



## **Supporting Children with Medical Needs and Administration of Prescribed Medicines Policy**

*Please read in conjunction with the Asthma policy and First aid policy*

**Name of School:** Grendon Primary School

**Approved by the Governing Board:** December 2024

**Member of Staff Responsible:** Head Teacher

**Review Date:** December 2026

### **Background:**

This policy has been written using guidance from the department of education.

- SUPPORTING PUPILS WITH MEDICAL CONDITIONS 2015
- The Administration of Medicines in Schools and Settings:  
A Supplemental Guidance Document - February 2018

At Grendon Primary School, we maintain close links with parents, carers and agencies such as the school nurse and any others providing for pupil health.

Community nursing teams are a valuable resource for school to seek advice and support in relation to children with a medical condition.

## **As a school we:**

- Ask parents to take responsibility for ensuring that their child is well enough to attend school. Parents note that parents should keep their children at home if acutely unwell or infectious.
- Seek to support any child with long or short term medical needs. The administration and management of medicines is part of this process.
- Request where possible, parents ask doctors to prescribe medication which can be administered outside a school day.
- Recognise that, at times it may be necessary for medication to be administered in school. In such cases agreed procedures must be followed and medication should only be administered when all other options have been explored. Parents should complete the medication administration and consent forms should they wish medication to be administered to their child within the school day.

## **On Admission to School**

On admission to school, all parents and carers will be asked to complete an admission form. All parents will be required to provide information and give details of

- Medical conditions
- Allergies
- Dietary requirements
- Regular and /or emergency medication that may need to be administered by school should the need arise
- Emergency contact details
- Name of the family doctor and any hospital consultants

It remains the responsibility of parents to inform the school of any changes to their child's health.

## **Prevention of Anaphylaxis from nuts.**

School where possible will enforce a nut free zone. Parents, will receive termly reminders that the school is a nut free zone and that packed lunches and snacks provided by parents will also be part of this. (See appendix 1 for parental letter)

## **Administration and Storage of Medication in School:**

Should a pupil require medication during the school day, parents / carers must come into school to speak to a member of staff responsible for administering the medication, these staff are:

Mrs Rainford  
Mrs Lewis

All requests must be agreed with the head teacher

If agreed:

It is accepted that pupils will sometimes be on medication for a short period only.

In most circumstances school will carry out the administration of medication to minimize the time the pupil needs to absent from school.

Medication is only allowed in school if its prescribed by a Doctor or other Health Professional, with exclusions of those over the counter medications for allergies and pain medication, where there is a known medical condition and alert card in situ.\* (See: The Administration of Medicines in Schools and Settings: A Supplemental Guidance Document - February 2018) Available at:

[https://www.birmingham.gov.uk/download/downloads/id/9462/medicine\\_in\\_schools\\_february\\_2018.doc](https://www.birmingham.gov.uk/download/downloads/id/9462/medicine_in_schools_february_2018.doc)

## **Details of Administration**

\*All medicines must be taken to and collected from the school by an adult.

\*They must be clearly marked with the child's name and include any necessary equipment for administration e.g. spoon.

\*Written permission on either the "parental consent to administer an 'over the counter OTC medicine" or "Parental consent to administer a prescribed medicine") must be completed by parents / carers before medicine will be administered. See appendix 2&3.

\*The adult in school must complete the administration of medicines log, stating the dose and the time. The log must be signed and dated daily.

\*Medicines will be kept in the office, where possible.

\*Two adults should be present when medicine is administered. One adult reads the full name and dosage on the label aloud and the other checks that this is correct. They then ask the child if it is his/her medication. \* Over the counter medication will not have a prescription label in situ. The bottle must be clearly marked with the child's name and the dosage will be as stated on the bottle\*.

\*Medicine is then administered and log completed.

\*If child refuses to take medication, they will not be forced to do so, but parents and carers will be informed as soon as possible.

Asthma – See Asthma Policy

- The inhalers must be marked with the child's name
- Inhalers are to be kept in the class asthma box.

## **Recording of Administration**

Staff members who are responsible for administering medication should record that the child has received it, at what time, the date, the dosage and who gave it. This will be recorded using the administration of medicine log. (See appendix 4)

## **Children with Medical Needs**

Should a new pupil be admitted having a medical need or should a condition develop for an existing pupil, the school will arrange their needs in a partnership meeting between school nurse and parents and or other medical professional

In Birmingham there are dedicated nurse specialists teams for Diabetes, Epilepsy and Sickle cell anemia.

