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St Winefride's Catholic Primary School

Administration of Medicine

Date policy last reviewed: November 2024

Signed by:

J Davies

25.11.24

Headteacher

Date: _____

M Branch

Chair of governors

Date: 25.11.24

Last updated: 13 January 2025

St. Winefride's Catholic Primary School



Administration of Medicine Policy

Mission Statement



Welcome to St Winefride's where we come together to learn, laugh, listen, live and love in the presence of Jesus.

At our school, we believe that everyone is valued as a unique gift from God.

We work together to create an engaging learning environment, where all children are challenged to achieve their full potential.

At St Winefride's catholic Primary school, we recognise in everyone, the dignity and beauty of the person, made in the image and likeness of God. We value each individual and respect them regardless of their background and circumstances because they are our brothers and sisters in the family of God, and we are called to love and value everyone.

Aims

The medicine in school policy is designed to:

- Ensure the safety of children in the school.
- Provide a framework that staff must follow to allow medicines to be brought into school for children.
- Set guidelines for staff medications.
- **Our current Full First Aiders are:**
Jennifer Davies
Sarah Bannister
Kathleen Roberts
John Shipton
Sara Edwards
- **Our current Paediatric First Aiders are:**
Sara Edwards
John Shipton
- **All staff have first aid training.**

Legal Framework

- **Children and Families Act 2014 (Section 100)** – all schools/governing bodies have a statutory duty to make arrangements for supporting pupils with medical conditions.
- **Disability Discrimination Act 1995** (as amended by the SEN and Disability Act 2001) makes it a requirement for schools not to unjustifiably discriminate against children with disabilities, including those with medical needs.

- **Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999:** School managers have a responsibility to ensure that safety measures are in place to cover the needs of all staff, visitors and children in the school. This may mean conducting risk assessments and making special provision for children with particular health needs.
- **Control of Substances Hazardous to Health Regulations 2002:** COSHH covers the use and storage of hazardous substances. Some medicines fall into this category.
- **Medicines Act 1968:** This covers all aspects of the supply and administration of medicines. It allows any adult to administer a medicine to a third party as long as they have consent and administration is in accordance with the prescriber's instruction. This includes the administration of some forms of injection (with appropriate training).
- **Misuse of Drugs Act 1971:** This act and its associated regulations cover the supply, administration and storage of controlled drugs. At times schools may have a child who has been prescribed a controlled drug.
- **Supporting pupils at school with medical conditions 2015: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' (DfE, 2015)**
 - Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
 - Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
 - Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Requirements for Schools

All schools must have a policy outlining procedure and practice. This must outline:

- Who is responsible for ensuring that sufficient staff are trained.
- Cover arrangements in case of staff absence.
- Risk assessments for school visits and other activities outside of the normal school timetable.

At St. Winefride's Catholic Primary School we believe it is ideally preferable that parents administer medicines to their children. However there may occasionally be instances when pupils may have short-term medical needs i.e. finishing a course of antibiotics. Some young people will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

In most cases young people with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An individual Health Care Plan can help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk.

It should be noted that there is no legal duty that requires school staff to administer medicines but that certain staff, at St. Winefride's, are willing to undertake this task to enable regular attendance, under the following conditions. The names of staff, who will administer medicine, will be shared with staff across the school and be recorded in the office. Where possible and when required training will be sought from local healthcare professionals, such as the school nurse.

Certain professional bodies, such as NUT, advise that teachers should be particularly wary about agreeing to administer medicines to pupils where the timings of its administration is crucial to the health of a child; or where some technical or medical knowledge is required; or where intimate contact with the pupil is necessary.

Any decision to agree to administer medicines has to be a matter of individual choice and judgement. Apart from the obvious distress to a member of staff who makes an error, all staff who agree to administer medicines take on a legal responsibility to do so correctly. There is consequently always the risk that the staff member

might be named in a legal claim for negligence. Generally, however, any staff member acting in accordance with agreed procedure would also be regarded as acting in the interest of the employer and, since the employer would also be the subject of the action, the staff member would therefore effectively be indemnified against personal liability by the rules of 'vicarious liability'. (1)

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking any action.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

This document from the DFE can be referred to when administering medicines in school.

If the school decides that medication cannot be given, other arrangements and measures must be arranged for pupils who have long term health conditions otherwise the child will not be able to access a full education.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010. School employers must not discriminate against pupils in relation to their education and all aspects of school life.

