



Hove Learning Federation Administration of Medicine/First Aid Policy

**Amended: Spring 2024
Adopted by the Full Governing body: Spring 2024**

Vision Phrase

‘Aim high and smile’

We are committed to safeguarding and ensuring the health, safety and well-being of all pupils in accordance with safeguarding procedures and guidance for staff outlined in the school’s Health and Safety, Child Protection, Security and Safeguarding policies.

Introduction

Hove Learning Federation aims to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We also ensure that all children are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, educational visits, outings, field trips and extracurricular activities. This is in line with our Special Educational Needs and our Equality, Diversity and Inclusion Policies.

It is the policy of Hove Learning Federation to administer medicines to pupils where doing so will enable the individual to participate fully in all aspects of school life.

Any medicines stored and administered within school are handled in a safe and monitored environment. This policy has been written using guidance from the DFE [‘Supporting pupils with medical conditions at school’ guide](#) and Brighton and Hove City Council Administration of Medicines Standard HS–S-32.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs e.g. finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long term basis to keep them well, for example children with well-controlled asthma, epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

Known Medical Conditions

Parents/Carers have the prime responsibility for their child’s health and as such, should provide Hove Learning Federation with information about their child’s medical condition, either upon admission or when their child first develops a medical need. Where a pupil is identified as having a chronic or long-term medical condition, a health care plan will be drawn up in conjunction with parents/carers and all health care professionals involved. A model Health Care Plan is provided at the end of this policy.

Communicating Medical Conditions to Relevant Staff

The following methods will be used to ensure all relevant staff are aware of the pupil’s medical condition (with appropriate consideration of pupil confidentiality and data protection):

- A list of all children within a class with any known medical condition will be included in the Class Information file which is kept in each class
- A list of children with severe life threatening illnesses will be kept in an emergency information file/board in the first aid rooms
- When supply staff are asked to cover a classroom this information is shared in the Supply Teacher Pack.

Roles and Responsibilities

School Staff

At Hove Learning Federation the persons responsible for the management of meeting the medical needs of pupils/ administration of medication are:

Office Team / SENCO

The head teacher maintains the overall responsibility for implementing the policy.

The following staff have a role in the management of medication at the schools:

Role	Name and Job Title
Administration of medication	All staff who have completed a first aid training course or have had training for specific chronic conditions, i.e. Anaphyaxis/Diabetes/Epilepsy
Managing storage of medication	All Office Staff
Returning medication to parents/ guardians for disposal	WHIS SR - Angela Whippy HJS PR – Lou Breakwell HR - Pauline Nasiry
Checking that medication has been removed at the end of each term/annually	WHIS SR - Angela Whippy HJS PR – Lou Breakwell HR - Pauline Nasiry

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, however some staff may have it included within their job description. Where staff do undertake to agree to administer medication:

- Each request should be considered on individual merit and staff have the right to refuse to be involved
- Staff should 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

Parents / Carers

- Parents should not send a child to school if they are unwell or infectious
- Where medication is required to be administered by school staff, this must be agreed and the Parent / Carer **must sign a Consent Form** (verbal instructions cannot be accepted)
- 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 / Carer (verbal instructions cannot be accepted)
- All medicines must be in their original packaging with the pharmacists dispensing label
- Parents / Carers need to ensure there is sufficient medication and that the medication is in date
- An appropriate medicine spoon, medicine pot or oral medicines syringe must be provided by the Parent / Carer
- Medication must be replaced by Parents / Carers at the request of relevant school/health professional

- Parents should collect medicines held by the school at the end of each term/ academic year and are responsible for ensuring that expired or out of date medicines are returned to a pharmacy for safe disposal

Procedures for the Administration of Medicines

Storing Medicines

- All medicines will be stored in a lockable cabinet or fridge where necessary in the First Aid Rooms.
- When items such as asthma inhalers and automatic adrenaline injectors (AAIs) need to be readily available to pupils at all times, these will be kept in clearly named zipper bags:
 - **WHIS SR** – Named asthma inhalers and automatic adrenaline injectors (AAIs) are kept in the Front Office in a labelled cabinet
 - **HJS PR** – Named asthma inhalers and automatic adrenaline injectors (AAIs) are kept in the Medical Room in a labelled cabinet. 2nd AAI's are kept in the child's classroom in a named container
 - **HR** - Named asthma inhalers and automatic adrenaline injectors (AAIs) are kept in the Medical Room in a labelled cabinet. 2nd AAI's are kept in the child's classroom in a named container
- Where children need to have an AAI on their person at all times (as advised by healthcare professionals) Plans will be put in place as per individual needs.
- Controlled medication (e.g. Class 1 and 2 drugs such as "Ritalin" prescribed for Attention Deficit Syndrome) are kept in a lockable cabinet in the Office and a written stock record is kept to comply with the Misuse of Drugs Act legislation.