Individual health care plans can help the school effectively support pupils with medical conditions. Plans capture the key information and actions that are required to support the child effectively. They provide clarity about what needs to be done, when and by whom. Where a child has an individual care plan, this clarity defines what constitutes an emergency and explain what to do ensuring that all relevant staff, are aware of emergency symptoms and procedures.

Individual health care plans should be drawn up in partnership between the school, parents and the relevant healthcare professional, who can advise on the particular needs of the child. Pupils should also be involved where appropriate. Plans are reviewed as required due to a change in their medical need. Allergy action plans are available to download at <https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-EpiPen-OCTOBER-24.pdf> (Appendix 5). Asthma action plans are available to download (Appendix 6) <https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan> Personal alert cards for conditions that may cause and emergency are available to view in (Appendix 7).

A flow chart identifying and agreeing the support a child needs and developing and healthcare plan is provided in (appendix 8).

The Head teacher / SENCO/ HLTA will arrange for any training needs to be met. These should have been identified and assessed during the development of the individual care plans.

## **Out of School Activities and Educational Visits**

Children with medical conditions should participate as fully as possible in the life of the school.

It is essential that a full risk assessment is undertaken before every off site visit. This must include an assessment of the possibility of administering medication or medical treatment.

The Head teacher must ensure that appropriate assessment has taken place from designated staff prior to the visit and arrangements have been made for the administering of medication during educational visits.

Any emergency medication i.e. (Buccolam midazolam) should be checked before trip and signed out of the building and signed back in on the young person's return.

All staff in such visits must be made aware of any pupils with medical needs, what medication or action is required or action may be required in an emergency.

Parents must provide current contact details.

## **Storage and Disposal of Medication**

All medication with the exception of emergency medicines should be kept in a locked draw of cupboard. A record must be maintained of the medicines held in school.

Antibiotics should rarely be given in school, however, if on rare occasions they are stored in school, they should be kept within a clearly labeled container in the fridge.

Each half term, medicines kept in school will be checked. Parents will be asked to dispose of any out of date medication. Any out-of-date unclaimed medicines will be taken to the local pharmacy for disposal. The record for medicines in school will be amended accordingly.

Inhalers are stored in classrooms and are checked on a termly basis.

## **Roles and Responsibilities**

The staff and the governing body will ensure that pupils with medical needs receive appropriate care and support at school, including making sure that a policy for supporting pupils with medical conditions in schools is developed and implemented.

The Head Teacher will accept responsibility in principle for members of school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

The Head Teacher will ensure that all staff who agrees to administer medication will receive appropriate training. Training should include the risks and legal liabilities involved and how to deal with a medical emergency.

The Head Teacher will also ensure that all relevant staff are suitably trained and made aware of any child's condition. Any member of staff should know what to do and how to respond accordingly when they become aware that a child with a medical condition needs help.

The Head Teacher will ensure regular training related to emergency medication and management of medical needs will be undertaken by all staff as recommended by Birmingham Health Authority, e.g. asthma, epilepsy and allergies.

The Head Teacher will ensure that during staff absence, the supply staff are fully briefed on any child with a medical condition.

Other healthcare professional's including GP's and pediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support in school. Specialist local health teams may be available to provide support in schools for children with particular needs, i.e. epilepsy, diabetes and sickle cell.

Pupils with medical conditions will often be best placed to provide information about how their medical condition affects them. They should be fully involved in discussions about their medical needs and the support they require and should contribute as much as possible to the development of their individual care plan.

Parents should provide the school with sufficient and up-to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are the key partners and are involved in the development and review of their child's individual care plan. They should carry out any actions that's they have agreed to as part of the implementation. e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

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### **Unacceptable practice**

Although school should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it's not generally acceptable practice to:-

- Prevent children from easily accessing / administering their inhalers / medication.
- Assume children the same condition require the same treatment.
- Ignore the views of the child/parents, or in gone medical evidence / option (although this may change)
- Send children with conditions home frequently or prevent them from doing normal school activities unless specified in their plan
- If the child becomes ill send them to the school office or medical room unaccompanied
- Penalise children for their attendance record if absences are related to their condition
- Prevent pupils from drinking, eating or toilet breaks as required in order to manage their condition
- Prevent children from participating in any aspect of school life

### **Emergency Procedures**

All staff are aware of the emergency procedures. Should it be necessary, a staff member will call for an ambulance using the "Emergency Aid Procedures" displayed next to every telephone. Should the pupil require a transfer to hospital a member of staff will accompany them and remain until their parents arrive.

