



*Rebecca Cheetham Nursery
and Children's Centre*

MANAGING MEDICINES IN SCHOOL POLICY

Compiled by: RC SLT using LA guidance

Amended: RC Senior Leadership Team

Date: April 2024

Ratified by governors: Yes

Managing Medicines in School Policy

1. SCOPE

The Legal and Contractual Position

The administration of medicines is primarily the responsibility of parents and carers. It is important that responsibility for Childrens' safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

Consequently medicine should be given to children by the parent/carer before or after school – not during school – wherever possible. The dosage of many medicines can be arranged to permit this. If this is a problem then the or Health Visitor can explore with the parents and the prescribing doctor a suitable compromise.

Head teachers and teachers may volunteer to undertake such procedures if they wish. However they cannot be required to administer medicines. Some support staff (including many teacher assistants) are employed on contracts, which require them to carry out certain simple medical procedures, including the administration of medicines.

Newham Local Authority (LA) has insurance in place, which provides an indemnity in respect of legal liability arising from the actions of its employees provided that the procedures are followed in good faith. This means that, for example, the LA would be insured in the event of a claim by a parent if an employee administered medicine with tragic consequences.

The LA expects its employees to act in the interests of pupils at all times. Any staff member who administers medicine must do so in accordance with these procedures and must act carefully and responsibly. Equally, any staff member who does not volunteer to administer medicine must follow agreed procedures see paragraph (5.5) to ensure that appropriate help is obtained quickly in an emergency.

General advice on medical conditions and their treatment is available on request from the School Nursing Service within Newham Primary Care Trust (PCT). The School Nursing Service also provides specific training in order to enable staff to carry out certain procedures. These procedures are listed in Appendix 1, and may only be carried out by staff trained in this way.

2. RESPONSIBILITIES

Administering medicines in school

While it is important that pupils do not miss school unnecessarily, it is equally important to be clear that it is the parents' responsibility to ensure that children are fit and well enough to attend school.

We have developed a policy for the administration of medicine, which minimise bureaucracy whilst ensuring the safety of pupils.

The DfE guidance, linked to above, states on page 14:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration 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.

Any member of school staff may be asked to [administer medicines], although they cannot be required to do so

The DfE adds that staff should receive suitable training and achieve the necessary level of competency before taking on responsibility for supporting pupils with medical conditions.

A DfE representative told us that the suitability of training depends on the individual pupil's medical needs. Identifying what these needs are will enable you to determine what staff training would be "sufficient and suitable".

The training would be based on the individual needs of the child.

There is more statutory guidance and advice on suitable and sufficient staff training and support, and what school policies should include on this, on pages 17-18 of the DfE document.

Guidance on the use of emergency salbutamol inhalers in schools

https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

Guidance on the use of adrenaline auto-injectors in schools

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Parental responsibilities

Parents are required to provide up-to-date information on their child's medical needs to the school. They should also carry out any actions agreed to as part of the implementation of the individual healthcare plan, including providing medicines and equipment.

Receiving the medicine and returning it

In the case of pupils with some types of special educational need, medicines should be received from and returned to a responsible adult. For pupils of any age, labelled medicine should normally be received and returned daily. Where pupils require medicine daily on a long-term

basis, arrangements may be made to keep a supply at the setting. In all circumstances, it is the responsibility of the parent to provide medicine, which is clearly labelled, in good condition, and in an appropriate form. It is their responsibility to provide the drug in its original container, labelled with the dose, the pupil's full name and date of birth and the expiry date of the medicine.

Receiving written instructions from the parent or carer based on the prescription information, or making a written agreement giving details of the dose and when it is to be administered.

This is essential, and staff must be instructed to follow the written request at all times, and not to administer medication without it. Schools must advise parents to give written notice if the dosage or the drug changes or stops. Any equipment required for the medication should be labelled with instruction on its use. See Form 3A/3B .

3. PROCEDURES

Suitable storage arrangements

All medicines must be stored in a locked medicine cabinet, a locked drawer, or a locked cupboard. (see below for exceptions). Some medicines are best kept refrigerated and must be kept in a unit solely for the purpose of storing medicines. In these cases they should be stored, clearly labelled in a sealable plastic container to which pupils do not have access.

Some medication will need to be readily available in an emergency so storage arrangements may be different. For example asthma inhalers and Epi pens.

