Killisick Junior School

Believe • Achieve • Succeed

Administration of Medicine Policy

2026/2027

Policy review dates and summary of changes:

Date of Review	Changes made by	Summary of changes made	Date implemented
30/11/2023	Richard Jones	Updated for new academic year	01/12/2023
04/09/2024	Richard Jones	No changes	05/09/2024
15/08/2025	Richard Jones	Updated for the new academic year – no significant changes	01/09/2025
01/10/26	Kristabel Beeley	Updates in line with Bennedict's Law - Make reference to new Allergy and Anaphylaxis policy Replace "Epipen" with Auto-Adrenaline Injector (AAI) Make reference to spare AAIs located in the school office	01/10/26

Policy Statement

This school is an **inclusive** community that aims to support and welcome pupils with medical conditions.

This school aims to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

Such medical conditions identified under the Children and Families Act 2014 are:

- asthma
- cancer
- diabetes
- epilepsy
- allergies

This school understands the importance of medication being taken as prescribed.

All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

Parents should not send a child to school if they are unwell, Killisick Junior School is **not** an extension of Accident & Emergency. If your child sustains an injury, it is your duty of care to ensure you take your child to their local A + E or GP. We can only deal with first aid issues that occur on site.

Where a child has a long-term medical need a written health care plan will be drawn up with the parents and health professionals.

Parents must inform the school or setting (After School Club, etc) about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up. The school and setting need separate notifications.

The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils and offers three key principles for inclusion:

Schools have a responsibility to provide a broad and balanced curriculum for all pupils. This statutory inclusion statement sets out three principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning.
Schools must:

- *set suitable learning challenges*
- *respond to pupils' diverse learning needs*
- *overcome potential barriers to learning and assessment for individuals and groups of pupils.*

Responsibilities:

Parents and Carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form.

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent(s) in conjunction with the school nurse and school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

• Child's name, date of birth;
• Name and strength of medication;
• Dose;
• Expiry dates whenever possible;
• Dispensing date/pharmacists details.

School Staff
Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so they advise that the teacher has access to information, training and that appropriate

insurance is in place. In practice, head teachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school. Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

HEALTH CARE PLANS

The Health Care Plan should be completed by Parent(s), designated school staff who have volunteered and school nurse. It should include the following information, and an example is in appendix 1.

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play
-

STAFF TRAINING
When training is delivered to school staff, the school must ensure that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epipens (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

STORAGE
When items need to be available for emergency use, e.g. asthma pumps and Epipens, they may be kept in the Medical Room or area designated (reception) according to the size/layout of the building, or with the pupil, in class as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys.

CLASS 1 and 2 DRUGS
When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs should be kept in a locked cabinet within a room with restricted access (staff only).

ANTIBIOTICS
Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic** which **can be given outside** of **school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. If there are any doubts or queries about this please contact your school nurse.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. (Older children may bring in and take home their own antibiotics if considered appropriate

by the parent(s) and teachers.) Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.
Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.
The appropriate records must be made. Record keeping. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)
For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does **not** keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place.
CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.

OVER THE COUNTER MEDICINE (EG HAYFEVER REMEDIES)
These should be accepted only in exceptional circumstances and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

DISPOSAL OF MEDICINE
Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

RESIDENTIAL VISITS
On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment , such as a cold, sore throat while away on an Educational Visit . In this instance the parental consent form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

REFUSING MEDICINE
When a child refuses medicine the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

SELF MANAGEMENT
Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

TRAVEL SICKNESS
It has also been agreed by the Council's Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

DAY VISITS
The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

GUIDELINES FOR THE ADMINISTRATION OF ADRENALIN (often called "Epipens") BY SCHOOL STAFF

Full details of how we approach allergies is covered in our Allergies and Anaphylaxis policy.

An adrenaline auto-injector (AAI) (often called by the brand name "Epipen") is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An AAI is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. All staff will receive allergy awareness training, and most staff will be trained in how to administer an AAI during a practical course. Only staff who have had the practical training should administer an AAI.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the AAI is in date. The AAI should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The AAI should be readily accessible for use in an emergency and where children are of an appropriate age; the AAI can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The AAI should be replaced by the parent(s) at the request of school staff.
5. The use of the AAI must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the AAI.
6. Once the AAI is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the AAI. The used AAI must be given to the ambulance personnel. It is the parent's responsibility to renew the AAI before the child returns to school.
7. If the child leaves the school site e.g. school trips, the AAI must be readily available.
8. Spare AAIs are located in the school office.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
3. It would be considered helpful if parent(s) could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.
Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.
Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

GUIDELINES FOR MANAGING CANCER

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health.

The three main ways to treat cancer are:

- chemotherapy
- surgery
- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.
Regularly revise the pupils' timetable and school day as necessary.

Having a 'key' person at school

It's helpful to have one 'key' adult that the pupil can go to if they are upset or finding school difficult, plus a 'Plan B' person for times the usual person is not available

In secondary schools, you can also give the pupil a card which enables them to leave class without having to explain too much.

Physical activity

Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session, or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information

If staff are concerned about the pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment

Circulate letters about infection risks when requested by the child's family or health professionals
Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

Further Information and Guidance

Asthma UK

18 Mansell Street, London, E1 8AA
Tel: 020 7786 4900
www.asthma.org.uk

Diabetes UK

Macleod House, 10 Parkway, London, NW1 7AA
Tel: 0345 123 2399*
www.diabetes.org.uk

Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds, LS19 7XY
Tel: 0113 210 8800
www.epilepsy.org.uk

CLIC Sargent (Cancer)

Horatio House, 77-85 Fulham Palace Road, London, W6 8JA
Tel: 0300 330 0803
www.clicsargent.org.uk

APPENDIX 1

Contents:

Health Care Plan

Contacting Emergency Services

Parental Agreement for Medicines to be taken at School & Medicine Administration Log

Staff training record - administration of medicines

Health Care Plan

Name of School/Setting	
Child's name	
Class	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

CONTACT INFORMATION

Family contact 1		**Family contact 2**	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	
Clinic/Hospital contact		**GP**	
Name		Name	
Phone No.		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:

Request for an Ambulance
Dial 999, ask for ambulance and be ready with the following information
1. Your telephone number: 0115 963 5585 (or mobile being used)
2. Give your location as follows: Killisick Junior School, Killisick Road, Arnold, Nottingham, NG5 8BY
3. State that the postcode is: NG5 8BY
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child 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

Put a completed copy of this form by the telephone

KILLISICK JUNIOR SCHOOL

PARENTAL AGREEMENT FOR MEDICINE TO BE TAKEN AT SCHOOL

The school will not allow your child to take medicine on the premises unless you complete this form.

Name of child -	Date of birth -
Class -	Date -
Medical condition or illness -	

Medicine

Name/type of medicine - (as described on the container)	
Date dispensed -	Expiry date -
Dosage and method -	
Timing -	
Special Precautions -	

Contact Details

Name -
Telephone Number/s -
Relationship to child -

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.

I agree that this arrangement will continue until the end of the course of medicine or until instructed by parent/carer.

Signed _____

Headteacher or named member of staff

It is agreed that _____ will be supervised by the Admin staff whilst he/she takes their medication as detailed above.

Signed _____ Date _____

DATE	DOSAGE GIVEN	TIME	ADMINISTERED BY	

Staff training record - administration of medicines

Name of School/Setting:	
Name:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that _____ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature:	
Date:	

I confirm that I have received the training detailed above.

Staff signature:	
Date:	
Suggested Review Date:	