

# St James Church of England Primary School, Handsworth

## **SUPPORTING CHILDREN WITH MEDICAL NEEDS & ADMINISTRATION OF PRESCRIBED MEDICINES POLICY February 2022**

### **Background:**

This policy has been written using guidance from Department for Education:

- “Supporting Pupils With Medical Conditions” – DFE December 2015
- “The Use Of Emergency Inhalers In School” – DFE March 2015
- “Using Emergency Adrenaline Auto Injectors in School – September 2017
- “The Administration of Medicines in Schools and Settings: A Supplemental Guidance Document – February 2018

At St James Primary School, we maintain close links with parents, carers and agencies such as the school nurse and any others providing for pupil health.

Community nursing teams are a valuable resource for school to seek advice and support in relation to children with a medical condition.

**School nurses can be contacted at:  
South Central Birmingham School Nurse Team on 0121 245 5750**

### **As a school we:**

- Ask parents to take responsibility for ensuring that their child is well enough to attend school. Please note that parents should keep their children at home if acutely unwell or infectious.
- Seek to support any child with long or short term medical needs. The administration and management of medicines is part of this process.
- Request that, wherever possible, parents ask doctors to prescribe medicines, which can be administered outside the school day.
- Recognise that, at times, it may be necessary for medication to be administered in school. In such cases, agreed procedures must be followed and medication should only be administered when all other options have been explored.

### **On Admission to School:**

On admission, all parents and carers will be asked to complete an admissions form, giving full details of any known medical conditions including allergies and dietary requirements. They will also be required to disclose any regular and/or emergency medication along with emergency contact details, the name of the family doctor, any hospital consultants.

### **Administration and Storage of Medication in School:**

Should a pupil require medication during the school day, parents / carers must come into school to speak to the member of staff responsible for administering medication who are:

When medication is administered in school, this is recorded and countersigned, and a log will be kept in the school office.

All requests must be made on the agreed with a member of the Senior Leadership Team

If agreed:

- The medication must be prescribed by a doctor and be in its original container, with the child's name and dosage clearly visible on the label.
- A request form must be completed by the parent / carer and signed by the Head Teacher or Deputy Head Teacher
- The medication must be handed in to the school office.
- An "Administration of Medication" form (Appendix A) will be completed and signed after each dose by the member of staff responsible (other than inhalers).
- School must be notified in writing if the medication is to change or cease.
- The parent must take responsibility for replenishing the supply.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision.
- 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 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.

Parents should be informed if OTC medication has been administered that day, and it is good practice to ask the parent to sign the School Record of Medication Administered to acknowledge that the school has told them that you have given the agreed medication

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose.

### **Asthma**

- The inhalers must be clearly marked with the pharmacy's dispensing label, showing the child's name and the dose required.
- Inhalers must be kept in the class asthma box at all times.
- An older child may carry their own inhaler with them, in addition to the one in their classroom. Pupils are encouraged to become self-managing by the end of Year 6 by carrying their own inhaler and using it when needed.
- Teachers will ensure that the class asthma bag is taken on emergency evacuation of the classroom (e.g. fire drill).
- Parents are encouraged to supply a spacer device for their child, to use with their inhaler.
- Most children will not need to use their blue inhaler on a daily basis, therefore, if the child has experienced symptoms and has needed to use their inhaler, parents/carers will be informed.
- Parents/carers will always be informed if their child has an asthma attack.
- If pupils leave the premises for any activity they must have their reliever inhalers with them.

- An emergency salbutamol inhaler is kept in school and should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

### **Exercise and Activity:**

- Pupils with asthma are encouraged to participate in PE lessons.
- Some pupils with asthma may need to use their reliever inhaler before exercising.
- Reliever inhalers must be readily available at all times.

### **Adrenaline Auto Injector (AAI)**

- An emergency AAI is kept in school and should only be used by children, for whom written parental consent for use of the emergency AAI has been given, who have either been diagnosed with an allergy and prescribed an AAI
- The AAI can be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty).

### **Children with Serious Medical Conditions:**

Should school be notified that a child has a complex medical condition, a meeting will be arranged with the parent/carer and the school nurse to establish an Individual Health Care Plan (IHCP) to ensure the school effectively supports the child with their medical condition.

