Waterton Academy Trust

KINGS OAK PRIMARY
LEARNING FOR LIFE

# Administration of Medicines & Supporting Pupils with Medical Conditions Policy

Template – See local school policy for school specific information

watertonacademytrust.org

1. Contents ..... 1
2. Introduction ..... 2
3. Scope and Publication ..... 3
4. Aims ..... 3
5. Responsibilities ..... 3
6. Liaising with Parents ..... 6
7. Administration of Medication ..... 7
8. Access to Medication and Emergency Inhalers ..... 8
9. Storage of Medication ..... 9
10. Individual Health Care Plans (IHP) ..... 10
11. Asthma Care Plans and Asthma Register ..... 10
12. Information about Pupils with Medical Needs ..... 12
13. Training ..... 12
14. Medical Records and Consent ..... 13
15. Prescription Medication and School Paracetamol ..... 13
16. Self-Medication ..... 13
17. Safe Disposal of Medicines and Medical Equipment ..... 14
18. Incident Reporting, Investigation and Learning ..... 14
19. Off-Site Visits and Sporting Events ..... 15
20. Absence due to Long Term Health Needs ..... 16
21. Unacceptable Practice ..... 16
22. Complaints ..... 16
23. Safeguarding ..... 17
24. Review ..... 17

**Appendix 1: Model Process for Developing Individual Health Care Plans** ..... 18

**Appendix 2: Checklist when Receiving Medicines** ..... 19

**Appendix 3: Individual Healthcare Plan (IHP)** ..... 20

**Appendix 4: Agreement for School to Administer Medicines (& Record)** ..... 25

**Appendix 5a: My Asthma Care Plan** ..... 27

**Appendix 5b: My Asthma Care Plan Record of Medication for Child with Asthma Plan (Where Staff Help with Administering)** ..... 29

**Appendix 6: Staff Training Record: Administration of Medicines** ..... 30

**Appendix 7: Model Asthma/Severe Allergic Reaction Register** ..... 31

**Appendix 9: What to do if a Child is Having an Asthma Attack** ..... 32

**Appendix 10: Contacting Emergency Services** ..... 33

**Appendix 11: Template Letter Inviting Parents to Contribute to Individual Healthcare Plan Development** ..... 34

**Appendix 12: Model Monitoring Record of Support for Pupils/Students with Medical Needs** ..... 35

**Appendix 15: Administrating School Paracetamol** ..... 36

**Appendix 16: Kings Oak Paracetamol administration checklist** ..... 40

**Document Detail** ..... 41

**Version Control** ..... 41

## 2. Introduction

The purpose of this policy is to provide clear guidance to all WAT schools on the lawful, safe and consistent collection, storage and use of pupils' medical information. It aims to ensure that schools can provide safe, inclusive learning environments for all pupils while supporting the health, wellbeing and safety of both pupils and staff.

Waterton Academy Trust is committed to ensuring that all pupils with physical or mental health conditions are able to access and enjoy the same opportunities as their peers. The Trust seeks to ensure that every pupil can participate fully in school life, remain healthy, and achieve their full academic potential.

This policy has been developed in accordance with the Equality Act 2010. Pupils with medical conditions may be considered disabled under the Act, and schools have a legal duty to make reasonable adjustments to prevent them from being placed at a substantial disadvantage compared with other pupils.

This policy has also been written to support compliance with the following legislation and statutory guidance:

- Children Act 1989
- Children and Families Act 2014
- Supporting pupils with medical conditions at school
- Allergy safety in schools
- Statutory Framework for the Early Years Foundation Stage (EYFS)
- Health and Safety at Work etc. Act 1974
- Equality Act 2010
- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018

**To be read in conjunction with:**

- Pupil Allergy Management Policy
- Attendance Policy
- SEND Policy
- Health and Safety Policy
- Education Visits Policy
- Children who cannot attend school because of medical needs

## 3. Scope and Publication

This policy applies to all pupils, parents and staff in the school.

Copies of the policy are available on request, in large print or other accessible formats if required.

This policy applies to all WAT Schools and WAT School activities regardless of venue and/or geographical location - this includes all WAT School arranged trips, visits and off-site activities regardless of length.