Administering Medication

- The dose of a liquid medicine must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent
- Tablets or capsules must be given with a glass of water
- The record of medication administered will be completed every time medication is given including the time and dose given.

Prescribed Medicines

- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day
- Hove Learning Federation can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration – the following must be clearly shown on the label as follows:

Child's name, date of
birth

Name and strength of medication
Dose
Expiry dates whenever possible
Dispensing date/pharmacists detail

- Some medicines, such as antibiotics, must be taken at a specific time in relation to food – this will be written on the label, and the instructions on the label must be carefully followed. Where possible, medicine should be given out of school hours e.g. if an antibiotic is prescribed 3 times a day, the child should have it before school, after school and at bedtime. Antibiotics that are required to be taken four (4) times a day can be administered once during the school day.
- Written parental consent must be received prior to any medication being administered
- a child under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- The Parent /Carer should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. The medication in/ out form will be completed to document that medication has been removed/ disposed of.
- Medicines will not be handed to a child to bring home unless agreed as in Self-Management below

Non prescribed

If deemed safe and in the child's best interest the school will administer non prescribed medicine. The parent/carers will supply paracetamol in the original box/packet for administration and complete the Parental Consent to Administer Medication form which will be filed in the school's medical records.

The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a doctor and detailed on an IHP or EHCP as part of a wider treatment protocol.

Emergency Medication

Schools are now permitted to keep a salbutamol inhaler and/or an automatic adrenaline injector (AAI) on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler or AAI. The following arrangements are in place to manage the spare medication in the school:

Where the salbutamol inhalers / AAI's will be stored	WHIS SR – Emergency Grab and Go Bag in a labelled cupboard in the front office HJS PR – Stored in Medical Room cupboard Holland Rd - Stored in Medical Room cupboard
Who checks the salbutamol inhaler / AAI to ensure it is in date and when	Office Team Termly

Who will administer it in an emergency	A first aider or any member of staff that has had AAI training
How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI	Cross reference with medical information held on file
Who is responsible for disposing of and replacing the salbutamol inhaler / AAI	Office Staff

‘Spare’ Antihistamines are Not Permitted

The schools will NOT hold antihistamines such as Piriton for general use.

Children under 16 should not be given any prescription or non-prescription medicines without their parent/carer’s written consent. This is reflected in the DfE Guidance “Supporting children at schools with medical conditions” (Dec 2015). A lack of parental consent, when taken with the additional issues outlined below could give rise to significant liability for any school which did administer this type of medication in these circumstances.

The position regarding the use of ‘general’ antihistamines can be contrasted with the very specific legislation and guidance around the use of general epi-pens and inhalers in schools. In the absence of some similarly prescriptive guidance regarding the use of antihistamines it is the council’s view that schools should not hold a stock of antihistamines for general use.

Outline of why schools must not hold and administer ‘spare’ antihistamines:

- There is potential liability where medication is given without parental consent and in particular where there are restrictions based on religious grounds or where a pupil may not be permitted it for other medical reasons (which may or may not be known by the school.)
- Advice from NHS Lead Pharmacist (2018) that Piriton would not be deemed the most appropriate first medication given to a child in an emergency situation due to its potential sedative effect which may mask other effects.
- NHS Lead Pharmacists view that Piriton shouldn’t be administered in the case of anaphylaxis as it is an oral medication and the risk of choking where there is a restricted airway.
- Notwithstanding the two previous bullet point, in the event that there is an instruction from a 999 call handler to administer an antihistamine, only where the school holds it for that named child and where consent has been gained can it be administered. The instruction of a 999 call handler does not take the place of a prescription or parental consent.

Staff Training

- Any staff required to administer medicines will receive appropriate training.
- Where applicable (e.g. for some intimate medical interventions) a nurse/medical practitioner will deliver the training and sign off a 'Confidence to practice' statement (See the councils 'Delivery of Medical Interventions by Non Medical Staff Guidance' available on the health & safety resource pages on BEEM for further information)
- Staff will receive annual refresher training where required (e.g. as indicated in the care plan or confidence in practice statement).

Self-Management

Older pupils with a long-term illness should, whenever possible, assume complete responsibility for their medication, under the supervision of their Parents / Carers.

It should be noted, however, that children develop at different rates and so the ability to take responsibility for and to manage their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health Professionals need to assess, with Parents/Carers and children, the appropriate time to make this transition.

Where it is appropriate for pupils to self-manage, Parents/Carers will be required to complete a "Self Management" form which will detail where the medicines are to be stored during the school day.

Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the 'Record of medication administered' and the parents/carers will be informed as soon as possible, on the same day.

