



Policy title: Medicines

Date created: January 2022

Date ratified: 19.01.22

Next Review Date: January 2024

Signed:

## 1. Introduction

### 1.1. Rationale

The Children and Families Act 2014 (Section 100) places a duty on the governing body to make arrangements for supporting pupils at school with their medical conditions in line with the statutory guidance issued. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

### 1.2. Definition

Pupils' medical conditions may be summarised as being of two types:

- a. Short-term affecting their participation in school activities while they are on a course of medication (requiring a Medical Information Consent Form)
- b. Long-term potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan)

## 2. Quality of Education

### 2.1. Intent

#### 2.1.1. Aims

- Welcome, support and make arrangements for pupils with medical conditions based on good practice
- Adopt and implement the statutory guidance from Department of Education Supporting pupils at school with medical conditions
- Assist parents in providing medical care for their children by developing healthcare plans on notification of their child's medical condition
- Educate staff and children in respect of providing support to children with medical conditions.
- Arrange suitable training for staff as required to support pupils with medical conditions
- Liaise as necessary with parents and medical services in support of the individual pupil(s)
- Provide emergency support to children in line with their individual healthcare plans
- Ensure that all children with medical conditions participate in all aspects of school life
- Monitor and keep appropriate records
- Provide information on school policies, plans, procedures and systems

### 2.2. Implementation

#### 2.2.1. Administration of medicines

- Where possible, parents are asked to administer their child's medicines at home
- If the spacing of doses means that medication needs to be given during the school day and it is not possible to rearrange the timing of this, the child's parent will be asked to come into school to administer the medicine
- If the parent is unable to do this and asks the school to supervise the child self-administering or for a named member of staff to administer the medication, the following procedure will apply:
  - There must be written, signed authority and full instructions about giving the medicine from the parent including the actual dosage required
  - Medicines must be in their original labelled containers as supplied by the doctor or pharmacist
  - The medicines will be retained in a safe place, out of reach of all children
  - The child must administer medication under supervision





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- The School will ensure that records are kept (and regularly updated) on specific long term illnesses of individual children (i.e. asthma, diabetes, allergies) and heed all advice provided by the child's medical practitioner or the school nursing team.
- Where inhalers have been prescribed to children at Key Stage 1 & 2 with asthma, Health Authorities recommend that the child keep these to use as and when they think necessary. They must be where the child can access them and teachers know where they are. They must be named. We store our medicines in the staff room but there maybe an occasion when it is more appropriate to have one in the classroom or with the child
- Parents are responsible for checking that inhalers are in date and not empty. The school will check at the start of every year and monitored every term
- Where medicines cannot be administered by a parent or guardian and the medicine is:
  - considered dangerous
  - has to be administered with critical timing or dosage
  - needs technical or medical knowledge or expertise to administer
- The Headteacher will exercise special caution before accepting responsibility for the medicine's administration. In these situations, the Headteacher may refuse a request
- Specially trained staff only must administer injections
- On residential trips parental permission is sought for children to be provided with liquid paracetamol such as Calpol to be administered where appropriate. This permission is on the medical form for the residential and is only to be used for this purpose. Parents will be informed of any administration of medication as soon as possible and the trip leader will act in loco parentis

## 2.3. Impact

- A member of staff will monitor the stored medicines and ensure everything is within date. They will liaise with families should medicines become out of date and with new parents. Procedures are reviewed as new cases come up and the accident book is also monitored.
- Should there be a serious incident the health and Safety guidelines will come into play and the serious reporting of an incident will ensue.

## 3. **Behaviour and Attitudes**

### 3.1. Inclusion and equal opportunities

The school accepts that pupils with medical conditions:

- should be assisted if at all possible
- have a right to the full education available to other pupils
- should be enabled to have full attendance – where absence is unavoidable, appropriate support is put in place
- receive necessary proper care and support

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved
- receive training as appropriate and work to clear guidelines
- bring to the attention of management any concern or matter relating to supporting pupils with medical conditions

## 4. **Leadership and management**

### 4.1. Roles and responsibilities

#### Senior Management

TOGETHER we are CARING, CONFIDENT and CREATIVE learners





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- Ensure that everyone in the school is aware of the policy and that they understand their role
- Raise awareness through the school website, newsletters and the school prospectus
- Ensure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need
- Ensure the school does not create any unnecessary barriers to prevent children participating in any aspect of school life