### **Claims of Alleged Negligence**

Birmingham Education Service, as part of Birmingham City Council, indemnifies its staff against claims of alleged negligence when administering medication, providing that:

- they are acting in a responsible manner and in the best interest of the pupil/s
- they have received appropriate training

**Any claims for alleged negligence would be directed against the insurance holder i.e. Birmingham City Council and not against the individual concerned.**

## **Complaints**

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.

Formal complaints should be made via the school's complaints procedure.

## Appendix 1



Dear parents/carers

[Date]

People who suffer from nut allergies can develop a severe, potentially life-threatening allergic reaction.

If someone has a nut allergy it is not just eating nuts that can cause a severe reaction, just being touched on the skin or smelling the breath of someone who has had nuts or a product containing nuts can trigger anaphylactic shock (which can cause breathing and swallowing difficulties).

First aid staff in the school are trained to use the Epi-pens (an injection of adrenalin) which is required immediately if this happens.

We cannot have nuts in school in any form. So please can we ask that you have no nut products in the lunch boxes or brought into the school as snacks.

For example:

Peanut butter sandwiches

Chocolate spreads

Some chocolate bars

Cereal bars

Some granola bars

Cakes that contain nuts

Biscuits / Cookies that contain nuts

Peanut butter cakes

Some Asian food, including satay Sauces that contain nuts.

This list is not exhaustive, so please check the packaging of products closely.

Nuts : almonds, beech nuts, brazil nuts, cashew nuts, chestnuts, hazelnuts (cobnuts & filberts are types of hazelnut), macadamia nuts (queensland nut, candle nut & bush nut are types of macadamia nut), pecans (hickory nuts are a type of pecan), pistachio nuts, walnuts.

Peanuts may also be called: earthnuts, groundnuts, goober nuts or peas, mandalona nuts, monkey nuts, beer nuts, cacahuete nuts, Chinese nuts. *Arachis hypogaea* is the Latin name for peanuts and *Arachis* oil is peanut oil.

We appreciate that this is an additional thing to check and we know that you recognise the importance of it. We do have to insist we are a nut free school. I know if this was your child you would expect that we all help, especially as it is a life-threatening condition.

If you have any questions, please do not hesitate to speak to a member of staff.

## Appendix 2

# Parental /carer consent to administer an 'over the counter' OTC medicine

\*All over the counter medicines must be in the original container

\*A separate form is required for each medication

<b>Child Name</b>	
<b>Childs date of birth</b>	
<b>Class</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much to be given e.g. One Tablet One 5 ml spoon</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medication</b>  Please specify how long your child needs to take this medication for	
Are there any possible side effects that the school needs to know about? if yes please list them.	

<b>I give permission for my son / daughter to carry and administer their own medication in accordance with the agreement of school and medical staff.</b>	<b>Yes</b>
	<b>No</b>
	<b>Not applicable</b>

<b>Mobile number of parent / carer</b>	
<b>Daytime landline for parent / carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency contact number</b>	
<b>Name of child's GP practice</b>	
<b>Phone number of child's GP practice</b>	

- I give my permission for the head teacher / medical staff or nominated person to administer the OTC medication to my son / daughter during the time he/she is in school / nursery. I will inform the school / nursery immediately in writing if there is any change in dosage of the medication or if the medication is no longer required.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school / nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturer's instructions on the medicine.
- I am also agreeing that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school / nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b><u>Parent / carer name</u></b>	
<b><u>Parent / carer signature</u></b>	
<b><u>Date</u></b>	

### Appendix 3

## Parental /carer consent to administer a prescribed medicine

\*All over the prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label

\*A separate form is required for **each medication**

<b>Child Name</b>	
<b>Childs date of birth</b>	
<b>Class</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much to be given e.g.</b> <b>One Tablet</b> <b>One 5 ml spoon</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medication</b>  Please specify how long your child needs to take this medication for	
Are there any possible side effects that the school needs to know about? if yes please list them.	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler / adrenaline auto injector pen (delete as appropriate)	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the Agreement of the school and medical staff	Yes	
	No	
	Not applicable	