In accordance with the Department for Education's statutory guidance, Supporting Children and Young People with Medical Conditions and Allergies (2026), allergy management has been separated into the annexed Pupil Allergy Management Policy, which should be read in conjunction with this policy.

Although allergy management is addressed within a separate policy, all Waterton Academy Trust (WAT) schools are expected to continue considering allergen management as part of a holistic approach to supporting pupils with medical needs. Where appropriate, allergen management must be incorporated into Individual Pupil Healthcare Plans (IHP).

For the purposes of this policy, WAT schools refers to all schools and preschools that form part of Waterton Academy Trust.

This policy should be read in conjunction with the school's Health and Safety Policy.

## 4. Aims

Waterton Academy Trust is committed to ensuring that all pupils with medical conditions, both physical and mental health, can access and enjoy the same opportunities at the school as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

This policy is underpinned by the Equality Act 2010. Pupils with medical conditions may be considered disabled under the Act and the school must make reasonable adjustments to avoid substantial disadvantage.

## 5. Responsibilities

**Trust**

The Trust is responsible for:

- Fulfilling the statutory duty to support pupils with medical conditions
- Ensuring that policies, plans, procedures and systems in place are properly and effectively implemented. (This monitoring role is the responsibility of the Head of SEND and Inclusion )
- Ensuring that the school is covered by the Department for Education's Risk Protection Arrangement (RPA) or the equivalent level of insurance.
- Ensuring compliance with duties under the Equality Act 2010 and Section 100 of the Children and Families Act 2014 in relation to pupils with medical conditions.

- The Head of SEND and Inclusion will monitor that the school implements and maintains an effective management system for the administration of medicines to all pupils in our care in order to ensure that the school provides support to individual pupils with medical needs.

**Headteacher**
The Headteacher is responsible for:

- Clearly identifying the roles and responsibilities for those involved in the supporting pupils with medical conditions, including a named competent medicines lead (see below).
- Ensuring that enough staff are suitably trained and able to access all relevant information and teaching support materials required to assist pupils with medical conditions. Including making contingency plans for staff absence and emergency situations.
- Creating and maintaining an accurate training record for all school staff - see Training section for further details.
- Ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis
- Ensuring that the school maintains emergency adrenaline auto-injectors (AAIs) in accordance with the standards set out in the Trust's AAI Guidance.
- Ensuring that risk assessments consider the additional risks posed to individual pupils as a result of their medical conditions.
- Ensuring the storage and administration of medication is considered within the school risk assessment.
- Ensure that trips and visits consider the safe storage and administration of medication (emergency or prescription) where necessary.
- Ensuring that parents and guardians understand their responsibility to provide the school with accurate, complete and up-to-date information regarding their child's medical conditions and, where applicable, allergies (see the Pupil Allergy Management Policy). This information is essential to enable the school to safeguard the pupil and support their safe participation both on the school site and during off-site educational visits and activities.
- Managing the provision, storage, maintenance and use of emergency salbutamol inhalers in accordance with the Department of Health's Guidance on the Use of Emergency Salbutamol Inhalers in Schools (March 2015).
- Ensuring that appropriate arrangements are in place to enable pupils to have immediate access to their prescribed inhalers whenever required.
- Ensuring that a Personal Emergency Evacuation Plan (PEEP) is completed and maintained for any pupil whose medical condition or disability requires additional support during an emergency evacuation.
- Cooperating fully with Waterton Academy Trust's monitoring and assurance activities and providing any information or documentation reasonably requested to demonstrate compliance with this policy.

**Medicines Lead**
The Medicines Lead is responsible for:

- Training frontline admin/office staff to understand the systems and processes in school for receiving medicines, completing forms or signposting parents to the person who leads on managing medicines. (Appendix 2 provides an overview for this)
- Ensuring that IHP are completed for relevant pupils/students and that they are updated annually.
- Monitoring that medication is being administered according to any agreements recorded.
- Monitoring that records of medication administered are being completed in line with policy.
- Ensuring that pupils/students additional medical needs are being met, both on the premises and whilst on educational visits and activities.
- Ensuring that the school's emergency salbutamol inhalers and emergency adrenaline auto-injectors (AAIs) are checked regularly to confirm they are within their expiry dates and stored securely in accordance with the school's procedures and the relevant statutory guidance.
- Ensuring they are familiar with this policy and all the appendices including the consent forms and plans.
- Ensuring that all staff, including supply and agency staff, and volunteers working with their class know which children might require emergency medication (i.e. inhalers or adrenaline auto-injectors) and where this can be found.
- Ensuring that a child who has had a prolonged absence from school due to a long-term health need is receiving the additional support required to help them readjust and access learning.
- Risk-assessing the procedures for administering medicines in the school.

