



Farington Primary School

Medicine Policy

Please read in conjunction with DfE guidance document:
'Supporting pupils at school with medical conditions' (Appendix 3)

Purpose

Where learners have been prescribed medication by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that children who need medication during school hours have their needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures. It provides guidance to all staff in school, governors and parents in respect of a procedure for dealing with the administration of medicines.

Objectives

1. To keep medication safe in school.
2. To ensure that children who need to take medication while they are in school have their needs met in a safe and sensitive manner.
3. To make safe provisions for the supervision and administration of medication in school time.

General Principles

The school holds confidential information on pupil's health. This information is updated annually through a child's contact details form. It is the responsibility of the parent to provide the school with this information. The school medical record will be updated annually and kept in each classroom.

The child's own doctor is the best person placed to advise whether a child should or should not be in school.

The school will consider requests made by Parents in respect of the administration of medicines when:

- A child suffers from chronic long-term illness / complaints such as asthma, diabetes or epilepsy
- A child is recovering from a short illness but requires a course of antibiotics, cough medicines etc
- The school has received a written request from a parent giving instructions regarding the required dosage. This request for medicine to be administered and consent given is through our online parent platform of ParentApps.
- The request form must be used whenever a parent wishes medication to be administered and must be resubmitted with each different/new request.

- The medicine in the smallest possible amount must be brought to school by the parent (under no circumstances the child) and must be delivered personally to the Headteacher, Class Teacher or Secretary/office staff.
- Medicines will be administered in the presence of the Headteacher or Secretary (in exceptional circumstances, the class teacher) according to the dosage instruction provided by the parent
- The school will not be held responsible for failure to administer medication.
- All medicines must be clearly labelled with the child's name, dosage and contents.
- If the school has concerns about the nature of given medication, it reserves the right to refuse their administration. Parents will be advised of this immediately and will be consulted on alternative arrangements.

Keeping Medication Safe and Secure

As a general rule, all medication (prescription or non-prescription) will be kept in the school office in the locked medical cabinet, so that children cannot access this. Exceptions to this would include inhalers, which are kept in class in a location away from easy contact by children. All medication must be clearly labelled with the child's name.

School Supply of Medication

Under current regulations, schools are permitted to carry small stocks of the following medication: -

- An Epi-Pen (Anaphylaxis)
- An Inhaler (Asthma)
- Paracetamol (Low level pain relief)
- Anti-Histamine (Allergies)

These must only be used with the consent of parents or by the instruction of a medical practitioner (e.g. as a result of a 999 call) (See below)

Non-Prescription Medication

In line with updated guidance, schools are now permitted to administer non-prescription medication. In the case of known conditions, parents may request that medication is administered by following the same procedure as for prescription medication.

If a child falls ill within a school day, where appropriate, school may offer to administer paracetamol, anti-histamines or like, to avoid the need for a child to go home. Where this is appropriate, telephone consent must be obtained from parents first. During this call, it should be made clear: -

- What medicine is being administered
- The dosage
- The time of the medication was administered

Prescription Medication

Asthma

- Parents must provide school with details of dosage, equipment such as relievers, preventers and spacers
- It is the parent's responsibility to inform the school of details of treatment and changes as they occur. These will be recorded on the school's medical record
- Children's inhalers are to be held by the pupil's class teacher
- Inhalers will only be allowed in school once parents have completed the administration of medicines form
- If inhalers are to be administered by the school, they will be kept in the appropriate classroom.
- Parents must advise the school of inhaler expiry dates
- Inhalers are only to be used by/for the pupil for who they are prescribed.
- Full participation remains the goal for pupils with asthmatic condition
- Pupils should take a dose of their inhaler before exercise
- The inhaler should be readily accessible during P.E. lessons
- When swimming or on educational visits pupils should take their inhaler with them.

Diabetes

- It is fundamental that there is close and regular contact with the parents of a child with diabetes. The parents should be consulted in any event that requires treatment.
- It is the parent's responsibility to provide any snacks required daily.
- It is the parent's responsibility to inform the school of any changes to their child's medication of eating at home prior to their arrival at school.
- The class teacher will have access to the equipment the child requires to take and record their blood sugar levels.
- The teacher has the responsibility to ensure the safe discarding of any associated paraphernalia. This should then be passed onto the child's parent.
- When swimming or on educational visits pupils should take any necessary medication with them.

Food Allergies:

- The school has a responsibility to brief and advise all staff (including welfare and catering) on the children with known food allergies.
- Staff should all be made aware of the child's name, class, the food/substances the child is allergic to, the effect/symptoms that this has on the child and how to deal with such a situation.
- The school will contact parents in the event of any such occasion.
- The school will co-ordinate with the school nurse for advice and support.
- The school will discuss school trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.

- Parents must provide written medical documentation, instructions as directed by the doctor. A photo of the child should be included on the written form.
- It is the parent's responsibility to educate their child in the self-management of their food allergy
- It is the parent's responsibility to provide school with the information that informs them of the procedures for their child if they are found to have taken something they should not have and of the signs that show their child will have taken such a substance.
- All information reported to school will be given to all staff members including welfare assistants and catering staff.

