



Medication and Associated Procedures Policy

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Approved by:	Local Academy Council
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General Introduction

Leycroft is an academy school and is part of the Forward Education Trust, alongside The Bridge School, Brays School, Hallmoor School, High Point, Lea Hall and The Heights. Leycroft Academy meets the special education needs of pupils with Autism. All the pupils who attend Leycroft Academy have an Education and Health Care Plan and a present with Autistic Spectrum Condition (ASC). Some children have additional needs including visual impairment, hearing impairment and behavioral difficulties. The school is a primary school based on one site. There are approx. 170 pupils. The pupils are drawn from an extensive area of Birmingham. It is a multi-cultural school, and its pupils reflect the cultural diversity of the area, which it serves.

Rationale

The school recognises the need to conform to the Department for Education's statutory guidance "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" DfE December 2015 (reissued August 2017) and the Local Authority's and Primary Care Trust's statements and guidance on 'Administration of Medication'. It also wishes to ensure all pupils requiring medication feel secure in the school's ability to support them, and to administer the medication efficiently and in accordance with relevant instructions. Nurses deployed to school through the PCT work in line with information set out in 'The Administration of Medicines in Schools and Settings: A Supplemental Guidance Document – February 2018)

Health Care Plans

Long-term medical conditions need to be properly managed to allow maximum attendance and participation at school by the pupil. An individual health care plan can help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. The school must hold detailed information about a pupil's medical needs from their parent in conjunction with the child's doctor. At Leycroft Academy, care plans are drawn up prior to the child starting school with our multidisciplinary partners and they will reflect all issues related to medicating and support of the health care of the child while in school. These reflect such things as:

- Circumstances (if any) when children may take non-prescribed medication e.g., pain killers
- Help for pupils with long term medical needs
- The need for written agreement from parents/guardian for administration of any medication.
- The need for the school to have information relating to chronic conditions
- Record keeping
- Storage and access to medication

Health Care Plans at Leycroft Academy are usually developed prior to the child starting at school however If a condition develops or changes when the child already attends then a Health Care Plan must be developed/changed immediately with input from the parents/carers and appropriate Health Care Professionals. In some cases, it may be necessary for attendance to stop until the Health Care Plan and appropriate

training has been put into place. This will be determined by the Paediatric Consultant assigned to the child in consultation with other health care professionals, the school, and the parents/carers. This is to ensure that school remains a safe place for the child and ensures that staff can meet the needs of the child appropriately and provide the level of support that is required.

Monitoring Care

Multi-disciplinary meetings are used as a way of sharing information and educational and care needs are usually discussed collectively to ensure that the child has as many medical barriers removed in order that the child may enjoy their educative experience while at school. The child's Annual Review of their Education, Health and Care Plan (EHCP) and the supporting paperwork from medical professionals will ensure the effective information sharing relating to the child's medical and educational care while at school.

School Trips, Visits and Sporting Events

School should consider what adjustments can reasonably be made to enable children with medical needs to participate safely and as fully as possible on school trips which, for best practice, should include a risk assessment. Schools may decide to include this information in a child's Care Plan, but on an event-by-event basis may need to consult parents, pupils, and a healthcare professional to ensure that pupils can participate safely. We consult with parents about any visits off site requiring administration of medication.

If pupils do not normally administer their own medication, then a trained member of staff or parent should accompany the child on the off-site activity. The Consent Form to Administer Medicine should include off-site visits.

School/Staff Responsibilities

There is no legal duty that requires School Staff to administer medicines. However, any member of staff can volunteer to receive training to support a child and/or administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance to the prescribers instructions and only after receiving training. Staff managing the administration or supervision of medicines should receive appropriate training and support from health professionals. Before medication can be administered a 'Medication Consent/Information Form' (appendix 1) must be filled in and signed by the parent/carer. This is usually carried out prior to admittance of the medication into school.

Appropriately trained school staff should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

in school. Medication administration Form (appendix 2).

At the point of delivery members of staff giving medicines should check:

- Child's Name
- Prescribed dose
- Expiry date
- Written instructions (provided by prescribed)

If in any doubt staff should check with parent or health professionals before taking further action. If staff have any concerns administering medicine to a particular child the issue should be discussed with Head Teacher, Senco, parent or School Nurse Team.

Receiving and Storing Medication

Non-emergency medication that must be stored at school is stored safely and securely in a cool place which pupils cannot access by accident. School staff will receive and store medicines in school in their secure cabinet/store cupboards. Trained teaching staff log receipt of the medication in the medical folder. A copy of this parental consent should remain with the medication as well as copy being stored in the relevant medical folders in the senior management office.

Items requiring refrigeration are kept in a clearly labelled closed container in the secure medicine fridge located in the medical room which pupils do not have open access to. The medication should easily be accessible, particularly for those that require scheduled medication, but all storage facilities should be secure and in an area which cannot be accessed by children without the supervision of an adult.

The child's Care Plan sets out whether it is appropriate for the child to administer their own medication but generally only pupils in secondary schools should be allowed to oversee their own medication, either by keeping it securely on their person, or in lockable facilities at the school which they have access to.