**All School Staff**

All School Staff are responsible for:

- Ensuring that pupils receive any support or medication stated in their plans/agreements at the times and according to the dose stated.
- Ensuring that Waterton Academy Trust's Data Protection policies are applied at all times when collecting, accessing, using, storing, sharing and processing special category personal data relating to pupils' medical needs. This includes ensuring that supply staff, agency staff, volunteers and any other authorised persons are made aware of, and comply with, the confidentiality and data protection requirements applicable to any information they require in order to safeguard pupils or carry out their role safely.
- Ensuring that any concerns are properly recorded and fed back to the staff member responsible for supporting pupils with medical conditions.
- Accurate and timely Recording all doses of medication administered.

In the case of schools with Early Years Foundation School (EYFS)

- Reporting, in writing, to parents that medication has been administered.

**Trustees**
Trustees are responsible for obtaining assurance that arrangements for supporting pupils with medical conditions and the administration of medicines are effective, compliant with statutory requirements and operating as intended across all schools within the Trust.

To provide this assurance the Trust will:

- Receive periodic reports from the CEO/or other designated Trust leaders regarding compliance with this policy.
- Monitor key assurance information including:

    - completion and review of Individual Healthcare Plans (IHCPs);
    - training compliance for relevant staff;
    - medication administration records;
    - incidents, errors, near misses and emergency medication use;
    - audits of medicine storage, security and record keeping;
    - complaints relating to medical support or medication administration.

- Undertake periodic reviews, audits or quality assurance activities to verify that school procedures are being implemented consistently and effectively.
- Ensure that any areas of non-compliance are addressed through action plans and monitored to completion.
- Receive notification of any significant incidents involving medication errors, emergency medical interventions, serious complaints or safeguarding concerns relating to medical conditions.
- Review Trust-wide trends and emerging risks to ensure continuous improvement of arrangements for supporting pupils with medical conditions.

## 6. Liaising with Parents

Schools should maintain effective and ongoing communication with parents and guardians to ensure that the medical needs of all pupils are fully understood and can be appropriately supported. Parents and guardians should also be encouraged to administer medication outside of the school day wherever possible. Medication should only be administered within school where it is essential to do so, for example where failure to administer the medication during the school day would be detrimental to the pupil's health.

Except where otherwise provided for under the Administration of Medication section of this policy, medication should be brought into school at the beginning of each school day and collected at the end of the day. This enables effective communication between parents and the school regarding medication administered both at home and during the school day, while also reducing the amount of medication stored on site.

The school will not administer medication to a pupil without prior written consent from a parent or guardian, except where permitted by law or in accordance with this policy, such as in an emergency. This requirement does not affect the legal rights of a child who has sufficient understanding and intelligence to fully comprehend the proposed treatment to consent to or refuse medical treatment, or to seek medical advice or treatment in confidence.

**Early Years Foundation Stage (EYFS) Settings Only**
Where medication is administered to a child attending an EYFS setting, parents or guardians will be informed in writing on every occasion that medication has been administered. Where prescribed medication has not been administered for any reason, parents or guardians will also be informed without delay and provided with an explanation.

## 7. Administration of Medication

Wherever possible, medicines should be administered at home outside of the school day. The school will only administer medication during the school day where it is clinically necessary. In general, this will apply to medicines prescribed to be taken four or more times a day. Exceptions may be made where written advice from a GP, pharmacist or other appropriate healthcare professional confirms that medication must be administered during the school day, or where emergency medication is required, such as for the treatment of asthma or anaphylaxis (see the Pupil Allergy Management Policy for further guidance on allergy management).

Before administering any medication, the member of staff must verify:

- the pupil's full name;
- that the medication is clearly labelled for that pupil;
- the name of the medication;
- the prescribed dose;
- the expiry date;
- the prescribed method of administration;
- the prescribed time and frequency of administration;
- any known side effects or specific precautions;
- the written instructions provided on the original dispensing label or container; and
- the time at which the previous dose was administered, where applicable.