IHCP's are monitored and reviewed annually, or sooner if initiated by a healthcare professional.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix B.

The Head Teacher will arrange for any training needs to be met.

These should have been identified and assessed during the development or review of individual healthcare plans.

### **Out of School Activities and Educational Visits:**

It is essential that a full risk assessment is undertaken before every off-site visit. This must include an assessment of the possibility of administering medication or medical treatment.

The Head Teacher must ensure that appropriate arrangements have been taken into account for administering medication during educational visits and the needs of the child. Parents will need to fill in a consent form giving permission to administer medicines in off-site activities. Appendix C

All staff involved in such visits must be made aware of any pupils with medical needs. It is the class teacher's responsibility to ensure that all medication is taken on offsite visits.

### **Storage and Disposal of Medication:**

- All medication, with the exception of emergency medicines, must be kept in a locked cupboard. A record must be maintained of the medicines held in school.
- Antibiotics should rarely be given in school. However, if on rare occasions they are stored in school, they should be kept within a clearly labelled container in the medical fridge.
- Each term, medicines kept in school will be checked. Parents will be asked to dispose of any medication that is out of date. Any out-of-date unclaimed medicines will be taken to the local pharmacy for disposal. The record for medicines in school will be amended accordingly.

### **First Aid Boxes**

As a result of Covid – 19 and following necessary guidance of protecting bubbles each class has been provided with a general first aid kit (including accident slips) for dealing with minor accidents. Staff will be responsible for informing Diane Browne/Neelam Sagoo when supplies are running low. Any accident slips will be collected weekly by Diane Browne who will ensure these are filed. Further First aid supplies/school accident book are located in the medical room.

### **Roles and Responsibilities:**

The Governing Body and staff of St James will ensure that pupils with medical needs receive appropriate care and support at school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

The Head Teacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

The Head Teacher will ensure that all staff who agree to administer specialised medication will receive appropriate training. Training should include the risks and legal liabilities involved and how to deal with emergency situations. (See Appendices F and G)

The Head Teacher will also ensure that all relevant staff are suitably trained and made aware of any child's condition. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Head Teacher will ensure regular training related to emergency medication and management of medical needs will be undertaken by all staff as recommended by Birmingham Health Authority, e.g. asthma, epilepsy and allergies.

The Head Teacher, Deputy Heads will ensure that during staff absence, the supply staff are fully briefed on any child with a medical condition.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require

support at school. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The School Nursing Team will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

### **Unacceptable practice**

Although school should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing/administering their inhalers/medication
- Assume children with the same condition require the same treatment
- Ignore the views of the child/parents, or ignore medical evidence/opinion (although this may be challenged)
- Send children with conditions home frequently or prevent them from doing normal school activities unless specified in their plan
- If the child becomes ill, send them to the school office or medical room unaccompanied
- Penalise children for their attendance record if absences are related to their condition
- Prevent pupils from drinking, eating or toilet breaks whenever they need to in order to manage their condition
- Require parents/carers to feel obliged to attend school to administer medication or support the medical needs of their child
- Prevent children from participating in any aspect of school life

### **Claims of Alleged Negligence:**

Birmingham Education Service, as part of Birmingham City Council, indemnifies its staff against claims of alleged negligence when administering prescribed medication, providing that:

- They are acting in a reasonable manner and in the best interests of the pupil/s
- They have received appropriate training.

**Any claims for alleged negligence would be directed against the insurance holder i.e. Birmingham City Council and not against the individual concerned.**

## **Complaints**

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.

Formal complaints should be made via the school's complaints procedure.

**Date of Policy:** September 2015  
**Member of Staff Responsible:** Sarah Cross (Head Teacher)  
**Last Review Date:** February 2022 by Jayne Pritchard (DHT)

**ADMINISTRATION OF MEDICATION**

Dear Parent/Carer,

Please complete all the required fields with as much information as possible.