2.4 Ensuring that the correct dosage is given to the right child

This will involve an identified member of staff whose absence will be covered by back-up arrangements. Double dosing **must** be avoided. In many cases if the timing of the dose is important or if more than one dose is required during the school day it is essential there is a recording system. See Form 5 or 6 "Managing Medicines in Schools and Early Years Settings". Calibrated medicine cups or spoons must be used for liquid medicines and not household/school spoons.

2.5 Non-Prescription Medicines

Schools must never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents, however at Rebecca Cheetham we generally do not administer non-prescribed, over the counter medicine to children. However, Sudocream or over the counter zinc-based nappy rash cream can be supplied alongside a completed and signed medication consent form.

Sometimes pupils ask for painkillers (analgesics) e.g. paracetamol, aspirin at school. A child under 16 **must not** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The Early Years Framework (2024) says: "Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been

obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable."

Although the framework suggests that this is permissible, it is not Rebecca Cheetham policy to provide non-prescription or over the counter medication to children, even with parental consent.

3.0 Asthma Inhalers

Where parents or carers make written requests for asthma inhalers, spacers and nebulisers (see Appendix 1 with regard to training) to be available to pupils, follow the procedures in the previous section. The written request should always include the name of the drug that is being inhaled and whether it is a Preventor or Reliever drug.

The drug should always be self-administered by all pupils (with support where appropriate).

Where possible pupils should have immediate access to inhalers. Although inhalers can be misused, the risks associated with delay in access are much greater than those of misuse by other pupils. Parents who are concerned about their child losing the inhaler should be encouraged to provide a spare that can be kept in the school medicine cabinet.

If a pupil is having difficulty in managing an inhaler the School Nurse should be informed who will take appropriate action.

4.0 Drugs self-administered by pupils

Where parents or carers want their children to self-administer medicine, schools should make arrangements to:

- require the parent/carer to make a written request this be permitted: see Form 7;
- support the self-administration of prescribed medicines by the pupil;
- in the rare instances where pupils with diabetes mellitus or anaphylaxis need to self-inject themselves during the school day, provide an appropriate location and ensure there are suitable arrangements for the disposal of sharps.

5.0 Other medical procedures

Teaching and non-teaching staff may volunteer to undertake such other medical procedures as may be appropriate for individual pupils from time to time; some non-teaching staff are contractually required to carry these out. The School Nursing Service or another professional from Newham Primary Care Trust (PCT) can facilitate and provide training in these procedures and this training **must** be completed before staff, carry them out.

Appendix 1 gives Newham PCT guidance on the training of staff to carry out these procedures. Arising from it, Newham LEA policy is as follows.

5.1 Training

Only staff who have been trained (and have the appropriate certificate) should carry out procedures other than the administration of oral medicine or eye drops.

For training in administering rectal diazepam schools must identify sufficient numbers of staff and ensure that they attend the off-site training and receive regular updates. *Contact Deborah Dickinson the Inclusive Education Training Manager on (020) 8430 4804.*

Kyron John, Team Coordinator, Children's Health 0-19 Service, CYPS on 0203 373 6528 Ext 6528 or School Health Duty Nurse Referrals made for Under 5's will be forwarded to the Health Visiting Team Online referral form available at: Schoolhealth@newham.gov.uk or Online referral form available at: www.newham.gov.uk/schoolhealthreferral 0203 373 9983

5.2 Pupil/School Healthcare Plan

It is the responsibility of the parent/carer and the school to devise a healthcare plan with support from the School Nursing Service (see Form 2). Parents or carers should sign a care plan stating that: they are aware of the procedure involved and of the named person(s) who will undertake it; and they agree to the arrangements which have been made. Schools must also sign the completed care plan.

The SENCO will alert the health visitor to child specific care plans, which are due for review. This can be undertaken at their regular meetings once each term.

5.3 Suitable storage arrangements

If equipment has to be stored in the school it must be placed in locked storage. Careful consideration should be given to access.

5.4 Recording

It is essential to adopt a formal recording system to demonstrate the time that the procedure was carried out, the person who carried it out, and the dosage (if medicine is administered). See Forms 2, 3A, 3B, 4, 5 & 6. These forms should be individualised.

5.5 Emergencies

Very occasionally, the need to undertake a complex procedure (such as administration of rectal medication: see Form 9) will arise in the absence of a named person, or complications may occur beyond the scope of the named person. In these circumstances an ambulance should be summoned immediately. See Form 1.

If a child requires rectal diazepam or other medication and training is not available for a few months, ensure that this is recorded in the health care plan and call 999 when the child has a seizure.