To minimise the risk of medication errors, the pupil's identity and the prescribed dose must be independently checked by a second member of staff wherever reasonably practicable. The administration record should then be countersigned by both members of staff.

Where a second member of staff is not immediately available, the medication should only be administered by a single trained member of staff where a delay would place the pupil at risk or where the school's risk assessment permits a single-person administration process. The reasons for doing so should be recorded. This arrangement is a Waterton Academy Trust policy standard designed to minimise the risk of medication errors and is not intended to delay the timely administration of medication.

If there is any uncertainty regarding the administration of medication, including where a pupil vomits or appears unwell after receiving medication, staff must seek advice from the parent or guardian and, where appropriate, a healthcare professional before administering any further doses.

If a pupil refuses to take their medication, staff must not force administration. The refusal must be recorded, and the parent or guardian informed as soon as reasonably practicable. Where the refusal places the pupil at immediate risk, the procedures set out within the pupil's Individual Healthcare Plan (IHP) and any emergency care plan must be followed.

Under no circumstances will a member of staff administer a dose that exceeds the prescribed amount or administer medication more frequently than prescribed.

This does not prevent the emergency administration of prescribed rescue medication, such as salbutamol inhalers or adrenaline auto-injectors, in accordance with the pupil's Individual Healthcare Plan (IHP) or emergency care plan.

Pupils who are not assessed as competent to carry and self-administer their own medication should be made aware of which members of staff are responsible for administering their medication and how they can access support promptly when required.

## 8. Access to Medication and Emergency Inhalers

All pupils diagnosed with asthma must have immediate access to their prescribed reliever inhaler at all times. A reliever inhaler contains fast-acting medication that relaxes the muscles surrounding the airways, making it easier for the pupil to breathe during an asthma attack or when experiencing asthma symptoms.

Some pupils will also be prescribed a preventer inhaler. Preventer medication is taken regularly, usually morning and evening, as directed by the prescribing clinician, to reduce airway inflammation and help prevent asthma symptoms. As preventer inhalers are ordinarily administered at home, pupils should not routinely bring them into school. However, where a pupil is attending a residential educational visit or another activity requiring an overnight stay, they should bring their preventer inhaler to ensure they can continue their prescribed treatment.

Pupils should be encouraged to carry and self-manage their reliever inhaler as soon as they are assessed as being competent to do so. Where this is not appropriate, inhalers must be stored in a readily accessible location that enables immediate access in an emergency. For younger pupils, this will normally be within the classroom or another designated location identified by the school.

Each pupil's reliever inhaler should be clearly labelled and stored alongside a copy of their Individual Healthcare Plan (IHP) and/or Individual Asthma Action Plan, where one has been provided.

Whilst school staff are not legally required to administer asthma medication, appropriately trained staff should provide assistance where a pupil is unable to self-administer their inhaler, has poor inhaler technique, or requires support during an asthma emergency.

**Physical Education and Physical Activity**

Pupils with asthma should be encouraged to participate fully in physical education, sport and other physical activities. Asthma should not be a barrier to participation where appropriate management arrangements are in place.

Where exercise is a known trigger, teaching staff should remind pupils to use their prescribed reliever inhaler before participating in physical activity where this forms part of their Individual Healthcare Plan or Asthma Action Plan. Pupils should also be encouraged to complete appropriate warm-up and cool-down exercises before and after physical activity.

Pupils who are competent to self-manage their asthma should carry their reliever inhaler during PE lessons and sporting activities. Where pupils are not yet able to self-carry, the inhaler must accompany the class, be clearly labelled, and remain immediately accessible throughout the activity.

If a pupil develops asthma symptoms or requires the use of their reliever inhaler during a lesson or sporting activity, they must be allowed to stop immediately, use their medication without delay, and be supported in accordance with their Individual Healthcare Plan (IHP), Asthma Action Plan and the school's emergency procedures.

## 9. Storage of Medication

Unless otherwise specified within a pupil's Individual Healthcare Plan (IHP), all prescribed medication, with the exception of emergency medication, must be stored securely in the school's designated medication storage area (e.g. the main school office, medical room, first aid room or other secure location identified by the school).