All emergency medication must be stored in a safe location known to the child and relevant staff, which is easily accessible in case of emergency. If the safe location is locked, it is essential that the keys can be quickly and easily accessed.

Sickness in School

If a child has vomited in school more than twice then staff must alert the senior management team where a decision will be made as to whether to contact parents to seek collection. Parents will be advised on collection to keep affected children home for 48 hours. However, if after seeking medical attention and the sickness is not deemed to be bug or virus related e.g due to excess coughing, allergic reactions, food poisoning etc then pupils can return before the 48 hour period is up. This will also apply for any cases

of diarrhoea within school. However, if the child is presenting as fit and well during these episodes then all steps should be made to keep them in school – please seek advice from senior management team to assess.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infections. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of equipment. Clean-up kits can be obtained from the school office.

Over the Counter Medicines (OTC) (non-prescription)

The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine. However, sometimes a pupil's medical condition may mean that they need to take OTC medication.

OTC medicines can be administered to pupils on the same basis as prescription medication, i.e., where medically necessary, with the parent's written consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place.

OTC Paracetamol Policy

In accordance with our school's OTC Paracetamol Policy (appendix 3) and with parent's written consent we will administer liquid paracetamol to pupils in school that meet the criteria outlined in the policy. Written parental consent will be obtained at the start of the academic year using the 'Medication Consent/Information Form' (appendix 1) where it will state liquid paracetamol and be kept on school record for 12 months. The liquid paracetamol will be stored on a permanent basis in a secure location within the medical room. This then reduces the risk of students carrying medicines unauthorised into school. When staff are administering liquid paracetamol they will follow the 'Liquid Paracetamol Check List' which is included within the OTC Paracetamol Policy and ensure all steps are adhered to.

Other types of Medication

Methylphenidate (e.g. Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.

Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered, and returned home.

Antibiotics

School encourages parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

School should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. School should ask parents or the pupil, if they are competent and the parent agrees, to bring the prescribed labelled antibiotic into school in the morning and take it home again at the end of each day. Where a child is not deemed appropriate to handle and pass over medication an adult (parent or guide) may do so.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that parents administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

School must check the label on the antibiotic carefully as this will state

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic.
- Whether it needs to be taken at a certain time and before, after or with food; and
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

Appropriate records will be made which will include if the pupil does not receive a dose and the parent will be informed that day that a dose has been missed and given the reason why that was the case.

Return of Medication

Schools' policies and, where there is one, a child's Care Plan should explain when medication will be returned the child's parent, for example whenever:

- The course of treatment is complete.
- Labels have become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent).
- The Care Plan is updated or changed and/or information about how to treat the child's medical condition is updated; or
- The medication's expiry date has been reached.

Return of the medication will be documented on the administration record held in the child's file and the parent will be advised to return unused medication to their pharmacist.

In exceptional circumstances, e.g., when a child has left the school, schools can take unused medication to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

Emergencies

Emergencies (whatever the cause) are always be treated as such. Senior leaders on site will determine the best course of action and will phone or instruct someone to phone for an ambulance as required. There is an emergency mobile phone located in the office for those who need to call 999 and be with the patient.

All staff know how to call the emergency services. They know who the qualified first aiders are and where to get hold of them in an emergency within the school. In addition, they

should also know the location of the school nurse base or first aid facilities.

Emergency Medication

Individual Care Plans will explain the procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to acting in an emergency, for example by calling emergency services or arranging for medicine to be administered. The senior management team along with the Special School Nurse should consider what information or training is needed to provide to new or temporary staff to enable them to comply with this duty, particularly if there are children with specific needs.

School does make staff aware that, generally, the consequences of taking no action in an emergency are likely to be more serious than the consequences of trying to assist. Pupil's emergency medication must be readily accessible in a location which staff and the individual pupil know about, because in an emergency, time is of the essence. The most common types of emergency medication which schools may be asked to administer include: -

- Buccolam (midazolam), used to treat epilepsy.
- Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction.
- Glucose or dextrose tablets which may be branded Hypostop, used to treat hypoglycaemia caused by diabetes; and
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler).

School arranges for training for all staff on how to handle emergency situations using the Birmingham School Health Advisory Service Nurses or appropriate specialist nurses, and this includes training for the school staff who have volunteered to administer emergency medication.

An emergency medical report for all emergencies is kept by medical staff and retained on file.

First Aid Boxes

Schools should ensure that First Aid boxes, identified by a white cross on a green background, are available in the workplace and contain adequate supplies for treating injuries that may occur based the nature of the potential hazards identified by a risk assessment. Schools should make themselves aware of the Health and Safety

Executive's minimum expected provision.

Only the expected First Aid supplies should be kept which should not contain creams, lotions, or drugs, however seemingly mild, but may include saline or water sachets to irrigate wounds.

The location of First Aid boxes and the name of the person responsible for their upkeep should be clearly indicated on notice boards throughout the workplace.

