



SUPPORTING PUPILS WITH MEDICAL NEEDS, ADMINISTERING MEDICINES AND FIRST AID POLICY BENTLEY AND COPDOCK PRIMARY SCHOOLS



1. MEDICATION IN SCHOOLS

1.1 Responsibility for Administering Medicines

The administration of medicines to children is the responsibility of parents, and there is no legal or contractual duty on headteachers or school staff to administer medicine or supervise a pupil taking it. However, school staff are often asked to assist pupils who are taking medication. This policy is intended to guide staff and parents on such matters.

1.2 When this may be required

There are two main sets of circumstances in which requests could be made to school staff to deal with the administration of prescribed medicines to children at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where pupils recovering from short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.

In addition, school staff may find it necessary in an emergency to take action, which in exceptional circumstances might extend to administering medicine.

Very few courses of medication are likely to require medicine to be taken during school hours. In light of this the school will only administer medication when no other alternative is available ie: a medication has to be taken at a specific time and cannot be given to the child by a parent / carer before and after school.

There may be occasions, such as during a residential or out of hours visit where staff would need to support this. Further information about procedures can be found in sections 2.4, 4.1 and 7.

2. THE SCHOOL'S RESPONSIBILITY

2.1 The Legal Position

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: Supporting pupils at school with medical conditions.

2.2 Direct Action

The Headteacher (or their representative) will take appropriate action when a child in their care becomes ill. In most cases appropriate action will be to secure either the attendance of a parent or of medical assistance, but in a few rare instances the staff member may need to take some limited direct action.

2.3 Routine Administration of Medicines

Teachers share the general legal duty of care towards their pupils, but they have no obligation either to administer drugs routinely or to supervise children taking medicines. However, the school and the governing body have a legal responsibility to ensure that necessary measures are put in place to meet medication needs of pupils if they have an EHCP (Education and Health Care Plan).

2.4 A Named Person to Take Responsibility

Where medicines are to be administered for those children with chronic illnesses the Headteacher will ensure that a named person is responsible for medicines, together with a nominated deputy. These members of staff should be suitably trained to undertake the responsibility. Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek advice from the School Nurse, School Doctor, the Consultant Community Paediatrician, or the child's GP. All medication administered to pupils in school by staff will be recorded on the Record of Medication Administered form (appendix B)

2.5 Data Protection and GDPR

We collect information in order to ensure that we meet the welfare needs of pupils. Parents will be asked to sign an information sharing consent form if they have provided any information on medical needs in the data collection process. This requests permission as follows:

Where information has been provided about your child's medical needs or allergies, do you consent to an information sheet detailing the condition, what to do in an emergency and a picture of your child being displayed in the following areas:

- *The kitchen (this is particularly important for those staff members serving food to children with allergies)*
- *The staff room (this is sometimes accessed by visitors to the school as well as members of staff)*
- *In the school office in a discreet place not easily seen by visitors*
- *In my child's class room in a discreet place not easily seen by visitors*
- *In the register box (only accessed by staff and supply teachers)*

3. The Governing Board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions will ensure that written records are kept of all medicine administered to pupils.

4. THE PARENTS' RESPONSIBILITY

4.1 Parental or Self-Administration

It is essential that parents administer or supervise the self-administration of medicine to their children whenever this is possible. This can be done by the parent visiting the school during lunch for example to administer the medication to the child. We accept that for some parents this is not feasible due to work commitments etc. In these cases, a consent to administer medication form **must** be completed by the parent / guardian and the legal disclaimer signed (Appendix A).

4.2 Labelling Medicines

Parents should ensure that the medicine is within its "use by" date (where relevant) and that the container (the pharmacist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions from parents or doctor. The receiving member of staff should check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container should be discussed with the School Nurse, School Doctor or the Consultant Community Paediatrician. In cases where children require medication over long periods of time, any change in the dosage or other arrangements should be notified by parents, in writing, to the Headteacher.

4.3 Prescription Medicines in an Emergency

Where there is an obvious possibility that the administration of prescription medicine may be required in an emergency (for example, on a school visit which requires an overnight stay), parents should be asked to sign a suitable authorisation/indemnity. Bentley and Copdock use the Suffolk County Council Educational Visits form.

4.4 Parents and the School's Legal Duty of Care

If the parents refuse to sign the indemnity, the Headteacher should make it clear to the parents (in writing) that the school has a legal duty of care to its pupils, and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them.

5. GENERAL GUIDELINES

5.1 Long Term Illnesses

Information about long-term illnesses, such as epilepsy or asthma, will be recorded on the List of Medical Conditions and Allergies form, together with appropriate instructions, and reviewed every September or as changes are reported by parents / carers. Where a child is under the care of a hospital for long term illnesses or conditions, parents should provide a copy of their Health Care Plan or Allergy Action plan issued by the child's doctor.