All staff should know how to call the emergency services and know who is responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the parent arrives.

The Nursery does hold an Emergency Asthma Pump and Epipen in case of a child's own Asthma pump or Epipen not proving effective during an emergency. Parents will be notified if this has

been done. As with all medications, a consent form will be required (Form 10 and Form 12) before any medication is administered.

The appropriate staff member will need to complete Form 11 and Form 13 to notify that an Emergency medication has been administered to their child.

Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school/setting to administer medicine
- Form 3B:** Parental agreement for school/setting to administer Sudocrem
- Form 4:** Head teacher/Head of setting agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medicine
- Form 8:** Staff training record – administration of medicines
- Form 9:** Authorisation for the administration of rectal diazepam
- Form 10:** Consent form for Salbutamol Inhaler
- Form 11:** Letter to notify parents of use of Salbutamol Inhaler
- Form 12:** Consent form for EpiPen
- Form 13:** Letter to notify parents of use of EpiPen

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number

If school number: **0208 534 3136**

2. Give your location as follows (*insert school/setting address*)

Rebecca Cheetham Nursery School and Children's Centre

Marcus Street

3. State that the postcode is **E15 3JT**

4. Give exact location in the school/setting (*insert brief description*)

5. Give your name

6. Give name of child and date of birth (if you can have the child's card to hand) and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2
Health Care Plan

Name of school/setting:

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family Contact Information

Name:

Phone no. (work): (home):

(mobile):

Name:

Phone no. (work): (home):

(mobile):

Clinic/Hospital Contact

Name:

Phone no.:

G.P.:

Name:

Phone no.:

Describe medical needs and give details of child's symptoms:

Daily care requirements (*e.g. before sport/at lunchtime*):

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency (*state if different for off-site activities*):

Form copied to:

FORM 3

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

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)

Date dispensed:

Expiry date:

Agreed review date to be initiated by *[name of member of staff]*:

Dosage and method:

Timing:

Special precautions:

Are there any side effects that the
School needs to know about?:

Self administration Yes/No *(delete as appropriate)*

Procedures to take in an emergency:

Contact Details

Name:

Daytime telephone no.:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to *[agreed member of staff]*:

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date:

Signature(s):

FORM 3B

Parental agreement for school to administer Sudocrem

The school will not administer Sudocrem or other nappy rash cream unless you complete and sign this form.

Name of school/setting: *Rebecca Cheetham Nursery School*

Date:

Child's name:

Group/class/form:

Name nappy rash medication:

Expiry date:

When to be given to the child:

Any other instructions:

This form can be used for the duration of the child's time at Rebecca Cheetham Nursery School. If anything changes in regards to the administering of the sudocrem or alternative, it is the parent/carer's responsibility to inform the nursery.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering sudocrem or alternative in accordance with the school policy. I will inform the school immediately, in writing, if there is any change.

Parent's signature:

Print name:

Date:

Note: This form only relates to the medication identified on this form.

FORM 4

Headteacher agreement to administer medicine

It is agreed that *[name of child]* will receive
[quantity and name of medicine] every day at

[time medicine to be administered e.g. lunchtime or afternoon break] .

[Name of child] will be given/supervised whilst he/she
takes their medication by *[name of member of staff]* .

This arrangement will continue until
[either end date of course of medicine or until instructed by parents] .

Date:

Signed:
(The Head teacher/named member of staff)

FORM 5

Record of medicine administered to an individual child

Name of school/setting:

Name of child:

Date medicine provided by parent:

Group/class/form:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

Staff signature:

Signature of parent:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

FORM 6

Record of medicines administered to all children

Date	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name

Name of school/setting:

FORM 9

Authorisation for the administration of rectal diazepam

Name of school:

Child's name:

Date of birth:

Home address:

G.P.:

Hospital consultant:

(Child's name) should be given Rectal Diazepam mg.
if he/she has a *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature:

Parent's signature:

Date:



FORM 10

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Rebecca Cheetham Nursery and Children Centre

Child showing symptoms of asthma / having asthma attack

- 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].**

- 2. My child has a working, in-date inhaler, clearly labelled with their name, which will be provided to the school.**

- 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.**

Signed:
.....

Date:

Name
(print).....
.....

Child's name:
.....
.

Class:
.....
.....

Parent's address and contact details:
.....
.....
.....
.....



.....
.....

Telephone:

.....
.....