<b>I give permission for my son / daughter to carry and administer their own medication in accordance with the agreement of school and medical staff.</b>	<b>Yes</b>
	<b>No</b>
	<b>Not applicable</b>

<b>Mobile number of parent / carer</b>	
<b>Daytime landline for parent / carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency contact number</b>	
<b>Name of child's GP practice</b>	
<b>Phone number of child's GP practice</b>	

- I give my permission for the head teacher / medical staff or nominated person to administer the OTC medication to my son / daughter during the time he/she is in school / nursery. I will inform the school / nursery immediately in writing if there is any change in dosage of the medication or if the medication is no longer required.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school / nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturer's instructions on the medicine.
- I am also agreeing that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school / nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b><u>Parent / carer name</u></b>	
<b><u>Parent / carer signature</u></b>	
<b><u>Date</u></b>	

## Administration of Medicine Log

Name of Child.....

Date of Birth of Child.....

Name of Medication.....

	Medication given Y/N	Date and Time	Dosage	Administered by
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I can confirm that any remaining medicine has been returned to the parent / carer  
or disposed of safely

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

This child/young person has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

**Mild/moderate reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action to take:**

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**  
Loratadine 5mg  
(If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

**Watch for signs of ANAPHYLAXIS**  
(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

- |                         |                                |                        |
|-------------------------|--------------------------------|------------------------|
| <b>A AIRWAY</b>         | <b>B BREATHING</b>             | <b>C CONSCIOUSNESS</b> |
| • Persistent cough      | • Difficult or noisy breathing | • Persistent dizziness |
| • Hoarse voice          | • Wheeze or persistent cough   | • Pale or floppy       |
| • Difficulty swallowing |                                | • Suddenly sleepy      |
| • Swollen tongue        |                                | • Collapse/unconscious |

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)
- 2 Use Adrenaline autoinjector without delay (eg. EpiPen<sup>®</sup>) (Dose:  mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**AFTER GIVING ADRENALINE:**

1. Stay with child/young person until ambulance arrives, do **NOT** stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

**Commence CPR if there are no signs of life**

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Emergency contact details:**

1) Name: \_\_\_\_\_

\_\_\_\_\_

2) Name: \_\_\_\_\_

\_\_\_\_\_

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAs in schools.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepenschools.uk](http://sparepenschools.uk)

**How to give EpiPen<sup>®</sup>**



**1** PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



**2** Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

**Additional instructions:**

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2013. During travel, adrenaline auto-injector devices must be carried in hand-luggage on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Signature: \_\_\_\_\_  
 Hospital/Clinic: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Appendix 6

### My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021, next review 2024.  
Asthma and Lung UK, a charitable company limited by guarantee with company registration number 04667614, with registered charity number 1071210 in England and Wales. ©2021 Asthma and Lung UK. All rights reserved.

### I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

#### Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack [asthmaandlung.org.uk/child-asthma-attacks](https://asthmaandlung.org.uk/child-asthma-attacks)

#### ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists  
Call 0300 222 5800  
WhatsApp 07999 377 775  
(Monday-Friday, 9am-5pm over 16 only)



# CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

### 1 My every day asthma care

**I need to take my preventer inhaler every day.**

It is called:

and its colour is:

I take \_\_\_\_\_puff/s of my preventer inhaler in the morning and \_\_\_\_\_puff/s at night. I do this every day even if my asthma's OK.

**Other asthma medicines I take every day:**

**My reliever inhaler helps when I have symptoms.**

It is called:

and its colour is:

I take \_\_\_\_\_puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

### 2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

**If my asthma gets worse, I will:**

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

**URGENT!**  
If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

**Remember to use my spacer with my inhaler if I have one.**  
If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

### 3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

**If I have an asthma attack I will:**

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

Appendix 7

# Personal alert card



Name:

Date of birth:

Class:

School:

Emergency contact telephone numbers		
Name:	Home:	Mobile:
Name:	Home:	Mobile:
Hospital contacts:		
Medical condition:		
Describe the condition and give details of individual symptoms:		
Treatment of symptoms:		
Care in an emergency:		
Special requests from parents:		

Parent's/carer's signature:

Date:

Print Name:

Nurse's Signature:

Date:

Print Name:

Date training given:

Review date:

If this card is to be displayed anywhere other than in the class register, parental consent must be obtained.

## Appendix 8

# Model process for developing individual healthcare plans

