for the Child (please use an electronic signature where possible – we will send this back to you for signing if not)	Signature of Head teacher	Date

for office use only ✂----------

Name of Child	DOB

Child's condition	

If applicable, please also complete an ***'Instruction to Administer Medication form'***

Log of training linked to this Care Plan

Staff who have received relevant training

NAME	SIGNED	DATE OF TRAINING	RENEWAL

Appendix C – help and support for specific medical conditions

Asthma at school – a guide for teachers www.asthma.org.uk Asthma Helpline: 0845 701 0203	National Asthma Campaign Summit House 70 Wilson Street London EC2A 2DB
Guidance for teachers concerning Children who suffer from fits www.epilepsy.org.uk Helpline: Freephone 0808 800 5050 helpline@epilepsy.org.uk 9.00am - 4.30pm (Fridays - 4.00pm)	Epilepsy Action The New Anstey House Gateway drive Yeadon Leeds LS19 7XY
Guidelines for Infections (e.g. HIV, AIDS and MRSA)	Health Protection Agency Tel: 0844 225 4524
Haemophilia info@haemophilia.org.uk Helpline: 0800 018 6068 10.00am - 4.00pm (Mon - Fri)	The Haemophilia Society First Floor, Petersham House 57a Hatton Garden London EC1 8JG Tel: 0207 831 1020
Allergies Anaphylaxis Campaign www.anaphylaxis.org.uk www.allergiesinschools.org.uk Helpline: 01252 542029	The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX
Thalassaemia www.ukts.org office@ukts.org	UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH Tel: 0208 882 0011
Sickle Cell Disease info@sicklecellsociety.org Helpline: 0800 001 5660 (24hrs)	The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA Tel: 0208 961 7795
Cystic Fibrosis and School (A guide for teachers and parents) www.cftrust.co.uk	Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY Tel: 0208 464 7211
Children with diabetes - Guidance for teachers and school staff www.diabetics.org.uk Diabetes Careline: 0845 120 2960	0345 123 2399 (Monday to Friday, 9am to 6pm) or email helpline@diabetes.org.uk

Appendix D – guidelines for time required away from school for specific conditions

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and / or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member .
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarlatina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	Must be given at home by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).