



13d Administration of Medicines Policy

'Medicines should only be taken to (school or) settings when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the (school or) setting day.' (Managing Medicines Guidance – DfES)

Aims

To promote the good health (including oral health) of children and staff in the school

To provide a procedure for responding to children who are ill or infectious

To take necessary steps to prevent the spread of infection and to take appropriate action if pupils are ill

To ensure that pupils with long-term medical needs receive proper care and support when they are at Nursery or school

To ensure that children with ongoing medical conditions are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential. To ensure that they can access and enjoy the same opportunities at school as any other child.

Inclusion

We recognise that pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring or treatments in emergency circumstances. We recognise that each child's needs are individual.

We also recognise that needs may change over time. We also recognise that some pupils who require support with their medical conditions may also have special educational needs and may have an EHCP.

We work together with parents, health professionals, other support services, and the Local Authority in order to ensure that the child is receiving the best care and education.

Procedures

The school employs a full-time Nurse who follows the Nurses and Midwifery Council (NMC) Code of Professional Conduct.

If a pupil becomes ill during the school day, staff may direct them to the School Nurse for assessment, as appropriate. If a EYFS child becomes ill during the school day, EYFS staff will monitor symptoms. If the child's health deteriorates, they will consult with the School Nurse, who will make a decision about whether the child is well enough to remain in school.

If the pupil is not well enough to remain in school, parents will be called and asked to take the



pupil home.

If a pupil vomits or has diarrhoea in school, parents will be asked to take them home and to keep them at home for 48 hours after the last episode of vomiting or diarrhoea, in line with current PHA guidance. If a child has vomited or had an episode of diarrhoea at home, we ask that parents keep them at home for 48 hours after the last episode to prevent the spread of infection.

There is robust representation of First Aiders among the staff body and a number are qualified to dispense medication. All of our EYFS staff, and the Deputy Head (Preps and Pre-Preps) and Assistant Head, hold current Paediatric First Aid qualifications which are renewed every 3 years. We ensure that we use providers who are accredited by approved first aid training organisations and Local Authority guidance. We ensure that Paediatric First Aid training is delivered in accordance with statutory EYFS requirements. A list of staff qualified in First Aid is included in these policies, circulated and displayed in the staff room and in the Medical Centre. A list of staff with current PFA certificates is displayed outside the Nursery, inside the Reception classroom and is also available on the policies section of our school website.

Prior to entry, we obtain written information from parents about pupils' medical needs (including details of medicines). Parents are responsible for providing full and accurate information about their child's health and medical needs. The school requests this information on a regular basis to ensure medical information is up to date. Nevertheless, parents are ultimately responsible for ensuring that this information is up to date.

No pupil should be admitted without this information.

Prior to entry, we obtain written parental consent for emergency treatment.

Prescription medicines are not administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor) and are clearly named. Medical information must be available in English.

Medicines should not be given without informing the School Nurse.

Medicines (both prescription and non-prescription) are only administered to a pupil where prior written permission for that particular medicine has been obtained from the child's parent and /or carer.

Medicines are only administered if they are in their original container as dispensed by a pharmacist in accordance with the prescriber's instructions. This should include the child's name, date prescribed, name and dose of the medicine and the frequency of administration. Instructions must be written in English.

We negotiate and agree with parents the times that medicine is to be administered, so that it is manageable where medicines need to be administered during the school day.

As per administration of medicines training, we wash hands before we administer medicine, check the child's name, allergies, date prescribed, name and dose of the medicine, route of administration and the frequency of administration.



All medication is shown to and checked by the School Nurse when it is brought into school/Nursery.

A written record is kept every time medicine is administered to a child.

The name of the person administering the medication is recorded, dated and signed. Other than when the School Nurse or another member of staff who has completed the Medicines Management Training, a witness must be in attendance when medicine is administered and countersign relevant documentation to say that they have witnessed the administration and dosage of the medicine.

Where appropriate, according to each individual child's age and stage of development, we support and encourage children to manage their medication with some degree of independence– for example use of inhalers.

When we are going on outings, we take children's medication with us. There is always at least one trained Paediatric First Aider with a current certificate on EYFS outings. A named First Aider takes responsibility for administering the medicine at the agreed time. If it was not reasonably practicable to administer the medicine on an outing, we would negotiate with the parents and School Nurse.

If a child refused to take their medication, we would encourage but not force them to take it. We would record the information and contact the parents. Medicine would never be concealed in food or drink and administered to children.

Supply or cover staff and all regular teaching staff are informed about children's specific medical and medication needs.

All medication, including staff medication, that is on the premises is securely stored, and out of reach of children at all times.

We refer to the latest guidance from the Health Protection Agency on Infection Control in schools and other settings in addition to Government guidance.

Storage of Medication

Pupils are not responsible for storing their own medication. Medicine is stored securely and safely out of children's reach, whilst still being readily accessible to staff.