Administration of Medicines

- Parents must fill in a Medicine Form, which is specific to our setting, giving clear instructions regarding the required dosage.
- Long-term illnesses, such as epilepsy or diabetes should be recorded on the child's record card, together with appropriate instructions given by the school doctor or nurse. Where possible, training will be arranged.
- **Prescribed medicines** – these have been prescribed by an 'Appropriate Practitioner' (such as a doctor, nurse, dentist or pharmacist). Such medicines must be clearly labelled with contents, owner's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (e.g. for asthma) and must be documented for receipt administration and dispatch. **We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**
- **Non-prescribed medicines** – Non-prescribed medication (over the counter) medicines do not require an 'Appropriate Practitioner' signature or authorisation in order for school to give them. Staff may use their judgement as to whether to agree to administer **non-prescribed medicines**, such as hay fever or pain relief. However, staff should **never** give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents and, if necessary, accompanied by a doctor's (or Health Professional's) note. For example if a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP. **A young person under 16 should never be given aspirin or medicines containing aspirin or ibuprofen unless prescribed by a doctor.**
- Staff will only accept medicines that are in-date, labelled, in original container and, in case of prescribed medication, include correct child's name. The only exception to this is insulin, which must be still in date but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the young person, name and dosage of the medicine and the frequency of administration.
- Medication should be brought to school by the parent or nominated responsible adult, not the child and should be delivered personally to the nominated member of staff.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled.
- The child should know where their own medicines are being stored. All emergency medicines such as adrenalin pens should be readily accessible to the child with parental consent but with restricted access. All staff should be aware where these medicines are kept. Inhalers for children with asthma need to be readily available. Where children are of a sufficient maturity they should be fully responsible themselves for the inhalers and keep them at all times. Inhalers should be kept by teachers

in a readily accessible place and available for PE or play times. Inhalers must be taken on all visits off the school premises.

- Only one member of staff at any one time should administer medicines and record dosage in central book (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers drugs a system must be arranged to avoid the risk of double dosing.
- Where necessary, any member of staff, who agrees to accept responsibility for administering prescribed medicines to a young person, should have appropriate training, guidance and support from the health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur.
- If a pupil brings to school any medication for which the Headteacher has not received written notification the staff of the school will not be held responsible for that medication.
- In all cases where following the administration of medication there are concerns regarding the condition of the child, medical advice must be sought immediately.

Record Keeping - Schools should keep written records each time medicines are given and staff should complete and sign this record. Good records help demonstrate that staff have followed the agreed procedures. Completed forms are retained in the child's personal file. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

Disposal of Medicines

All medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal. Inhalers or epipens should be returned to parents at the end of each academic year. Date checking and disposal is the parents' responsibility.

School Visits and Sporting Activities

Medication required during the visit or activity may be carried by the child, if this is normal practice. If not, then a member of staff should carry it and administer medication as necessary. The child's parent/carer must provide written permission for the particular medication to be given while on visit. A copy of any health care plans and/or information on medical conditions should be taken on visits.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. Schools need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. It is helpful for parents to develop a written Health Care Plan for such a young person, involving relevant health professionals. Such plans would include the following:-

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Controlled Drugs (Controlled by the Misuse of Drugs Act)

Any nominated member of staff may supervise the administration of a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). Drugs of this nature will be stored in a locked box in a cupboard in the Admin Office. A record kept for audit purposes.

Emergency Procedures

All schools should have arrangements in place for dealing with emergency situations. This may be part of the school's First Aid procedures. Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

Circumstances Requiring Special Caution

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves.

These are:

1. Where the timing and nature of the administering are of vital importance and where serious consequences could result if a dose is not taken;
2. Where some technical or medical knowledge or expertise is required;
3. Where intimate contact is necessary.

In such circumstances, headteachers are advised to consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher is advised to seek advice from the consultant community paediatrician or school doctor. Clear policies should exist for administration of such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff. Clear records should be kept of any medication administered in school and parents should be informed whenever a child is given such medication, which is not part of a regular regime.

Invasive Procedures

Some children require types of treatment which school staff may feel reluctant to provide eg the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for headteachers and staff to undertake these responsibilities and in such circumstances, the matter should be referred to the LA.

Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel. For the protection of both staff and children a second member of staff must be present while more intimate procedures are being followed.

The regular injection of children by teaching staff is not supported. Where it is known in advance that a child may be vulnerable to life-threatening circumstances the school should have in place an agreed plan of action. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not headteachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician. This has implications for school journeys, educational visits and other out of school activities. Every effort will be made by the school to enable all children to attend.