If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Educational Visits

In line with the requirements of the Equalities Act, Hove Learning Federation will make reasonable adjustments so far as is reasonably practicable, to enable children with medical needs to participate fully and safely on visits. Educational Visits include any outing from school, both residential and non-residential, for the purposes of this policy.

- Risk assessments will be undertaken and will allow for children with medical needs. Where necessary an individual pupil risk assessment will be completed.
- Staff supervising excursions will be aware of any medical needs and the relevant emergency procedures that need to be followed.
- A copy of any Health Care Plans will be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Health Service and/or the child's GP/specialist (in consultation with the parent/carer).

Sporting Activities

In line with the Equalities Act, Hove Learning Federation will make reasonable adjustments to enable children with medical needs to participate fully and safely in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities
- Any restrictions on a child's ability to participate in physical activity and sport should be recorded in their individual Health Care Plan
- The school is aware of issues of privacy and dignity for children with particular needs
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as Asthma inhalers.

Equality, Diversity and Inclusion

At Hove Learning Federation, we aim to ensure that no member of the school community experiences harassment, less favourable treatment, or discrimination within the learning environment because of their age; any disability they may have; their ethnicity, colour, or national origin; their gender; their religion or beliefs.

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter, and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

Confidentiality

Medical information will be kept secure in line with Data Protection requirements and will only be shared with those staff that need to know i.e. those that provide day to day support and/or medication to the individual and those that may be required to act in the event of an emergency.

Medical information will be kept secure but readily accessible in the event of an emergency.

Policy Review

This policy will be regularly reviewed by the Governing Body and updated in line with Hove Learning Federation's Policy Schedule.

HOVE LEARNING FEDERATION HEALTH CARE PLAN

Child's name	
Updated	

INSERT PICTURE

Health need/ issue	Action:	Timescale:	Responsibility:
	Recognition of signs/symptoms: Treatment:		All staff to be aware of possible need to alert First Aider to administer medication.
	Recognition of signs/symptoms: Treatment:		
Emergency Contact			
Emergency Contact			

Parent/Carer.....Date.....

..

Headteacher.....Date.....

HOVE LEARNING FEDERATION ADMINISTRATION OF MEDICATION

Medical Information Form

Name of pupil:	
Date of birth:	
Year group/class:	
Name & Tel. No. of GP:	
Address of GP:	

Nature of medical condition	
Details of medication required in school	
Instructions for administering medication:	
Start Date & End Date	
If Dose given at home, please state time of last dose	

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during education visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with any necessary medical equipment and the drugs, medicines, food my child requires in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child. I will dispose of unused equipment, drugs and / or medication at the end of each term / academic year or sooner if they have reached the expiry date.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Name of parent/carer:	
Relationship to child:	
Contact details of parent/carer:	
Parental signature & Date:	
Date for review (at least annually or as required)	

Delete as applicable

I give/do not give consent for my child's Medical information to be shared with the relevant school staff and third parties.

OFFICE USE ONLY	<i>Record when/how communicated</i>
Teaching staff	
Support Staff	
First Aiders	
Breakfast Club Staff	
In House After School Clubs	

Third Parties	

HOVE LEARNING FEDERATION

RECORD OF MEDICINE ADMINISTERED TO CHILDREN/YOUNG PEOPLE

[illegible]

**HOVE LEARNING FEDERATION
STAFF MEDICAL TRAINING RECORD**

Name	
Type of Training received	
Date Completed	
Training Provided By	

I confirm that **add name** has received the training detailed above and is competent to carry out **add details of medication and/or procedure**.

Trainer's Signature	
Date	

I confirm that I have received the training detailed above.

Staff Signature	
Date	
Suggested Review Date	

[illegible]

First Aid Arrangements

Our schools will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools' to ensure the health and safety of all staff, pupils and visitors.

A First aid needs assessment will be undertaken annually, to ensure that there is adequate first aid provision at all times during the school day, both on and off site.

First Aiders

All qualified first aiders will hold a valid certificate issued by an organisation that has been approved by the Health and Safety Executive (HSE). Staff will be encouraged to retrain after their qualification has expired. Training records are kept.

First aiders will

- Act as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Ensure first aid equipment is stocked and frequently replenished.
- Ensure that an ambulance or other medical professionals are contacted when necessary.

First aider posters are located in various, prominent places around the schools.

No of First Aiders

	First Aid at Work (3 day course)	Paediatric First Aid (2 day course)	Appointed Person (1 day course)
WHIS School Road	6	14	20
HJS Portland Road	2	1 (not required for KS2)	30
Holland Road	3	8	24

All first aid treatment will be performed by a first aider and then recorded in our first aid logs/files. The contents of these files are collected at the end of each academic year and stored for a period of 7 years, as required by law.

WHIS SR – First Aid log/Files are kept in the First Aid Room.