First Aid Guidelines

- The school maintains a list of suitably qualified first-aiders, ensuring the qualifications remain up to date. (This includes Paediatric First Aid qualifications in line with the requirements of the EYFS)
- In cases of the administration of first aid following a minor incident, parents will be informed of any treatment/incident at the end of the day should a child receive a head injury or there be something of note to report. In more serious cases, parents will be contacted immediately.
- In emergency cases, an ambulance will be called and the parent informed immediately. In such cases, the school's order of care is entrusted to the NHS ambulance personnel.
- A member of the school staff cannot give permission for any treatment at casualty.

Medical Care Plans

In cases where a child has specific medical needs an individual healthcare plan will be put in place and reviewed at least annually. This will be initially created by the School Nursing Team, then reviewed annually by school and agreed with parents. (Assuming there are no significant changes) A copy of the individual healthcare plan will be held by the class teacher, SENCO, Head teacher and secretary. Supply teachers will be made aware of the administration of any medication by the class teacher.

Training

Staff training will be organised by the SENCO/Headteacher as and when needs arise.

Appendix 2 provides an overview of various medical needs; this is for use by staff in school.

Policy last reviewed:	Spring 2024
Next Review:	Spring 2027



Farington Primary School

APPENDIX 1: Administration of Medication in School Guidance for Parents/Carers

To ensure the SAFE administration of medication in school the following guidelines have been produced. If these are not followed then unfortunately the medication cannot be given.

Parents/carers are responsible for providing the School with adequate information regarding their child's condition and medication. It is the parents/carers responsibility to inform the school in writing when the medication is discontinued or the dosage changed.

Medication will not be accepted in school without complete written and signed instructions.

Only a maximum of one week's supply of medication should be supplied to school.

Each item of medication must be delivered in the original container and handed directly to the School Office

Each container must be clearly labeled with the following:

- Pupil's name
- Name of medication
- Dosage
- Frequency of dosage
- Storage requirements (if important)
- Expiry date

Items of medication in unlabeled containers will not be accepted.

A request made by a parent/carer is now done so online by filling out ur medication form on ParentApps. Medication administered is then recorded in secure files (kept ion the school office) using the format below.



For School Use Only:

Date & Time Given	Administered by	Date & Time Given	Administered by

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APPENDIX 2: Information for Staff

(to be read in conjunction with the Medicine policy)

Diabetes

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia).

The issue of close and regular communication between parents and the school is fundamental to the care of the pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will also need to eat snacks between meals and occasionally during class time. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time.

What to do in an emergency

A Hypoglycaemic Episode

Common Causes:

- A missed or delayed meal or snack.
- Extra exercise.
- Too much insulin during unstable periods.
- The pupil is unwell.
- The pupil has experienced an episode of vomiting.

Common Symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

During a Hypoglycaemic Episode:

1. Get someone to stay with the child.
2. Give fast acting sugar e.g. Lucozade, sugary drink e.g. coke, 3 glucose tablets.
3. Recovery usually takes 10 to 15 minutes.
4. Upon recovery give the pupil some starchy food e.g. biscuits or a sandwich.
5. Inform parents of a hypoglycaemic episode.

In the unlikely event of losing consciousness call a paramedic ambulance immediately.

A Hyperglycaemic Episode

Hyperglycaemic episodes occur when the blood glucose level is too high.

Common symptoms:

- Excessive thirst
- Passing urine frequently
- A change in behaviour
- Vomiting
- Abdominal pain

During a Hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet.

Food Allergies

A food allergy is an immune system response to a food that the body mistakenly believes is harmful. Although an individual could be allergic to any food, such as fruits, vegetables, and meats, there are eight foods that account for 90% of all food-allergic reactions. These are: **milk**, **egg**, **peanut**, **tree nut** (walnut, cashew, etc.), **fish**, **shellfish**, **soy**, and **wheat**.

Anaphylaxis is a sudden, severe, potentially fatal, systemic allergic reaction that can involve various areas of the body (such as the skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Symptoms occur within minutes to two hours after contact with the allergy-

causing substance but, in rare instances, may occur up to four hours later. Anaphylactic reactions can be mild to life threatening

What are the common causes of anaphylaxis?

Common causes of anaphylaxis include:

- Food
- Medication
- Insect stings
- Latex

Less common causes include:

- Food-Dependent Exercise-Induced Anaphylaxis
- Idiopathic Anaphylaxis

What are the symptoms of an anaphylactic reaction?

An anaphylactic reaction may begin with a tingling sensation, itching, or metallic taste in the mouth. Other symptoms can include hives, a sensation of warmth, asthma symptoms, swelling of the mouth and throat area, difficulty breathing, vomiting, diarrhoea, cramping, a drop-in blood pressure, and loss of consciousness. These symptoms may begin in as little as five to 15 minutes to up to two hours after exposure to the allergen, but life-threatening reactions may progress over hours.

Some individuals have a reaction, and the symptoms go away only to return two to three hours later. This is called a "biphasic reaction." Often the symptoms occur in the respiratory tract and take the individual by surprise.

Treatment

What medication is used to treat an anaphylactic reaction?

Epinephrine is the drug of choice for treating an anaphylactic reaction. It works to reverse the symptoms of an anaphylactic reaction and helps prevent the progression of it. It is available via prescription as self-injectable epinephrine (EpiPen® or Twinject™). It is important to administer epinephrine as soon as one detects the symptoms of anaphylaxis.

Antihistamines, such as Benadryl®, and steroids are often used to further improve the recovery of a person with an anaphylactic reaction. Antihistamines and asthma medications may be administered with epinephrine, but never instead of epinephrine, because they cannot reverse many of the symptoms of anaphylaxis.