Staff Competence in Administering Medicines

Under Health and Safety legislation, it is necessary to ensure that staff are competent to perform the tasks which might confront them. This includes reacting to an emergency. Staff whose pupils may have conditions such as asthma or diabetes sufficiently severe to cause an emergency are entitled to proper instructions. If a school undertakes responsibility for the administration of special treatment it is essential that adequate training is provided for the nominated persons.

The headteacher should approach the appropriate community paediatrician who is willing to provide the necessary training. A written record of the training and authorisation to carry out procedures should be kept both by the school and the member of staff concerned.

Guidance For Teachers On Parental Consent For Treatment

Parents are contacted for any medical emergency. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a teacher does meet the problem of a pupil belonging to a religious body, which repudiates medical treatment. Normally the parent will have made the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent unavailable. Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a teacher would have recourse to ordinary medical treatment.

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 will make every effort to ensure all children are included. If a teacher undertakes the responsibility for administering medicines and a child were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the teacher concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

COMMON CONDITIONS AND PRACTICAL ADVICE

The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans can be developed.

Asthma

Asthma is common, one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

Schools are not required to hold an inhaler but may keep emergency inhalers and spacers should they wish. The inhaler may only be used:

- On children who have either been diagnosed with asthma and prescribed an inhaler,
- In an emergency,
- If the child's own inhaler is found to be out of date, empty or broken,
- For children whose parents have given written consent.
- Once a spacer has been used, it cannot be used again (due to possible risk of cross-infection),
- The inhaler may be used again but must be cleaned.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes **must** know how to identify when symptoms are getting worse and what to do when this happens. Staff will speak with the parents of the children who have asthma and discuss with them the practice in place to manage the child's asthma and action that may need to be taken. Staff and parents will communicate regarding the child's need. **This should, where necessary, be supported by written asthma plans (particularly if the pupil is taking part in a residential visit), individual Health Care Plans and training and support for staff.**

There are two main types of medicines to treat asthma, relievers and preventers:

- **Relievers** (salbutamol or blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.
- **Preventers** (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them.

Staff should ensure they are stored safe but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

Epilepsy

Young people with epilepsy have repeated seizures, that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan. If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.
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After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep. Most young people with epilepsy take anti-epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure they should be placed in the recovery position and checked for vomiting and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

Diabetes is mainly controlled by insulin injections. With most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump.

Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. **An Ambulance should always be called.**

From October 2017, legislation on prescribed only medication changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in an emergency.

Schools are not required to hold AAIs but may if should they wish. The AAI may only be used:

- As a back-up device and not as a replacement for the child's own AAI. (Current guidance is that anyone prescribed an AAI should carry two devices at all times.)
- On children known to be at risk of anaphylaxis,
- If the child's own AAI is not available, not working because it is broken, empty or out-of-date or cannot be administered correctly without delay,
- For children for whom both medical authorisation and parental consent for use of the spare AAI has been provided.

Used AAIs can be given to ambulance paramedics on arrival.

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school. Parents may often ask for the headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Advice on the role of Headteacher:

- To ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- To ensure that all staff who need to know are aware of a child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- To have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Advice on the role of school staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Advice on the role of governing bodies:

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Advice on the role of parents:

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 key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Advice on the role of pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

RELATED PUBLICATIONS TO THIS POLICY

'Supporting pupils at school with medical conditions' (Dec 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

Children and Families Act 2014 (c6) Part 5 Pupils with medical conditions. Section 100.
<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

Diabetes in schools – information for teachers & staff. <http://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff>

Dept. of Health. Guidance on the use of emergency salbutamol inhalers in school, March 2015
http://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Dept. of Health. Guidance on the use of adrenaline auto-injectors in school, September 2017
http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Health conditions in school alliance. <http://www.medicalconditionsatschool.org.uk>

National Education Union – Administering medication – our advice. <http://www.atl.org.uk/advice-and-resources/health-and-safety/administering-medication-our-advice>

Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it

- ✓ **Inform parents if their child has received medicine or been unwell at school**
- ✓ **Store medicine safely**
- ✓ **Ensure that the child knows where his or her medicine is kept, and can access it immediately**

- ✗ **Give prescription medicines or undertake healthcare procedures without appropriate training**
- ✗ **Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions**
- ✗ **Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances**
- ✗ **Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor**
- ✗ **Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers**
- ✗ **Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents**

Ratified by the Full Governing Board on 25th November 2024.