First aid boxes must display the following information: -

- The name of the person responsible for their upkeep.
- The nearest alternative First Aid box in case further supplies are required.
- A list of the contents of the first aid box and instructions for replenishing arrangements.
- All First aid given should be recorded on CPOMS and a phone call made to parents.

Authorised school personnel should maintain and restock First Aid Boxes promptly when necessary and the staff who are responsible for maintaining the First Aid Box should be aware of the procedure for re-ordering supplies.

Minimum Expected First Aid box contents per 50 people:

1 x Guidance Leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*)

- 60 x Adhesive Plasters
- 6 x No 16 Eyepad
- 8 x Triangular Bandage
- 24 x Safety Pins
- 4 x First Aid Dressings (18 x 18cm)
- 12 x First Aid Dressings (12 x 12cm)
- 3 x Gloves (Pairs)
- 20 x Wipes

As a guide the minimum contents of a travelling First Aid kit should contain:-

- A leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*)
- 9 x First Aid Dressings (12 x 12cm)
- 3 x First Aid Dressings (18 x 18cm)
- 6 x Triangular Bandages
- 12 x Safety Pins
- 4 x Eye Dressings
- 40 x Plasters
- 10 x Sterile Wipes
- 2 x Disposable Gloves (1 Pair)
- 1 x First Aid for Children Pocket Guide
- 1 x Pupil Accident Book

Appendix 1



Parental agreement for setting to administer medicine

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Signed

Date

Appendix 2

[illegible]

Appendix 3

Administering paracetamol in the school setting

It is recommended that the school keeps its own stock of paracetamol tablets or suspension fluid. This reduces the risk of students carrying medicines into school unauthorised and avoids confusion over what may and may not be administered that day.

Paracetamol will be stored securely and located in the school office.

Only one member of office staff, at any one time, should be responsible for keeping medicines, to avoid the risk of giving a double dose.

They must be relieved from other duties whilst preparing or giving the medicine, to reduce the likelihood of error.

Before any liquid paracetamol is given to a child parental consent must be given via a telephone call.

When consent has been given and a child is given medicine, a written record of it must be kept.

The record must include:

- The name of the medicine
- The dose given, and how
- The name of the child
- The time and date it was given
- Name and signature of the person giving the medicine to the child

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children without cause or reason. However, if a child complains or shows signs of requiring paracetamol due to obvious distress, temperature or parent has requested some to be given via dojo or home diary then we will proceed. Staff should always consider whether the child may have been given a dose of paracetamol before coming to school. A phone call to parents in order to gain consent first will allow us to check this. Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy

containing paracetamol should be taken in 24 hours. Always ask the child what other medication they take and what has been taken recently before doing anything.

If there is any doubt, seek medical advice before administering the medicine. It is recommended that school should only administer paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

Before giving the child paracetamol:

1. The child is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
2. Staff must have prior written and 'on the day' verbal consent from the parent/carer and instructions on frequency and dosage of medication to administer.
3. Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.

Administering paracetamol:

1. Children can only be given one dose of paracetamol during the school day. If this does not relieve the pain, contact the parent or the emergency contact.
2. The member of staff responsible for giving medicines must witness the child taking the paracetamol and make a record of it. School must write in the home diary on the day, stating the time and the amount of the dose.
3. The child should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

The school should ensure that parents have first authorised the school, in writing, to provide paracetamol occasionally to children and then verbal consent to be given on the day. The name of the child, the date, time, dose and reason should be recorded in a log. Any frequently recurring need must be reported directly to parents.

Note: Paracetamol must be kept in a secure place and not in first-aid boxes. It must not be given:

- Following head injury
- Where a child is already on some of the medication
- Where a child has taken paracetamol containing medicine within four hours

Aspirin or preparations containing aspirin must never be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

Dosage: please follow manufacturer's guidance on the bottle or packet of paracetamol. Please be aware that if the child looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

- Child 10 to 12 years - 480 to 500 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 12 to 16 years - 482 to 750 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 16 to 18 years - 500 MG to 1G every 4 to 6 hours - maximum four doses in 24 hours

After giving the child paracetamol:

Send the child back to class making sure the teacher has been made aware that paracetamol has been administered. If the child improves, send a note home via the home diary to inform parents. If the child does not improve or gets worse then a call to parents to collect the child will be made.

Paracetamol Administration Checklist:

Child name						
Date of birth						
What are the child's symptoms?						
Does the child have any known illnesses or medical conditions? If yes, please state what it is						
Is the child allergic to anything? If yes, what?						
Has the child had any medicines today? If yes, what?						
Other options advised	Fresh air	Drink	Something to eat	Take a walk	Sit in the shade	Lie down
<i>Tick if appropriate</i>						

Is this a frequently recurring need? (More than 3 times in a term). If so, contact parents?

Please tick options below as appropriate

Written consent from parent	YES	NO
Verbal consent from parent today	YES	NO
Note sent home informing parents	YES	NO
Administration recorded in log	YES	NO
Child improved	SAME	WORSE
Child back to class	YES	NO
Child sent home	YES	NO
Staff name (print)	Date	
Staff signature		