5.2 Self-Administered Medicines

In a Primary School setting, the children are considered too young to self-administer medication. There is however an exception to this in the use of relievers for asthma.

Asthma

Staff will be trained on signs of an asthma attack and action to take (Appendix C)

Parents should send in their child's own reliever inhaler to school. Parents should complete the Request for school to administer medication form and the Asthma card. There is a register of children who may need to use an inhaler, this is included in the medical conditions document accessible by all staff.

Parents are responsible for checking the expiry date at the end of each term and replacing and returning the inhaler as necessary.

Asthma inhalers are stored in the classroom and must be taken out on all educational visits outside of the school site. Asthma inhalers must also be taken to all swimming lessons and kept pool-side. Inhalers are kept in the appropriate classroom with the mini first aid box.

If the trained member of staff present feels confident in the child's ability to administer the reliever themselves, or the parents have indicated that they are capable, that member of staff may decide to just oversee the administration, only intervening if necessary. On administering such medication, a record of this will be kept in the class first aid book.

A spare emergency inhaler and spacer is available in school. This will be stored safely in an area easily accessible by all staff out of the sight of children. A consent form will be issued to parents to give the school permission to use an emergency inhaler if necessary. (Appendix B). If a child needs to use their inhaler a record of the time, and dose will be recorded and parents advised. (Appendix C)

5.3 Chronic Medical Conditions

Where children have conditions such as diabetes, severe asthma, cystic fibrosis, anaphylaxis, ADHD; when medication needs to be available immediately, parents must consult the school and a care protocol agreed. Storage of such medication will be detailed in the care plan and will usually be in the child's classroom, out of general reach to children, or in the care of the adult responsible if they are on a school outing. Any child requiring a care plan will be notified to staff through the school register and first aid boxes.

5.4 Storing Emergency Supplies of Drugs

Where a pupil's case makes it necessary, emergency supplies of drugs can be stored in schools, but only on a single-treatment named patient basis. Examples include adrenaline, rectal valium and epilepsy drugs. The use of such drugs, however, is extremely rare and in these cases specific training on how and when to administer will be provided by way of training from a medical professional.

5.5 Surplus Medicines

Medicines no longer required should not be allowed to accumulate at school. They should be returned to the parent in person for disposal. Where medicines for emergency use are held in school at parents' request, they should be returned to parents at the end of each term, with a request to check and replace them as necessary.

5.6 Non-Prescribed Medicines

The school may, at their discretion, administer pain killers such as Calpol, or allergy medication such as Piriton, as long as a Request For the School to Administer Medication form (appendix A) is completed by a parent. If medication is kept in school for a child, it may be given via verbal consent from the parent after the initial form is completed. However, a new form needs to be completed each academic year.

Aspirin will not be administered and must not be brought to school by pupils. As we are a primary school, we must be aware that solutions containing aspirin **are not suitable for anyone under the age of 12 years**. Under no circumstances should any medication containing aspirin be given to any pupil at school, even if a parent wishes to administer as we would be in breach of our Duty of Care.

5.7 Review and Monitoring

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the Headteacher or their authorised representative on an annual basis unless circumstances or changes to medical conditions require a more immediate review.

6. CIRCUMSTANCES REQUIRING SPECIAL CAUTION

6.1 The Position for School Staff

Some children require treatment which school staff may feel reluctant to provide, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheotomies or gastrostomies. The number of such cases will be very small, and early identification and careful planning by the relevant Health Authority should result in detailed discussion with the school and the formulation of a carefully designed individual programme to meet the needs and circumstances of each case.

There is no legal requirement for Headteachers and staff to undertake these responsibilities, other than in the case of support staff employed specifically to help such children where the terms of their contract of employment identify the need to assist with medication. Only those who are both willing and appropriately trained should administer such treatment. Administration must be in accordance with instructions issued by a doctor. Training in invasive procedures must be conducted by personnel with appropriate medical qualifications. The school nurse may provide advice on nursing matters. For the protection of both staff and children, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection (e.g. disposable gloves) must be worn.

6.2 Allergic Reactions

Pupils who may experience an extreme allergic reaction (anaphylaxis), triggered by food stuffs or wasp stings, for example, will require an individual care plan (see below). This will include immediate contact with the Emergency Services and/or local medical practice and the administration of drugs as previously agreed.

6.3 Complex Conditions

In certain circumstances where pupils have complex and/or long term medical conditions, an individual health care plan will be drawn up. The purpose of the plan will be two-fold:

- to support the pupil's regular attendance and optimum participation in normal school activities;
- to help staff to ensure the pupil's safety and that of other pupils.