E-mail:

.....
.....

FORM 11

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....
.....

Class:

.....
.....

Date:

Dear.....,

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They were given puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,



FORM 12

CONSENT FORM:

USE OF EMERGENCY EPIPEN

Rebecca Cheetham Nursery and Children Centre

Child showing symptoms of an allergic reaction

1. I can confirm that my child has been diagnosed with an allergy / has been prescribed an EpiPen [delete as appropriate].
2. My child has a working, in-date EpiPen , clearly labeled with their name, which will be provided to the school.
3. In the event of my child displaying symptoms of allergy reaction, and if their EpiPen is not available or is unusable, I consent for my child to receive the EpiPen from an emergency EpiPen held by the school for such emergencies.

Signed: _____ Date:

Name
(print).....
.....

Child's name:
.....
.

Class:
.....
.....

Parent's address and contact details:
.....
.....
.....
.....
.....

Telephone:
.....
.....

E-mail:

.....
.....

FORM 13

LETTER TO INFORM PARENTS OF EMERGENCY EPIPEN USE

Child's name:

.....
.....

Class:

.....
.....

Date:

Dear.....,

This letter is to formally notify you that..... has had an allergy reaction today..

This happened when.....

A member of staff helped administered the EpiPen, so a member of staff helped them to use the emergency EpiPen.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,



Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)



Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org



Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/



Appendix 1 – Training of Education Department Staff to carry out specified nursing procedures

1. An inclusive education policy means that all children are educated in their local community mainstream schools. This includes children with complex medical needs where a number of specific procedures may be required in relation to their physical health.
2. Schools and Early Years Settings must take a responsibility for informing The School Nursing Service or the Health Visitor as soon as possible when they think a child may need a health care plan, ensure that the plan is reviewed at least once a year and ensure staff training is updated/reviewed as necessary. The requirement of the procedures should be stated on the child's records.
3. Schools and Early Years Settings should be responsible for initiating the need for training and ensuring staff are updated. The LEA must be informed by the Head Teacher of those staff members who have volunteered to be trained before the child starts attending the school. If possible the staff should be trained before the child starts attending, but, otherwise, parents or carers must be aware that they will need to continue being responsible for the procedures in the meanwhile. This may mean they will need to come into school with their child.
4. The procedures requiring special training include:
 - * Tube feeding
 - * Urinary Catheterisation
 - * Suction and postural drainage
 - * Nebulised medication
 - * Rectal medicationThis is not a comprehensive list.
5. Legal advice suggest a number of safeguards for Health Service staff, who must retain the right to refuse to train LEA staff in these circumstances:
 - * if they do not think the procedure is appropriate for lay staff;
 - * if they do not believe it would be in the interests of the individual child;
 - * if they do not think the individual LEA staff member nominated is suitable.
6. Training should be for named staff member(s) in the specific procedure(s) for each named child or children. The training programme undertaken must be planned and recorded in detail for the named LEA staff member(s) and may be undertaken on or off site.
7. When nominating the staff to be trained the LEA must consider what action should be taken if the trained person is absent. In general it is advisable to train more than one person. If no trained person is available, the child should remain at home or the parent come into the setting with their child if appropriate.

8. Health Service staff will be nominated to undertake training by their heads of department. School Nurses or key health professionals between School and the Health Service and will take the lead in facilitating Health Service training at school's request.
9. The training should include:
- * information on the individual child's medical needs and care plan orally and in writing with parent's or carer's consent.
 - * the requirement to maintain the child's confidentiality;
 - * instruction on the procedure required- by demonstration followed by supervised practice where appropriate, and supported by a Health Care Plan (see Form 2). This should include the actions necessary for the trained person to implement.
 - * the invitation of the parent or carer to join the Health Service staff member in at least some of the training sessions.
10. The LEA member of staff should be given a written certificate stating he/she has completed a training programme in a specified procedure. This certificate should be kept in the school's personal file on the member of staff. The name should be added to the Schools cover plan and would be included in an individualised health care plan.
11. The Health Service department offering training will provide this in accordance with a schedule to be agreed with the school. The training given will be recorded either as being competent in a procedure or, if child specific, in the Health Care Plan.

4. RELATED DOCUMENTS

6. RELATED PROCEDURES

7. GLOSSARY

LEA – Local Education Authority
PCT – Primary Care Trust
SENCO – Special Educational Needs Co-ordinator

8. COPIES

- 8.1. Where any other copies apart from the master are kept.**