



Brandling Primary School

Administration of Medicines 2025

Next Review: September 2026

These guidelines should be read in conjunction with: DofE Good Practice Guidelines, LA Health and Safety Policy/Guidelines, School Policies/Guidelines/Procedures on: Health and Safety, First Aid, Educational Visits and Special Educational Needs

Introduction

This guidance has been written to ensure effective management systems are put in place to support individual pupils with medical needs. Most pupils will, at some time in their school lives, have a medical condition, which may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such children are regarded as having medical needs. At Brandling we recognise the importance of taking extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. Parents or carers have prime responsibility for providing school with information regarding their child's medical condition. The school works closely with parents and specialist members of the health service to ensure pupil's medical needs are met.

School will always follow the advice given by Public Health or the school 0-19 team. Current advice is that schools should NOT administer medicines where prescribed THREE times daily, as doses can be administered by parents/carers before school, after school and bedtime. First Aid staff will administer medicines when prescribed FOUR times daily.

Inclusion

We are committed to providing effective learning opportunities for all pupils and apply the three principles for inclusion to planning and teaching. Suitable learning challenges will be set for all pupils with the aim of maximizing achievement for all pupils at an appropriate level for each individual. Teachers will respond appropriately to pupils' diverse learning needs and be aware of the needs of differing genders, special educational needs, disability, as well as different cultural, social and ethnic backgrounds. We are committed to the principle of equality of opportunity and this will be reflected in the curriculum offered to pupils and in the conduct of staff and pupils.

Roles and Responsibilities

Parents and Carers

Parents/carers are responsible for making sure that their child is well enough to attend school. Parents/carers must provide the Head Teacher with sufficient information about their child's medical condition and any special care which may be needed at school. They should, jointly with the Head Teacher, reach agreement on the school's role in helping with their child's medical needs. A medical admission form should always be completed and followed up by a medical care plan where this is necessary.

Local Authority (LA)

The LA is responsible, under the Health and Safety at Work Act 1974, for ensuring schools have health and safety policies which include procedures for supporting pupils with medical needs, including managing medication and first aid. The LA recognizes that staff are not contracted to undertake the administration of medicines, but staff are encouraged to volunteer to do so after having appropriate training.

The Governing Body

Governors determine, support and review school policies. They support the aims of the policy by making resources available wherever possible. Governors receive termly reports, which they use for monitoring purposes. The Governing Body delegates the responsibility for implementing policies and guidelines to the Head Teacher.

The Head Teacher

The Head Teacher is responsible for implementing policy and guidelines and for ensuring all reasonable steps are taken to safeguard the health and safety of all pupils. The Head Teacher ensures all parents are aware of the school's policy and procedures for dealing with medical needs. The school's policy clearly shows parents should keep children at home when they are acutely unwell. The Head Teacher ensures that appropriate staff training is available to those staff who volunteer to give pupils help with their medical needs. Day to day decisions about the administration of medication will be made by the Head Teacher. The Head Teacher will liaise with external agencies e.g. school nurse, GP and LA should there be concern as to whether the school can meet a child's medical needs.

Teachers and Other School Staff

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it. Staff may volunteer to administer prescribed medication and the Head Teacher will organise appropriate training for staff. The school recognises that the administration of medication is not a normal occupational duty of staff and therefore nominated members of staff are responsible for the administration of long-term medication. All staff must act as a "reasonable parent" in the case of extreme emergency. The legal position of a member of staff inadvertently administering an incorrect medication is that, provided appropriate training has been received and guidelines have been followed, he/she is automatically indemnified for insurance purposes.

Short Term Medical Needs

The school does not administer non-prescription medication e.g. cough medicines, analgesics e.g. paracetamol, aspirin. The school will administer medicines such as antibiotics, ear/eye drops, lotions if the medicine is clearly prescribed to a child and the parent fills in the appropriate Administration of Medication in Educational Establishment form.