All medication must:

- be stored in accordance with the manufacturer's instructions;
- remain in its original pharmacy-dispensed container with the original dispensing label intact;
- be clearly labelled with the pupil's name; and
- be stored securely and out of the reach of pupils, except where a pupil has been assessed as competent to carry and self-administer their own medication or where immediate access to emergency medication is required.

The following medication must remain immediately accessible to the pupil at all times:

- emergency asthma reliever inhalers;
- prescribed adrenaline auto-injectors (AAIs);
- blood glucose monitoring equipment and emergency diabetes medication; and
- any other emergency medication identified within the pupil's Individual Healthcare Plan (IHP).

Where a pupil has been assessed as competent to self-carry and self-administer medication, arrangements should be agreed between the school, the pupil and their parent or guardian. Where self-carrying is not appropriate, medication must be stored in a location that enables staff to access it immediately without delay.

Where medication requires refrigeration, it must be stored in a dedicated medicines refrigerator or in a clearly identified, sealed container within a secure refrigerator that is inaccessible to pupils. Refrigerator temperatures must be monitored using an appropriate thermometer and recorded at least weekly to ensure medicines are stored within the manufacturer's recommended temperature range.

Emergency medication, including reliever inhalers, adrenaline auto-injectors and diabetes emergency medication, should be stored in a clearly labelled container or grab bag within the pupil's usual teaching area, or another location identified within the pupil's Individual Healthcare Plan (IHP). The medication must accompany the pupil during educational visits, sporting activities, emergency evacuations and any other off-site activities.

Schools should take appropriate steps to reduce the risk of misuse of emergency medication while ensuring that it remains immediately accessible when required. This should be achieved through appropriate supervision, staff awareness and age-appropriate education that helps pupils understand the purpose of emergency medication and the importance of not interfering with equipment belonging to others.

**Early Years Foundation Stage (EYFS) Settings**

Each EYFS setting must clearly identify within its local procedures where medication is stored, who has authorised access to it, and the arrangements for accessing medication quickly in an emergency.

Parents and guardians are responsible for collecting long-term medication at the end of each academic term, or sooner where requested by the school, and for replacing any medication that has expired or is due to expire.

## 10. Individual Health Care Plans (IHP)

The school will focus on the on the needs of each individual pupil and how their medical condition impacts of their school life, including how the medical condition impacts on a pupil's ability to learn and will take steps to help increase pupils' confidence and ability to self-care.

Where a pupil has long-term or complex medical condition or health needs, the school will, where appropriate, produce an IHP for that pupil, in accordance with Appendix 1. A template IHP is set out in Appendix 3.

The IHP will be prepared following consultation with the parents, the pupil (where appropriate) and school nurse and/or any other relevant healthcare professional. Where there are healthcare professionals leading on the long-term treatment for the pupil, they should be responsible for writing the IHP as they hold the relevant expertise, i.e. where a child has an asthma care nurse, or the GP has prescribed emergency medicine for severe allergies. The school holds no such expertise.

Where appropriate, the IHP should be linked with a pupil's Education, Health and Care Plan (EHCP). Where a pupil has special educational need, but does not have a EHCP, their special educational need should be mentioned in their IHP.

The IHP will be presented to the parents for approval prior to its implementation to ensure the school holds accurate information about the medical condition of any pupil with long-term needs.

Once the IHP is approved the Headteacher/Medicine Lead will be responsible for its maintenance and implementation.

The IHP will be reviewed at least annually or more frequently where a pupil's needs change.

## 11. Asthma Care Plans and Asthma Register

**Asthma Care Plans**

Where a pupil has been diagnosed with asthma and prescribed a reliever inhaler, the school's designated Medicine Lead (or other nominated member of staff) will meet with the parent or guardian to complete an Individual Asthma Action Plan.

For pupils whose only medical condition is asthma, this may be used in place of a more comprehensive Individual Healthcare Plan (IHP), unless the pupil has additional medical needs that require a full IHP.

The Individual Asthma Action Plan will be reviewed at least annually, or sooner if there is a change to the pupil's condition, prescribed medication or clinical advice. The plan will include, as a minimum:

- details of the pupil's asthma diagnosis and prescribed medication;
- known asthma triggers;
- routine management arrangements;
- signs and symptoms of deterioration;
- emergency treatment and procedures;
- emergency contact details; and
- any reasonable adjustments or support required to enable the pupil to participate fully in school life.