## Staff

- May be asked to support pupils with medical conditions and develop healthcare plans
- School staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately
- Medications are to be stored appropriately in line with the DfE Guidance
- Focus on the needs of individuals in ensuring that pupils and parents have confidence in the school's ability to provide effective support
- Ensure children have easy and appropriate access to their medications at all times (including school trips, PE and sporting events, school transport and before and after school clubs)
- Allow pupils themselves to manage their medical condition effectively in line with their individual healthcare plans
- Receive professional training where this is required

## Pupils

- Provide information and be part of discussions about their medical support needs

## Families

- The prime responsibility for a child's health lies with the parent
- Provide school with sufficient and up-to-date information about their child's medical needs
- Encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative
- Parents are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication)
- Where parents have asked the school to administer medication for their child they must complete a school 'Medicine Administration Consent Form and Record'. This ensures that the school is able to comply with the requirement to keep adequate records. School will only administer essential medication to a child where it would be detrimental to their health not to do so during the school day
- Medicines must be properly presented by parents through the school office and in accordance with the notes on the Medicine Administration Consent Form and Record

## Governing body

- Ensure that the school's policy enables provision of effective support for medical conditions
- Comply with other relevant duties, such as for disabled children or for children with a statement of special educational needs (see also Special Educational Needs Code of Practice). The governing body remains legally responsible and accountable for fulfilling their statutory duty

## School Nursing Team

- Notify school when a child is identified as having a medical condition and support school staff
- **Other healthcare professionals** may also provide notification, support and advice

### 4.2. Continuing professional development

The governing body and school management will ensure that relevant training is given and recorded to staff who require it. In addition, whole staff training in use of epi-pens and inhalers is given annually.

### 4.3. Safeguarding





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The safety of children is paramount in all situations. If a child's medical needs endangers the safety of themselves or others the adult in charge will cease the activity. A senior member of staff and/or first aider will be called for assistance.

#### 4.4. Health and safety

At all times a safe and healthy environment is maintained. Any hazards and concerns are reported to the Headteacher or the Office. Risk assessments are undertaken to ensure there is a safe working environment. Great Wilbraham CE Primary School is committed to safeguarding and promoting the welfare of all children and those with medical needs are monitored and considered for all activities.

#### 4.5. Reviewing and monitoring

This policy will be renewed biennially in accordance with updates on administering medicines.

### 5. **Links to other policies**

- 5.1. SEN/D
- 5.2. Equal opportunities
- 5.3. Health and safety
- 5.4. Asthma policy (Appendix 6.1)

### 6. **Appendices**

- 6.1. Asthma policy incl consent form for the use of an emergency inhaler
- 6.2. Medicine Administration Consent Form and Record (staff share/health and safety/first aid)
- 6.3. Covid 19 considerations and guidance  
Not attached:
- 6.4. Supporting pupils at school with medical conditions December 2015 (DfE)
- 6.5. Guidance on the use of emergency salbutamol inhalers in school March 2015 (DfE)
- 6.6. Anaphylaxis and the use of epi-pens guidance
- 6.7. Evidence of training log
- 6.8. Present list of first aiders





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## Appendix 6.1 ASTHMA POLICY

### 1. Introduction

This policy is part of the first aid and health and safety guidelines. It has been created as a separate policy in order to inform parents of our procedures regarding monitoring asthma in school.

### 2. Quality of Education

#### 2.1. Intent of the Curriculum

##### 2.1.1. Curriculum design and coverage

Great Wilbraham Primary School recognises that asthma is an important condition affecting many school children and staff. Great Wilbraham Primary School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by all. Supply Teachers and new staff are also made aware of the policy.

#### 2.2. Implementation of Teaching and Learning

##### 2.2.1. Medication

- All medication, care plans and children's photos are kept together on a shelf in the Staff room in named boxes (unless individual circumstances deem it necessary to be in the classroom).
- Parents of these children are asked to ensure that the school is provided with reliever inhaler.
- All inhalers must be labelled with the child's name by the parent and must be in date.
- School staff are not required to administer medication to children except in an emergency.
- School staff who agree to administer medication are insured when acting in accordance with this policy.
- All school staff let children take their own medication when they need to but staff should always accompany children to the Staff Room for their medication and note this in the medication records.
- Out of date inhalers should be returned to a GP's surgery

##### 2.2.2. Asthma attacks

All staff will know what to do in the event of an asthma attack.