Long Term Medical Needs

- 1] Nominated members of staff administer medication to pupils with long term needs following the preparation of a Health Care Plan (See Appendix 2). The main purpose of an individual Health Care Plan is to identify the level of support needed at school.
- 2] An individual Health Care Plan will be drawn up in consultation with the following if applicable:
 - Head Teacher
 - SENCo
 - Parent or Carer
 - Child
 - Class Teacher
 - Carer or Support Staff
 - School Staff who have agreed to administer medication or be trained in emergency procedures
 - School Health Service e.g. GP, School Nurse (if applicable)
- 3] An individual Health Care Plan will include full details of:
 - a pupil's medical condition
 - special requirement e.g. dietary needs, pre-activity precautions
 - medication and any side effects
 - what to do and who to contact in an emergency
 - the role the school can play in supporting the child
- 4] The Head Teacher is responsible for co-ordinating and disseminating information on an individual pupil with medical needs. All staff, including supply staff, will be made aware of how an emergency should be coped with.
- 5] If a child's medical condition affects access to any aspect of the National Curriculum the child will also be monitored within the Special Educational Needs Register.
- 6] The Head Teacher will organise any staff training needs which may arise from the preparation of a Health Care Plan.
- 7] The Head Teacher and staff treat all medical information confidentially and all details will only be forwarded to other professionals following consultation with parents.

Self-Management

The school actively encourages children to manage their own long-term medication from a very early age. However, in the interests of the safety of all children, pupils do not carry medication around school.

Controlled Drugs

The supply possession and administration of some prescribed medicines are controlled by the Misuse of Drugs Act 1971 and its associated legislation. For example, Ritalin is sometimes prescribed for ADHD. Ritalin is a controlled drug and has specific storage and administration requirements.

In the event that a child is prescribed Ritalin, or any other controlled drug, it will be stored in a locked non portable container and only named staff will be allowed access. Each time the drug is administered it will be recorded on the pupils medication record, this must include if the child refuses to take it.

It is imperative that controlled drugs are strictly managed between the school and the parents.

Refusing Medication

In the event of a pupil refusing to take long term medication the school informs the child's parents immediately. Should refusal to take medication prove life threatening and parents cannot be contacted, the emergency services will be called.

Record Keeping

Parents are responsible for providing information to the school regarding their child's long-term medication. They should complete a Health Care Plan with the class teacher and SENCo where necessary. Parents are required to complete an agreement form before an agreement to administer medication can be reached.

School Visits

Refer to Policy/Guidelines on Educational Visits.

Sporting Activities

Most pupils with medical conditions can participate in both the PE curriculum and extra-curricular sport. Some pupils e.g. those with asthma, may need to take precautionary measures before or during exercise and /or need to be allowed immediate access to their medication if necessary. The Head Teacher ensures all staff supervising sporting activities e.g. football, dance, swimming are aware of relevant medical conditions and sporting activities.

SAFETY MANAGEMENT

Storing Medication

Medications, which need to be stored at specific temperatures, may be stored in a special box in the fridge in the staff room. Containers should be clearly labeled with:

- the name of the pupil
- the name and dose of the medication
- frequency of administration

Disposal of Medicines

Parents collect medicines held at school at the end of each term. School staff **do not** dispose of unused/out of date medication.

Emergency Procedures

In the event of an emergency, a first aider will make the decision to call for an ambulance.

The following procedure would be followed:

- 1 Dial 999 and ask for ambulance services.
- 2 Give your name.
- 3 Give the school's telephone number - 0191 4334079.
- 4 Give location: Brandling Primary School, Mulberry Street, Felling, NE10 0JB
- 5 Give the exact location of the school - THE SCHOOL IS SITUATED OFF THE FELLING BYPASS RIGHT NEXT TO FELLING METRO
- 6 Give a brief description of the pupil's symptoms.
- 7 Inform Ambulance Control that the best entrance is the MAIN CAR PARK.
SPEAK CALMLY, CLEARLY AND BE READY TO REPEAT INFORMATION IF ASKED

MANAGEMENT OF THE COMMON CONCERNS ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

ASTHMA

Access to Inhalers

Nursery

- 1] Inhalers are stored centrally and children take their medication under the supervision of any member of the nursery staff.

