



Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Date Last Reviewed	Spring 2025
Frequency of Review	Every 3 years
Date of Next Review	Spring 2028

In accordance with "Supporting Pupils at School with Medical Conditions" DfE September 2014

Prescribed Medicines

Staff are only allowed to administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. The school will only accept prescribed medicines that are in-date, labeled, provided in the original container as dispensed by a pharmacist and include prescriber's instructions for administration, dosage and storage.

Parents will need to fill in a medication form detailing administration, dosage and timings for our records.

Due to volume of medications given daily, we will only administer medicines at midday, unless an exceptional circumstance.

We are unable to accept medicines that have been taken out of their original container or make changes to dosages on parental instructions.

Non-Prescription Medicines

We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, including homeopathic medicines. The only exceptions to this are medicines containing children's paracetamol or children's ibuprofen (i.e Calpol or Nurofen) used for the regulation of temperature.

Storage of Medicines

All medicines should be delivered to the school office by the parent or carer. Under no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines.

All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office or fridge and should not be kept in classrooms, with the exception of adrenaline pens.

All medicines must be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and kept in an agreed place in the school office.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

Trips and Outings

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children.

Arrangements for taking any medicines on trips must be made. A copy of any health care plans should be taken on visits.

Roles and Responsibilities

Governing Body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed, implemented and reviewed.

Parent/Carer

- Should give sufficient information to the school about their child's medical needs if treatment or special care is required.
- Should be involved in the development and review of their child's individual health care plan, if required.
- Must deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form (Appendix 1)
- Must keep staff informed of changes to prescribed medicines.
- Must ensure medication is in date and replace when required.
- Must collect medication on a daily basis. This excludes asthma inhalers and epipens that are kept on site at all time. It also excludes medication that is administered on a daily basis for a set period of time ie antibiotics (as covered by the parental agreement form). These must be collected at the end of the prescribed course, even if the bottle is empty.
- Inform the school of changes to the use of asthma inhalers after checks with the asthma nurse or doctor

Headteacher

- To ensure that the school's policy on medicines is implemented and all stakeholders are made aware of the policy.
- Ensure that staff receive support and appropriate training where necessary.

- To share information, as appropriate, about a child's medical needs and condition and a set of procedures are in place.
- To ensure cover staff are briefed on a child's medical needs and condition.
- Consult with other professionals as necessary e.g. the school nurse.
- Ensure that medicines are stored correctly.
- To ensure risk assessments for school visits are completed and medication requirements are included.
- To monitor individual health care plans and inform all staff about the children's needs on the health care plan.

Staff

- Complete appropriate training to administer medication.
- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

Refusal of Medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

Record Keeping

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

A parental agreement form must be completed and signed by the parent, before medicines can be administered.

At the time of administering medicines, the member of staff must complete the medicines record sheet.

Individual Health Care Plans (IHCP) - Children with Long-Term Medical Needs

It is important that the school has sufficient information about the medical condition of any child with long-term medical needs. A health care plan will be written for children with long-term medical needs, involving the parents and relevant health professionals. Some of the key information will be –

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication
- specific support for the pupil's educational, social, emotional needs
- level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies
- who will provide this support
- arrangements for written permission from parents for medication to be administered

- separate arrangements or procedures identified for school trips or other school activities

Please see individual plans for more information.

Sharps

If sharps are needed for medical conditions or are found on the school site, please see Appendix 1 for more information.

Confidentiality

The head and staff should always treat medical information confidentially. The head should agree with the child/parent who else should have access to records and other information about a child.

Staff Training

Training opportunities are identified for staff with responsibilities for administering medicines.

Monitoring

This policy should be reviewed regularly in accordance with National guidance. As policies are reviewed and amended, we check that the principles listed above are properly considered and are embedded in practice. Governors will ensure that due regard is given to the promotion of equality within each policy.

Appendix 1- Sharps

According to the Management of Health and Safety at Work Regulations 1999, employers are required to undertake suitable and sufficient assessment of risks to staff at work. The Health and Safety at Work Act 1974 is the basis of all health and safety legislation and sets out the legal duties which employers are required to comply with. The law also applies to risks from sharps injuries. The purpose of this section is to deal with the disposal of sharps and to prevent infection from blood borne diseases.

This section contains details of the process for the safe handling and disposal of sharps, and what procedure to follow in case of a sharps injury. This section should be followed in line with Blackmore Primary School's Health and Safety Policy.

Aims

Blackmore Primary School adopts practices that minimise the risk to staff, pupils and others coming into contact with sharps.