- a. Ensure that reliever inhaler is taken immediately
- b. Stay calm and reassure the child
- c. Help the child to breathe by loosening clothing

Minor attacks should not interrupt a child's involvement in school. When they feel better they can resume school activities. The child's parents must be informed and the incident logged in the first aid book.

### Emergency Procedure

Phone 999 and parents from the school office if:

- The reliever has no effect after 10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have doubts about the child's condition

**If the doctor is unobtainable call an ambulance**

##### 2.2.3. Emergency Inhaler

A generic relief inhaler is also kept in the Staff Room. This may be given to children as and when it may be thought necessary but must be given via a spacer. The emergency inhaler may be used repeatedly if the





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casing is washed thoroughly after use but the spacer must be replaced each time it is used. **Parents of children with Asthma must tell the School if they do not wish their child to use the emergency inhaler using the slip at the bottom of this policy.** The boxes containing the relief inhalers should be kept with PE Staff for the duration of the lesson if being held outdoors. The boxes containing the relief inhalers should be taken and held with a nominated member of Staff on all trips.

## 2.2.4. Physical Education

Taking part in sports is an essential part of school life. All teachers are aware of which children have asthma. Children with asthma participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up before the lesson. Each child's inhalers will be labelled and kept in an accessible place. If the child needs to use their inhaler during the lesson they will be encouraged to do so and inhalers from children will be brought outside if the individual circumstances is necessary.

## 2.3. Impact

### 2.3.1. Assessment: Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma campaign school card to give to their child's GP or asthma nurse to complete and return to school. From this information the school keeps its asthma register, which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school, update the Medicine Administration Consent Form and Record or the GP asthma record.

### 2.3.2. When a child is falling behind in lessons

If a child is missing a lot of time from school because of asthma, the teacher will initially talk to parents. If appropriate the teacher will talk to the school nurse and SENCO about the situation. The school recognises that it is possible for children with asthma to have special needs.

## **3. Behaviour and Attitudes**

### 3.1. When a child is falling behind in lessons

If a child is missing a lot of time from school because of asthma, the teacher will initially talk to parents. If appropriate the teacher will talk to the school nurse and SENCO about the situation. The school recognises that it is possible for children with asthma to have special needs.

## **4. Leadership and management**

### 4.1. Roles and responsibilities

#### Headteacher

- To review the policy annually
- To ensure staff are adequately trained

#### Leadership

- To monitor the medical forms
- To monitor date of medication
- To ensure parents are aware of our procedures

#### Staff

- To support children with asthma and ensure their well being





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## **Governing Body**

- To ensure the policy is updated biannually

## **Parents**

- To inform the school of changes in medication
- To complete the administration of medicines form
- To ensure medication is in date

## **Children:**

- To tell a member of staff when they feel unwell (if appropriate and able)

### 4.2. Continuing professional development

Staff have annual training on working with children with asthma.

### 4.3. Inclusion and equal opportunities

Our whole school philosophy totally encompasses the equality of access and opportunity. Children should have access to the activities the school provides and consideration upon how to ensure this happens for children with asthma is made when planning and implementing sessions.

### 4.4. Safeguarding

The safety of children is paramount in all situations. In line with the administering of medicine policy, staff can help administer medicine if the relevant form has been completed but will always consider the safeguarding of children and seek advice if they are unsure.

### 4.5. Health and safety

Great Wilbraham Primary School does all it can to ensure the environment is favourable to children with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

### 4.6. Reviewing and monitoring

This policy will be renewed biannually in accordance with updates on medical and first aid arrangements.

## **5. Links to other policies**

- 5.1. Administration of medicines policy
- 5.2. Health and Safety policy (including first aid)

## **6. Appendices**

- 6.1. Medicine Administration Consent Form and Record

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Parent form for NOT allowing the use of an emergency inhaler – DO NOT return if you are happy for the use of an emergency inhaler should the need arise:

I DO NOT wish my child to be given an emergency inhaler should the need arises.