Reception/Key Stage 1

- 1] Inhalers are stored centrally and children take their medication under the supervision of a member of staff.
- 2] Supervisory assistants are aware of those children with asthma and ensure they have immediate access to their reliever inhalers when they need.
- 3] All inhalers are clearly marked with a child's name and they are always readily accessible to children during sports activities.

Key Stage 2

- 1] Key Stage 2 children store inhalers in their classrooms and use them when necessary.
- 2] Inhalers are clearly marked with a child's name and staff are aware of those children who are asthmatic.

All Key Stages

- 1] Parents should provide school with a spare inhaler.
- 2] Parents of asthmatic children are asked to complete a Health Care Plan detailing the severity of a pupil's asthma and any particular triggers, e.g. exercise, cold air, pollen.

Physical Education

The school maintains a register of asthmatic children and ensures all staff running out of school clubs are aware of the asthmatic needs of the children in their care.

WHAT TO DO IF A CHILD HAS A SEVERE ASTHMA ATTACK AT SCHOOL

- 1] Ensure the child takes their reliever medication - this is usually **blue**.
- 2] **KEEP CALM AND CONTINUALLY REASSURE THE CHILD.**
Severe attacks can appear frightening - stay calm - the child has probably had attacks before.
ENCOURAGE THE CHILD TO BREATHE SLOWLY AND DEEPLY. DO NOT PUT YOUR ARMS AROUND THE CHILD AS THIS MAY RESTRICT BREATHING.
- 3] Keep the child sitting upright.
DO NOT ALLOW THE CHILD TO LIE DOWN.
Keep the room well ventilated and loosen any restrictive clothing.
- 4] Try to contact parents.
CALL AN AMBULANCE URGENTLY IF:
 - the medication has had no effect after 10 minutes.
 - the child is distressed or unable to talk.
 - the child is becoming exhausted.
 - you are uncertain about the severity of the attack.

EPILEPSY

Medication and Control

- 1] Parents of children with epilepsy are asked to complete a Health Care Plan which gives details of the nature of the epilepsy e.g. partial seizures, tonic clonic seizures, triggers e.g. flashing lights, tiredness and management of condition.
- 2] Pupils with epilepsy are included in all school activities wherever possible. The school recognises that additional supervision may be needed, particularly during off-site activities.
- 3] Specialised training will be provided for staff who volunteer to administer Diazepam, used to support children with tonic clonic seizures.
- 4] If a child has a seizure in school these guidelines should be followed:
 - do not move the pupil but place something soft beneath the head.
 - do not restrain the pupil and do not attempt to put anything in the mouth.
 - once the convulsion has stopped, turn the pupil on his/her side and put him/her in the recovery position.
 - stay with the pupil until he/she recovers and re-orientates.

- CALL AN AMBULANCE IF YOU ARE CONCERNED ABOUT THE LENGTH OR SEVERITY OF A SEIZURE.

DIABETES

- 1] The school supports the view that children with diabetes are able to manage their own medication from a very early age. The school will provide a suitable place for pupils to administer medication and monitor their condition.
- 2] The school recognises that special arrangements may need to be made to ensure a pupil with diabetes can eat regularly throughout the day.
- 3] The Head Teacher will ensure staff, particularly those leading physical education, are aware of the needs of children with diabetes e.g. glucose tablets, sugary drinks.
- 4] Health Care Plans will include details of:
 - symptoms associated with hypoglycaemic reaction (hypo) e.g. hunger, sweating, pallor, drowsiness, glazed eyes.
 - methods of dealing with 'hypo' including glucose rich gel, chocolate bar, biscuits and milk.
 - guidelines for calling for help from emergency services.
 - how to recognise signs that the condition is not under control e.g. weight loss, thirst, need to visit the toilet frequently.