This section aims to:

- Protect all pupils and members of staff from the danger of exposure to sharps.
- Establish a procedure around the safe handling and disposal of sharps.
- Ensure all members of staff are aware of how and where to dispose of sharps correctly.
- Make members of staff aware of sharps injury and the procedure to follow in the event of an injury.

2. Procedure for handling and disposing of a sharp

Where a sharp is found and must be disposed of, it is good practice for all children to be moved away from the area in order to prevent accidental injuries. If a needle/syringe is found by an individual, they are required to:

- Guard it and get help from the school office via their triangle or by sending a staff member/pupil to request for the sharps retrieval kit. A pupil must not bring the retrieval kit to the scene.
- Check the surrounding area carefully to ensure that no other syringes/needles are in the vicinity.
- Ensure that there is adequate space to observe the sharp.
- Place a cone or box on top of it to prevent anybody else (especially children and young people) from finding it.
- Ensure that it is handled safely by using protective gloves, never bare hands.
- Make sure that they are not barefoot or wearing sandals/open shoes, as injury may occur if the needle is dropped on feet.
- Handle only one item at a time. Where there are multiple sharps, they should be carefully separated using a stick or implement. They should not be flicked or picked up casually with a grabber.
- Handle the needle/syringe using a pincer tool and place it into the sharps box.
- Inform the appropriate staff, particularly the Head Teacher, school office, site manager and cleaners.
- Log the incident with details of when and where the sharp was found.
- (Where the individual is a pupil), inform the nearest staff member and never touch the object.

2.1 Safe disposal of sharps

- Ensure that any sharps are disposed of quickly and safely. An item must not be discarded in a manner so as to cause injury to others.
- The user of the sharp object is responsible for disposal of it themselves and must not hand it to anybody else for disposal. It should not be passed from hand to hand.
- The individual should wear gloves while picking up discarded needles.
- Sharps are to be held in the centre of shaft to prevent injury.
- The sharps box should be taken to the needle and not vice-versa.

- Used syringes/needles must not be re-sheathed by hand before disposal.
- All sharps must go directly into a sharps bin. Wherever appropriate, a sharps bin must be provided.
- Report any needlestick injury as soon as possible and seek medical attention.

2.2 Sharp boxes

- Sharps should be discarded straight into a sharps box which complies with British Standard 7230.
- The boxes should be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'.
- They must be kept off the floor and out of the reach of children.
- **The sharps disposal box is located in the cupboard in the office.**
- Sharps boxes must not be filled above the designated fill line on the outside of the box.
- Once filled, boxes must be sealed immediately and removed by a clinical waste contractor or a specialist collection service. Sharps boxes used for ongoing medical conditions in individual children will be sealed and collected for disposal by the parent(s).

3. Sharps injury – process and procedure

'Sharps' includes objects or instruments which could potentially cut, prick or cause injury. This includes needles, blades or other medical instruments.

3.1 Risks of sharps injury

According to the Health and Safety Executive (HSE), a sharps injury can potentially cause infections such as blood borne viruses (BBV) including Hepatitis B (HBV), Hepatitis C (HCV) and the human immunodeficiency virus (HIV). An injury can occur when an individual is in contact with a contaminated sharp which is infected with blood or bodily fluid. It may also occur when sharps are not stored or disposed of properly.

3.2 Sharps injury

The HSE provides the following advice in case of injury from a contaminated sharp:

- Encourage the wound to bleed gently, ideally by holding it under running water.
- Wash the wound using water and soap.
- Do not scrub the wound while washing.
- Dry the wound and cover it with a waterproof dressing.
- Seek medical advice as effective prophylaxis medication is available.

3.3 Measures to prevent sharp injuries

- The Site Manager will inspect school grounds regularly to ensure that discarded sharps are detected and disposed of as quickly as possible.
- Use tongs/rubbish grabbers to pick up or move rubbish.
- Do not manually compress rubbish bags as they may contain syringes/needles.

4. Training

The appropriate staff must be trained in:

- The safe collection and disposal of sharps.
- Assembling sharps boxes and verifying that they are in compliance with the accepted standards.
- The procedure to log incidents and who to inform.
- Immediate action in the event of sharps or needlestick injury.

5. Reporting

- Any accidents, injuries, or near misses of any sort MUST be reported to the school office.
- It is the responsibility of the injured person to report their injury unless they are incapable of doing so.
- If in doubt always obtain medical advice.

Please also see Child Protection and Safeguarding Policies, and Health & Safety Policy.