6.4 Individual Care Plans

Individual care plans should be drawn up in consultation with the parents, the child (where appropriate) and the child's medical carers, by the medical professionals in charge of that child's care, e.g. their paediatrician. The plans may include:

- details of a pupil's condition (including symptoms of any condition which requires prompt action);
- special requirements e.g. dietary needs, pre-activity precautions;
- medication and any side effects;
- what to do, and who to contact in an emergency;
- the role the school can play.

7. PARENTAL CONSENT FOR TREATMENT

7.1 School Journeys

If a child is being taken on a school journey where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the pupil should not go on the journey.

7.2 Rejecting Medical Treatment

Sometimes a pupil may belong to a group which rejects aspects of medical treatment, for example on cultural or religious grounds. Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem may be urgent or the parent may be out of contact, for example when the pupil is abroad on a school journey. Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and, wherever possible, accommodated.

8. SOURCES OF ADVICE OR EXPERTISE

8.1 Within the Local Education Authority

Advice on policy in respect of the administration of medicines in schools should be sought, in the first instance, from the Area Education Manager or the Senior Education Officer (Pupil Services) at the Area Office.

8.2 Advice From Sources Outside the Education Department

Where the school has established a relationship with a local GP practice, advice may be obtainable in some circumstances from GPs or practice nurses direct. However, schools should be aware of the restrictions on what GPs can say about individual cases, and will normally find the assistance of the School Nurse helpful where there are concerns about supporting individual pupils.

9. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

10. FIRST AID PROCEDURES

1. Small cuts and grazes and slight bumps may be dealt with by any member of staff who has attended basic first aid awareness training. Any injury of greater severity must be tended by a named first aider. (See schedule of named responsibilities for details.)
2. Another child should not tend to an injured child.
3. Gloves must be worn when dealing with blood or other bodily fluids. Use only sterile gauze for open wounds and wipes or paper towels for other injuries. Waterproof plasters may be used if the wound continues to bleed or if in a vulnerable position.
4. Soiled dressings and gloves should be wrapped and disposed of in the clinical waste bin.
5. Serious injuries must be written on the Incident Report Form and sent to the Health and Safety Executive via the RIDDOR website.
6. Other injuries will be recorded in the accident book located:
Bentley – In the staff workroom, minor injury books in each first aid bag for play times
Copdock – first aid bag for playtimes, and in first aid cabinet in the disability access toilet for class times.

All classrooms have their own first aid kit with a record book for any incidents managed whilst in the classroom. Any administration of asthma medication will be recorded in the class book to ensure all staff are aware.

7. Minor injuries will be reported to parents where necessary via a note home, an email or phone call or a sticker “I have hurt.....”. This is particularly important in the case of a head injury where the parent must be informed.
8. The school has appointed named first aiders (see Schedule of Responsibilities) who receive regular training and paediatric first aid training. In addition to this all staff will receive basic first aid awareness training and first aid at work training. Any trips off site that are attended by any child under the age of 5 must have a trained paediatric first aider in attendance.

Name	Role		Cert Expires
Joanne Austin	Headteacher	Overall responsibility	

Lizzy Cooper (Bentley)	Wolves Teacher	Paediatric first aider	November 2025
Di Rivers (Bentley)	Teaching Assistant	Paediatric first aider	Nov 2023
Ann Witherall (Copdock)	Teaching Assistant	Paediatric first aider	Oct 2023
Jen Atkins (Copdock)	Teacher	Paediatric first aider	November 2025
Julie Cumberland (Bentley)	Office Manager	Emergency First aid at work	March 2025

11. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's Complaints Procedure.

Link to Other Policies:

- Accessibility Plan
- Complaints
- Equality information and objectives
- Health and Safety
- Child Protection & Safeguarding
- SEND report and policy

Request for the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medication. Please also read and sign the disclaimer below.

DETAILS OF PUPIL

Surname:M/F:

Forename(s):Date of Birth:

Address:Class/Form:

.....

.....

Condition or illness:**MEDICATION**

Name/Type of Medication.....

Date dispensed

Full Directions for use.....

Dosage and method.....

Timing.....

Special precautions.....

Side effects.....

Self Administration.....

Procedures to take in an emergency.....

CONTACT DETAILS

Name of Parent/Carer:Daytime phone no.:

Relationship to pupil:

Address:

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

Signature:Date:

Relationship to pupil:

LEGAL DISCLAIMER

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature:Date:

Relationship to pupil:

Appendix C

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix D

EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print)

Child's name:

Class:

Parent's address and contact details:

Telephone:

E-mail:

Appendix E

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....

....

Class:

.....

.....

Date:

Dear.....

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened when.....

A member of staff helped them to use their asthma inhaler.

Or

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Or

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. . [Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,