HOLLAND RD – These files are kept in the First Aid Room.

HJS PR - These files are kept in the First Aid Room

For Major accidents/incidents, an HS2 form must be completed within 24 hours of the accident/incident. (Any accident that results in the individual being taken to hospital is considered a Major accident/incident.). These forms are obtainable from the office and once completed a copy of it must be kept on file.

Teachers Guide on infection Control in School

	Recommended period to be kept away from school	Comments	Vulnerable children	Pregnancy
Chicken Pox	Until all spots have crusted over	Report cases to the office so that we can send out a School Ping.	Office will need to advise any parents promptly so that medical advice can be sought.	Chicken pox can affect the pregnancy if a woman has not already had the infection. Parent to be advised to report to GP or midwife during any stage of pregnancy.
Cold Sores	None	Avoid contact		
German Measles (rubella)	Four days from onset of rash	Report cases to the office so that we can send out a School Ping. Preventable by immunisation (MMR x 2 doses)		German measles (Rubella). If a pregnant woman comes into contact with German measles she should be advised to inform her GP and antenatal carer immediately to ensure investigation.
Hand, Foot and Mouth	None	Report cases to the office so that we can send out a School Ping.		
Impetigo	Until lesions are crusted and healed, Or 48 hours after commencing antibiotic treatment	Report cases to the office so that we can send out a School Ping. Antibiotic treatment speeds healing and reduces the infectious period.		
Measles		Report cases to the office so that we can send out a School Ping.	Office will need to advise any parents promptly so that medical advice can be sought.	If a pregnant woman comes into contact with measles she should be advised to inform her GP and antenatal carer

		Preventable by immunisation (MMR x 2 doses)		immediately to ensure investigation.
	Recommended period to be kept away from school	Comments	Vulnerable children	Pregnancy
Roseola	None	None		
Scabies	Child can return after first treatment	Household and close contacts require treatment		
Slapped Cheek	None once rash has developed		Office will need to advise any parents promptly so that medical advice can be sought.	If a pregnant woman comes into contact with measles she should inform her GP and antenatal carer immediately to ensure investigation.
Shingles	Exclude only if rash is weeping and cannot be covered	Report cases to the office so that we can send out a School Ping Can cause chicken pox in those who are not immune i.e those who have not had chicken pox. It is spread by very close contact and touch.	Office will need to advise any parents promptly so that medical advice can be sought.	Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have come into close contact with shingles.
Diarrhoea and/or vomiting (Inc. Norovirus)	Minimum of 48 hours after last episode of diarrhoea or sickness	If a child comes into school after being sick in school the previous day please remind parent that it is 48 hours before they can return to school. If parent has left the child, please inform the office so that they can call parent.		
Flu	Until recovered			
Whooping Cough	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Report cases to the office so that we can send out a School Ping.		

	Recommended period to be kept away from school	Comments	Vulnerable children	Pregnancy
Conjunctivitis	None	Report cases to the office so that we can send out a School Ping.		
Glandular Fever	None			
Head Lice	None	Treatment is recommended only in cases where live lice can be seen		
Mumps	Exclude child for 5 days after onset of swelling	Report cases to the office so that we can send out a School Ping. Preventable by vaccination		
Threadworms	None	Report cases to the office so that we can send out a School Ping.		
Tonsillitis	None	There are many causes, but most causes are due to viruses and do not need antibiotic		

All staff have a responsibility to maintain personal hygiene and general work place cleanliness.

Good Hygiene Practices

- Handwashing is one of the most important ways to controlling the spread of infections. Children should always wash hands after using the toilet, before eating or handling food and after handling animals.
- Children should be encouraged to put their hand over their mouth and nose with a tissue when sneezing and to wash their hands afterwards.
- All cuts and abrasions should be covered.
- All spillages of blood and faeces should be cleaned up immediately (wearing PPE).
- Children's soiled clothes should be bagged to go home.
- Bio-Powder (held in the front office) should be placed over all vomit. If the area cannot be cleaned immediately then the area must be sectioned off and must reported to the office so that they can notify the Site Manager or a member of the cleaning team on their arrival.
- PPE must be worn where there is risk of splashing or contamination with blood/bodily fluids. (e.g. nappy changing, nose bleed)
- All nappies/pads, soiled dressings should be disposed of in the clinical waste bins.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite

Process to follow:

Bleed it:	encourage bleeding, but do not suck the wound
Wash it:	under running water (do not use antibacterial soap)
Cover it:	with a waterproof dressing
Report it:	to the senior member staff on duty
Record it:	on an incident report form (HS2)
Inform:	GP and make an appointment <u>within 24 hours</u> , explaining the circumstances of the incident. If your GP is unable to accommodate your request attend A&E or your local hospital.