ANAPHYLAXIS

The school recognises that anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Staff are aware that pupils may have allergic reactions to many things, the most common being nuts, fish, dairy products, wasp and bee stings, pollen and animal hairs. In some cases the allergic reaction can be life-threatening.

Medication and Control

- 1] Parents hold responsibility for informing school of any allergies their child may have.
- 2] Health Care Plans will include details of:
 - symptoms and signs of a child's allergic reaction e.g. swelling of face, throat, tongue and lips, difficulty in swallowing, wheezing or difficulties in breathing, collapse or unconsciousness.
 - procedures for administering medication including anti-allergen tablets, epipen.
 - procedures to enable swift action in an emergency.
 - each pupil's symptoms and allergies will vary and will need to be discussed when drawing up a Health Care Plan.
- 3] The Head Teacher will organise training for those staff who volunteer to administer treatment including the use of an epipen.
- 4] The school consults with all parents before giving children opportunities to prepare or taste food in school, particularly in Science and Food Technology lessons.

THE MEDICAL REGISTER - ARBOR

Children's medical conditions are stored electronically in ARBOR. It is the responsibility of the admin staff to provide class teachers, teaching assistants, lunchtime supervisory staff, extra-curricular club facilitators etc with the details of children with medical conditions. A child is noted as having a medical condition which may affect his or her access to the National Curriculum e.g. hearing impairment, asthma, severe eczema. The child's condition(s) is recorded on ARBOR and he or she may also be identified as having special educational needs. In some cases a child may have a medical condition which is life-threatening e.g. severe asthma, anaphylaxis, epilepsy, heart defect. The child's condition(s) is recorded in ARBOR and he or she may also be identified as having special educational needs.

Admissions

Parents are asked to give details of medical conditions when children are admitted into Brandling Primary School. The Head Teacher holds responsibility for making a decision on whether a Health Care Plan is needed. The Head Teacher, in consultation with the Governing Body, will take advice from external agencies including the LA before a child with a life threatening condition is admitted. This is particularly relevant in the case of a child who may need invasive medical treatment.

RRSA

At Brandling Primary School, we are committed to promoting a rights respecting ethos based on the Convention on the Rights of the Child in all aspects of school life and the best interests of the child is at the heart of our policy and practice. The articles set out in the CRC are known to all children and adults in the school and we encourage rights respecting language and behaviour at all times. The children are taught that we all have rights and responsibilities, in our school community, locally and globally and the difference between wants and needs. We recognise that children have the right to say what they think about matters affecting them and to have their views taken seriously and we encourage them to play an active role in their own learning and to speak out and act for the rights of all to be respected locally and globally.

Monitoring and Evaluation

This policy and guidelines are subject to regular evaluation through annual review

Next Review: September 2026



Brandling Primary School

Health Care Plan

Name of pupil

Date of Birth

Emergency contact

Medical condition

Special requirements required in school

Medication required

Possible side effects of medication

Any effect the condition might have on child accessing the curriculum

Signed _____ Date _____



Brandling Primary School

EDP-APP-03 - Form 2

Parent Permission and Medication Record: Individual pupil

Full name of pupil

Year
Group

Date of birth

Condition/illness

Name of medication:

Date medication provided to school by parent

Qty received:

Expiry date:

Is your child able to self administer? YES / NO

Dose to be administered and method (how much and when taken)

Any other information

Contact Information (for use in emergency)

Name	Tel No:	Relationship to child

Consent

I confirm that I will comply with the Schools *Administration of Medication Policy* and I give my consent for medication to be administered by a member of the school staff (or self administered if applicable) in the circumstances described above.

Signed	Date
(parent/guardian)	

Please print name	
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Date medication returned to parent

returned by

(employee)