In school, a First Aid box and emergency medication is kept in the Medical Centre, with emergency medication (such as asthma inhalers and auto-injectors e.g. epi-pens) is accessible at all times.

In Reception, our First Aid box and emergency medication (such as asthma inhalers and auto-injectors e.g. epi-pens) is accessible at all times. It is stored in the Reception First Aid bag, which is kept in the cupboard out of children's reach. Whenever we leave the classroom, a member of staff carries the bag with them. Non-emergency medication is stored securely in a lockable medicine cabinet, which is located in the cloakroom.



Medication for children in the EYFS that needs to be refrigerated (such as antibiotics) is kept in the fridge in the Nursery classroom kitchen area which children do not have access to.

In Nursery, our First Aid box and emergency medication (such as asthma inhalers and auto-injectors e.g. epi-pens) is accessible at all times. It is stored securely in the clearly labelled First Aid cupboard in the kitchen area. Non-emergency medication is also stored safely here, out of children's reach.

Medication is checked half-termly to ensure that it is in date. Staff also check that it is in date every time they administer medication to a child. Staff should not dispose of medicines: parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

When medicine is no longer required, it is always handed back to the parents to arrange for safe disposal.

Care of Children with Long-Term Medical Needs

Individual Care Plans are drawn up by the School Nurse in consultation with parents and relevant health professionals.

Where additional support is required, we seek advice and further training (where appropriate) from relevant qualified health professionals. Training must be provided for staff where the administration of medicine requires medical or technical knowledge.

We liaise daily with parents when they bring the child to the setting to check and record when, how much and why a child has had medicine administered before attending the setting.

Emergency Treatment

In the case of a serious accident or illness occurring, the parent should be contacted immediately. In the unlikely event of both parents being unavailable, the named emergency contacts on the child's form will be contacted.

A member of staff will contact emergency services and dial for an ambulance.

A member of staff should always accompany a child taken to hospital in an ambulance and remain with them until a parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

The member of staff should take the signed parental consent form for emergency treatment with them to the hospital.

Staff should never take children to hospital in their own car unless there is no alternative, in which case a second adult would be required. It is safer to call an ambulance.

OFSTED must be notified of any serious accident, illness or injury to, or death of any child whilst in our care, and of the action taken as soon as is reasonably practicable and always within 14 days of

the incident occurring. ISI and local child protection agencies must also be notified within this time. Advice from these agencies must be acted upon.

ISI and local child protection agencies must be notified of any food poisoning affecting two or more children cared for on the premises. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident.

Appendices:

1. Contacting Emergency Services
2. Procedures for dealing with Allergies, Asthma and Diabetes

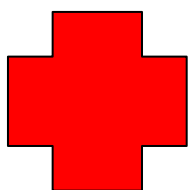
References:

- The Early Years Foundation Stage –November 2024
- Guidance on Infection Control in schools and other childcare settings – Health Protection Agency - current
- Supporting Pupils with Medical Conditions at school – current
- Equality Act 2010
- Children and Families Act 2014

Associated Policies:

- 13a. First Aid Policy

Reviewed by	Deputy Head Preps & Pre-Preps
Approved by	Health & Safety Committee
Approval date	6 Feb 2025
Next Review by	31 Apr 2026



APPENDIX 1 - Contacting Emergency Services

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

1.

- Nursery telephone number - 020 8997 2022 extension 7511 (direct line 020 8991 7511)
- Reception Class telephone number – 020 8997 2022 extension 7537 (direct line 020 8991 7537)
- Year 1 telephone number – 020 8997 2022 extension 7538
- Year 2 telephone number - 020 8997 2022 extension 7538
- Year 3 telephone number - 020 8997 2022 extension 7562
- Year 4 telephone number - 020 8997 2022 extension 7562
- Year 5 telephone number - 020 8997 2022 extension 7526
- Year 6 telephone number - 020 8997 2022 extension 7526
- Seniors telephone number – 020 8997 2022
- Medical Centre telephone number – 020 8997 2022

2. Address – St Augustine's Priory
Hillcrest Road
Ealing
London W5 2JL

3. Location – say where the emergency is.

4. Your name.

5. Name and age of child and brief description of child's symptoms. If the child has a known medical condition, please give this information.

6. Inform ambulance control of the best entrance to use and that they will be met. Call Estate Staff on radio and ask them to meet ambulance at gate.

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



Appendix 2 - Procedures for dealing with Allergies, Asthma and Diabetes Allergies

Allergies can be caused by a range of different allergens. Parents are required to notify the school of any allergies which their child suffers from and to update the Health Centre of any changes. A list of children who suffer from allergies is maintained by the School Nurse and this information is displayed in appropriate areas of the school (e.g. Health Centre, Kitchen, Staff Room).