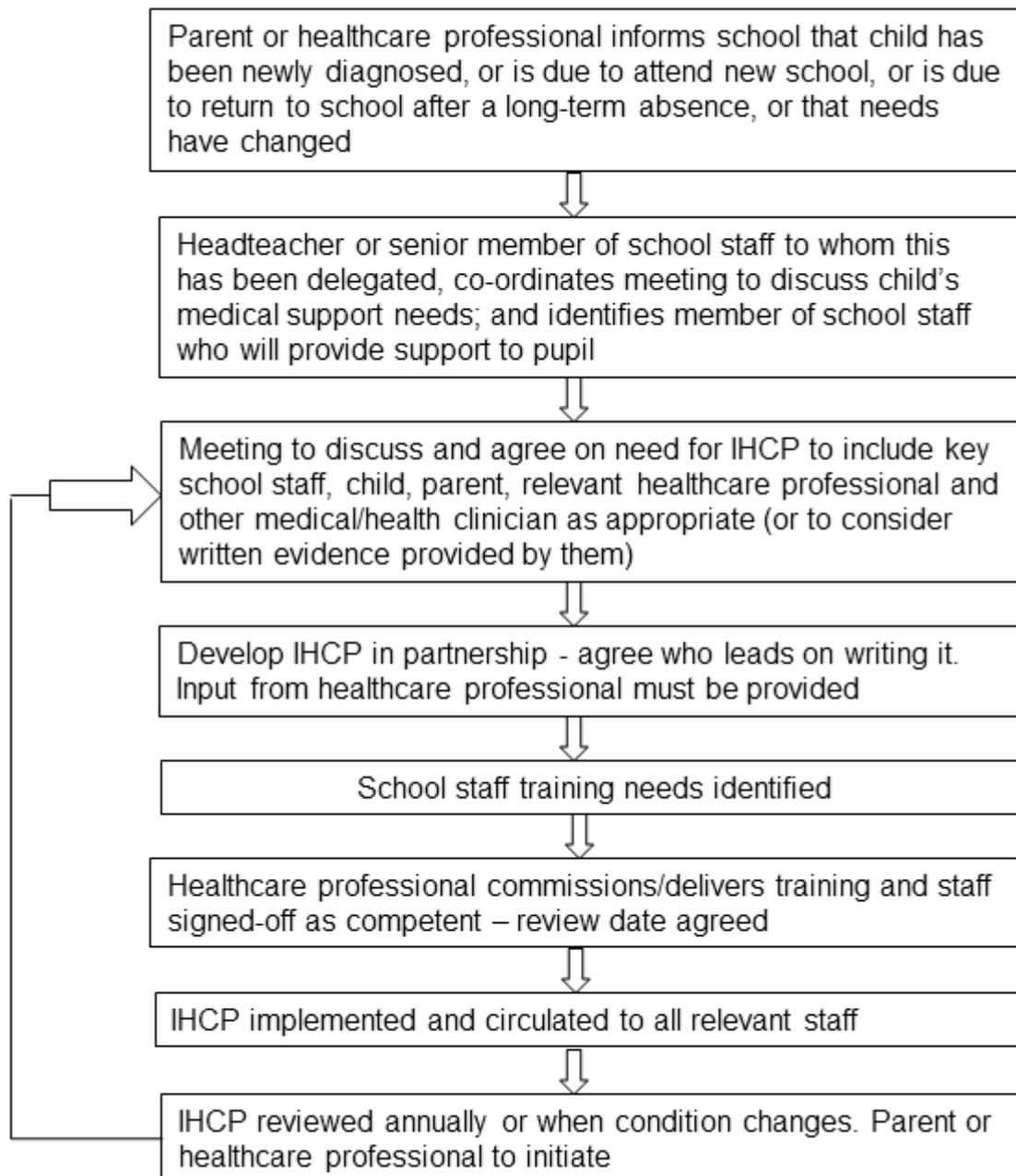
If your child has been prescribed antibiotics to be taken 3 times a day, we recommend that they be given a dose before school, a dose after school and a dose before bed.

Any other prescribed medication can be administered by Miss Browne or Mrs Sagoo  
Please remember to collect the medication at the end of the school day from the school office.