Parent:

Date:





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## Appendix 6.2 Medicine Administration Consent Form and Record'

Name of Child:		
Date of Birth:		
Medical condition/illness (1 per column):		
Type/name of medicine (1 per column):		
Quantity received:		
Expiry date:		
Dosage and method:		
Self-administration	Yes/No	Yes/No
Date received:		
Staff signature:		
Parent signature:		
Quantity returned:		
Date returned:		
Staff signature:		
Parent signature:		





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Medicine:		
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Date and time:		
Dose given:		
Staff signature:		

Date and time:		
Dose given:		
Staff signature:		

Date and time:		
Dose given:		
Staff signature:		

Date and time:		
Dose given:		
Staff signature:		

Date and time:		
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Staff signature:		

Date and time:		
Dose given:		





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Signed:

Staff signature:		
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## Appendix 6.3 First aid requirements during Covid19

### First Aid Requirements

This document supplements the existing first aid arrangements for your school. Where the school follow CCC/PCC arrangements these will be outlined in the following:

- First Aid Compliance Code
- First aid needs assessment and guidance form

Specific considerations relating to management of first aid is covered in [COVID-19 Guidance for all education settings](#).

Practicing First Aid

### Safe Working arrangements

Avoid close contact in the first instance. Consider where you may be able to instruct a person about what to do, or pass them items that they need in order to treat minor injuries. Stand at a distance if this is age-appropriate.

If a person has suspected COVID-19, wherever possible, ask them to move to a location away from others. If there is no physically separate room, or the individual is not able to move to another room, ask all other persons not required to assist in first aid provision to leave the vicinity.

Where a close contact response is needed (for symptomatic people), the following equipment is required:

- Disposable gloves
- Plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (for cleaning first aid box)

Public Health have confirmed that PPE is not required for first aid for non-symptomatic people.

Paediatric First Aid - The updated guidance states that *'The requirement is modified where children aged 2 to 5 are on site (with no children aged below 24 months) to a best endeavours duty to have someone with a full PFA certificate on site. If all steps set out in the guidance have been exhausted and settings cannot*





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*meet the PFA requirement, they must carry out a written risk assessment and ensure that someone with a current First Aid at Work or emergency PFA certificate is on site at all times.'*

It is the view of the Local Authority that putting in place a risk assessment is unacceptable. We require schools and settings to maintain their current position. Planned training is still in place and we have a number of trained 12 hour Paediatric First Aiders who can support your school or setting if required. The only exemption could be if you have someone with a full First Aid at Work and an Emergency Paediatric First Aider, both on site at all times when you are caring for early years children.

## **Personal Protective Equipment (PPE) – to support previous guidance**

Storing PPE - PPE should be kept in a labelled box or bag with First Aid kits so that it is readily available and can be accessed quickly.

Using PPE - Schools and settings might want to designate particular staff to support children with suspected symptoms but it is vital that any member of staff who uses PPE reads the national guidance ([COVID-19 Personal Protective Equipment Guidance](#)) and takes the time to familiarise themselves with the instructions for donning and doffing PPE. We would ask that staff watch [this video](#), and read the [guidance note](#) prepared by our Public Health Team, in readiness for responding to a first aid event.

Removal of PPE - Remove PPE when close contact is no longer required by following the sequence for removal included within the [guidance note](#). It is critical that you do this in order to avoid self-contamination. You should not walk through the premises whilst wearing this.

You can use hand washing facilities after you have followed the PPE removal sequence, or hand sanitizer, where hand washing facilities are not in close proximity.

Cleaning - If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the school/setting that you work in.

Additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (e.g. corridors). If these are not visibly contaminated, they can be cleaned using the setting's usual procedures.

Clothing - You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact but should change your clothing on arrival at home (after close contact or wearing PPE).

Clothes should be washed separately from other household linen, in a load not more than half the machine capacity - at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

## **Staff Responsibilities**

Headteachers must ensure that:

- The requirements relating to the management of first aid outlined in [COVID-](#)





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19 Guidance for all education settings have been implemented.

- The additional equipment that is specified within the 'Safer Working Arrangements' section is provided.
- An adequate supply of PPE is available to enable first aiders to familiarise themselves with the equipment, or practice using it as required (for circumstances where they are not otherwise familiar with wearing PPE).
- First aiders take time to practice the use of PPE prior to needing to use it.
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out).
- Discuss this guidance with first aiders and ensure that they understand the requirements included within it.

First Aiders must ensure that:

- They familiarise themselves with the guidance and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible.
- Where close contact is required they follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination.
- Ensure that the equipment is ready for use as part of their response arrangements.

## Cardiopulmonary resuscitation

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If the individual is suspected to have COVID-19, make the operator aware when you dial 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victim's mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.





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- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.
- Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

## First Aider Actions

- If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.
- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock.