The best way to avoid an allergic reaction is to remove the allergen from the school environment. For example we do not allow nuts in school. However, no school can guarantee a truly allergen-free environment. Allergic children might be led into a false sense of security. Parents and children are informed of this when joining the school and reminders are sent out during the year. Two auto-injectors (epi-pens) and anti-histamine must be available to affected students at all times. In case of a suspected allergic reaction, please contact the School Nurse or a paediatric first aider. Additionally, emergency anaphylaxis kits are located in the centre of the school (outside the Refectory) and outside the Medical Centre.

The Symptoms of Anaphylaxis

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)/ floppiness in babies

Immediate Treatment

- Encourage the child to stay calm
- The School Nurse, a Paediatric First Aider or a First Aider qualified in dispensing medication will administer an antihistamine tablet/ liquid
- The child will be observed. Parents will be informed.

If the child starts to have breathing difficulties/ anaphylaxis after eating a food that they are allergic to, their auto-injector needs to be administered and an ambulance needs to be called.

How to administer an auto-injector

- Pull off blue safety cap
- Position orange/red end about 10 cm away from outer mid-thigh



- Swing and jab orange/red tip into thigh and hold for ten seconds
- Remember (Blue to the sky red to the thigh)
- Remove auto-injectors and massage leg for ten seconds

Emergency Treatment

- In the case of a serious accident or illness occurring, the parent should be contacted immediately. In the event of both parents being unavailable, the named emergency contacts on the child's form will be contacted.
- A member of staff will contact emergency service and dial for an ambulance.
- A member of staff should always accompany a child taken to hospital in an ambulance and remain with them until a parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- The member of staff should take the signed parental consent form for emergency treatment with them to the hospital.
- Staff should never take children to hospital in their own car unless there is no alternative in which case a second member of staff should accompany them. It is safer to call an ambulance.
- OFSTED (EYFS) must be notified of any serious accident, illness or injury to, or death of any child whilst in our care, and of the action taken as soon as is reasonably practicable and always within 14 days of the incident occurring. ISI and local child protection agencies must also be notified within this time. Advice from these agencies must be acted upon.

Asthma

Asthma is a common lung condition that causes the airway to narrow therefore causing breathing difficulties.

At School, staff ensure that children's medication (including inhalers) is with them at all times. We request two inhalers from parents. One is kept in our First Aid kits.

In the event of an asthma attack or wheeze at School/Nursery, the child will be encouraged to take their inhaler and the School Nurse should be called. In the unlikely event that the child does not have their inhaler, there are spare inhalers kept in the Health Centre.

How to recognise an asthma attack

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast)
- Unable to talk or complete sentences or go very quiet.



- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

What to do in the event of an asthma attack

- Keep calm and reassure the student
- Encourage the child to sit up and slightly forward
- Encourage the child to use their inhaler – if not available, use the emergency inhaler
- Call the School Nurse/parents
- Immediately help the child to take two separate puffs from their inhaler.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure them.
- If the child does not feel better or you are unable to contact the School Nurse or the child's parents or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Diabetes Management

Diabetes can affect learning, and if it is not well managed a child can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. Therefore, they might not achieve their full academic potential. The challenges of keeping diabetes well managed may also impact on a child's life.

For these reasons, it is crucial that a child is supported to manage their diabetes in all aspects of their life, including their time at school.

Hypoglycaemia (low blood glucose) happens when a person's blood glucose level falls below 4mmol/l.

Most children and families will call it a 'hypo'.

All children with diabetes are likely to have mild hypos from time to time and they can come on very quickly.



They might happen because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.

Sometimes there is no obvious cause.

How to recognise a hypo

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale.

Treating a hypo

Hypos must be treated quickly. If left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure.

A child should not be left alone during a hypo – nor be sent off to get treatment for it. Recovery treatment must be brought to the child.

What to do:

- Call the School Nurse
- Check the child's blood glucose level (when possible). The child will usually be able to do this themselves under the supervision of a staff member.
- Immediately give something sugary to eat or drink, e.g. Lucozade, non-diet drink, glucose tablets, fruit juice.
- After 10–15 minutes, check blood glucose level again. If the blood glucose level is still low, repeat step 2.
- Check the blood glucose again in another 20–30 minutes to make sure that they have returned to normal.

Some children need a follow-on snack after treating a hypo, e.g. a piece of fruit, biscuits, cereal bar, small roll/sandwich, the next meal if it's due. The child's parent or PDSN will tell you if they



need a follow-on snack.

How to recognise hyperglycaemia

The symptoms of hyperglycaemia do not come on quickly and generally build up over a period of hours. They can include:

- thirst
- passing urine frequently
- tiredness
- feeling sick
- tummy ache
- blurred vision.

Treating hyperglycaemia

If a child takes insulin injections and their blood glucose is only high for a short time, treatment may not be needed.

Treatment includes:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- allowing the student to use the toilet whenever they need to.
- If there are concerns regarding a child's diabetes, their parents must be contacted.

Any concerns should be reported to the School Nurse. Good communication between parents and school is essential