Child's Name:	Class:
Name of Medication:	
Reason for Medication:	
Dose to be given (Quantity):	Time:
Duration of Medication:	Expiry date:
Self-administration: yes / no / with supervision	
Name of GP:	GP Contact Number:
The above information is, to the best of my knowledge, accurate at the time of writing. I give my consent for the School's First Aider to administer the above medication to my child. I will inform the school immediately if there is any change in dosage or frequency.	
Parent's Name:	Signed:
Date:	
Agreed SLT:	Signed:
Date:	

Date	Time	Dosage	Signed

Model process for developing individual healthcare plans





**Consent Form to Administer Medicines on School site and off-site activities**

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child\* be given/gives himself/herself the following medication: (\*delete as appropriate)

<b>Name of child</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Daytime Tel no(s)</b>			
<b>Group/Class/Form</b>			
<b>Medical Condition or Illness, and reason for medication</b>			
<b>Name of medicine:</b>	<b>N.B Medicines must be in their original container, and clearly labelled</b>		
<b>Special precautions e.g. take after eating</b>			
<b>Are there any side effects that the school needs to know about</b>		<b>Dose</b>	
<b>Time of Dose</b>		<b>Maximum Dose (if applicable)</b>	
<b>Start Date</b>		<b>Finish Date</b>	

**I confirm that:**

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and my child's Care Plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

<b>Signed (parent/Carer)</b>	
<b>Date</b>	
<b>Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours</b>	
<b>Signed (Head teacher)</b>	

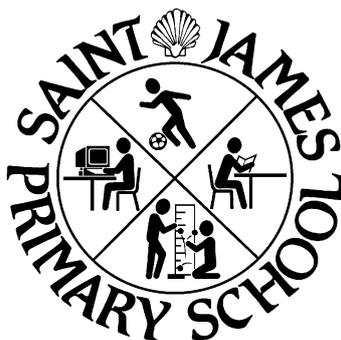
Head Teacher: Miss. S. Cross

Deputy Head Teachers:  
Mrs. J. Hanson  
Mrs. J. Pritchard

Business Manager: Mrs. L Le Morvan

Chair of Governors: Mrs. M. Hare

St. James' Church Of England  
Primary School, Handsworth  
is a controlled church school.



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## **St. James' Church of England Primary School, Handsworth**

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### **Medication in school**

Dear parent/carer,

**Name of child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Class:** \_\_\_\_\_

As you know, following consultation with your GP and school staff, it has been agreed that your child requires, or may require, medicine to be administered to them during school hours. Your parental consent form and, if your child has one, their Care Plan, explains what medication needs to be administered and when.

It is parents' responsibility to contact the school, in order to check your child's medication regularly, and at least on a termly basis, to ensure it is in date, there are no changes to the dose and it is still needed by your child. The medication should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school is notified as soon as possible.

If you would like to discuss anything further, please come and speak to a member of staff in the school office.

Kind Regards,  
Mrs N Sagoo  
Senior School Secretary

*Let your light shine*

**APPENDIX D**

Head Teacher: Miss. S. Cross

Deputy Head Teachers:

Mrs. J. Hanson

Mrs. J. Pritchard

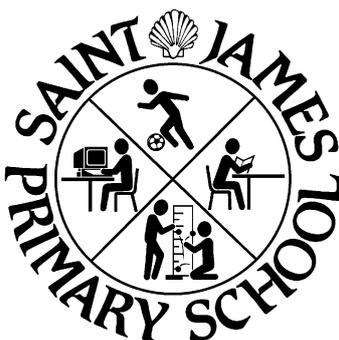
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Email: [s.cross@stjamesce.bham.sch.uk](mailto:s.cross@stjamesce.bham.sch.uk)

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## **St. James' Church of England Primary School, Handsworth**

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### **CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER**

#### **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. 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: .....

*Let your light shine*

**APPENDIX E**

Head Teacher: Miss. S. Cross

Deputy Head Teachers:

Mrs. J. Hanson

Mrs. J. Pritchard

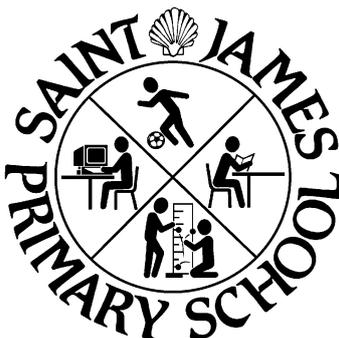
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**St. James' Church of England Primary School, Handsworth**

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**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.

[Delete as appropriate]

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given the medication as follows:

Number of puffs				
Time given				

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 the medication as follows:

Number of puffs				
Time given				

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

Yours sincerely,

*Let your light shine*

## **Asthma Attack - What to do in an emergency**

### **What to look for:**

- difficulty breathing
- wheezing and coughing
- distress and anxiety
- difficulty speaking, shown through short sentences and whispering
- signs of hypoxia such as grey-blue tinge to the lips, earlobes and nailbeds
- exhaustion, in the case of a severe attack

It is important to note that not all children will display all of the symptoms. Any combination of the above symptoms may indicate asthma and treatment should be offered.

### **What to do:**

- Sit the child down in a comfortable position. Reassure the child and ask them to take their usual dose of their reliever inhaler. **It is important that the medication is taken to the child.** Ask them to breathe slowly and deeply. If the child has a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer when being used for young children. There are emergency inhalers stored in the medical cupboard by the front office and the medical room which can be used when the child does not have theirs available.
- Ensure a First aider :Neelam Sagoo/Diane Browne/Farrah Rehmen is made aware of the situation.
- If a child has no inhaler call 999 or 112 for emergency help
- Loosen any tight clothing around the neck or chest.

A mild attack will normally ease after a few minutes. If it doesn't an ambulance should be called. If there is no improvement within a few minutes, it may be a severe attack.

- Help the child to use their inhaler if needed
- Child to take one to two puffs of their inhaler every two minutes, to a maximum of 10 puffs.
- If the attack is severe, and they are getting worse, or becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
- Monitor the child's breathing and level of response. If the ambulance hasn't arrived within 15 minutes, repeat the step below
- Child to take one to two puffs of their inhaler every two minutes, to a maximum of 10 puffs

## **Anaphylaxis – What to do in an emergency**

### **What to look for:**

- 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)

It is important to note that not all children will display all of the symptoms. Any combination of the above symptoms may indicate anaphylaxis and treatment should be offered.

### **What to do:**

- Call for assistance immediately from the first aider - Neelam Sagoo/Diane Browne/Farrah Rehmen
- Ensure an ambulance is called. The office staff will know that they need to direct the paramedics to the child
- The first line treatment for severe symptoms is adrenaline (epinephrine) given by an injection into the upper outer muscle of the thigh. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required. It starts to work within minutes, reducing swelling, relieving wheeze and improving blood pressure. Adrenaline is life saving and must be used promptly in anaphylaxis. Delaying the giving of adrenaline can result in deterioration and death. This is why using an adrenaline device is the first line treatment for anaphylaxis. **IF IN DOUBT, GIVE ADRENALINE FIRST** and then call for help. **It is important that the help should be brought to the child not the child to the help.**
- As well as First Aiders, all staff have had EpiPen training and can administer treatment.
- Do not wait to see if the symptoms clear up –All children receiving emergency adrenaline should be transported to hospital for further care. Dial 999 and inform the controller that the patient is suffering from anaphylaxis.
- Crowd control. Children will naturally gather around to see what has happened. Move the crowds back, ensuring ease of access to the child for the paramedics

The diagram below shows how to administer the EpiPen.

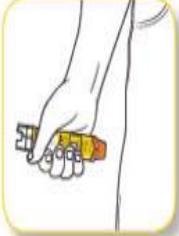
**1** **Pull off Blue Safety Cap.**  
Grasp EpiPen® in dominant hand, with thumb nearest blue cap and form fist around EpiPen® and pull off the blue safety cap.  
**Remember: "Blue to the sky, orange to the thigh".**



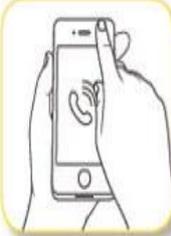
**3** **Jab Orange Tip.**  
Jab the EpiPen® firmly into outer thigh at a right angle (90° angle). Hold firmly against thigh for 3 seconds. EpiPen® should be removed and safely discarded. The orange needle cover will extend to cover the needle.



**2** **Position Orange Tip.**  
Hold the EpiPen® at a distance of approximately 10cm away from the outer thigh. The orange tip should point towards the outer thigh.



**4** **Dial 999.**  
Dial 999, ask for ambulance and state "anaphylaxis".



Note: Jext is given in the same way as EpiPen but is held in place for 10 seconds