Copies of the Individual Asthma Action Plan will be stored securely on the school's management information system and made readily available to staff who require access to the information to fulfil their safeguarding and duty of care responsibilities. Where appropriate, a copy may also be retained within the medical room and/or stored alongside the pupil's emergency medication in accordance with the school's data protection procedures.

Where a pupil has been assessed as competent to self-administer their reliever inhaler, there is no requirement for the school to maintain a record of each dose taken, although schools may choose to do so as part of their local procedures. Where a member of staff administers or assists with the administration of a reliever inhaler, the administration must be recorded in accordance with this policy.

**Asthma Register**

Each school must maintain an up-to-date Asthma Register containing details of all pupils who have been diagnosed with asthma or prescribed a reliever inhaler. The register should be reviewed at least annually and updated promptly whenever the school is notified of any changes.

For each pupil included on the register, the school should ensure that:

- an up-to-date Individual Asthma Action Plan is in place;
- the pupil has immediate access to their prescribed reliever inhaler during the school day;
- parental consent has been obtained, where required, for the use of the school's emergency salbutamol inhaler in accordance with current Department of Health guidance; and
- relevant staff are aware of the pupil's condition and the procedures to follow in the event of an asthma emergency

## 12. Information about Pupils with Medical Needs

Any information (IHP/Asthma Plans/Severe Allergy Plans etc.) about any of our pupils who require additional support for health and wellbeing is stored on the school's secure management system and updated regularly (as condition or medicines change) as well as annually. Any information is dated in order to ensure that current details are followed.

Photo boards of pupils/students with medical conditions will be displayed in the First Aid Room/Staff Room for easy identification of emergency needs.

Photographic displays of pupils with medical needs are used only where strictly necessary for emergency identification, are displayed in staff-only areas, require explicit parental consent, and are reviewed annually.

All IHP and plans are stored near to the medication required in order that the doses given are recorded immediately the medication is given.

All such documentation should be processed and stored in line with WAT Data Protection protocol.

## 13. Training

The Headteacher is responsible for the administration of medicine and the arrangements for pupils with medical conditions within the school. They will delegate duties as appropriate to other named members of staff who have received appropriate training.

The school must ensure that there are members of staff who are appropriately trained to manage medicine where it is part of their duties. Staff must not give medication or undertake healthcare procedures without appropriate training under any circumstances.

The Headteacher will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to pupils' IHCPs.

Relevant members of staff will receive appropriate training and support from the school nurse and/or a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be provided to appropriate staff by the school nurse and/or a qualified health professional, where appropriate.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

School Heads must maintain an up-to-date record of all medical needs training undertaken by staff. The training record should include the title of the training (and a brief description of its content where this is not evident from the title), the names of staff who attended, the date the training was completed, the name of the training provider (where applicable), and any renewal or refresher date where required.

## 14. Medical Records and Consent

Parents of all pupils at the school are required to complete the relevant parental agreement to administer medicine before medication is administered to their child. The document they sign will be dependent on the needs of the child and the types of support required.

Where school staff administer medicines in accordance with a medical plan or written agreement with parents, all doses given will be recorded and countersigned by a witness. This arrangement is a Waterton Academy Trust policy standard designed to minimise the risk of medication errors and is not intended to delay the timely administration of medication.

Staff administering medicines will sign the relevant records for short term medicines or at the back of the IHP or Asthma plan, whichever is relevant to the case, each time a medicine is administered.

Written records of all medication administered to every pupil are retained by the Headteacher/Medicines Lead and relevant records can be provided, subject always to the Trust data protection protocol to parents on request. These records should be regularly reviewed by the Headteacher.

## 15. Prescription Medication and School Paracetamol

Staff can administer medication that has been prescribed for the named pupil by an appropriate healthcare professional. Non-prescribed medication may only be administered where there is advance written parental consent, and it is given in accordance with this policy.

In support of working together to manage attendance, it is recommended that Waterton Academy Trust Schools keep their own stock of Paracetamol suspension. Paracetamol must be stored securely as all other medicines are stored and must not be stored in first aid boxes.

The school must ensure that parents/carers have first provided written consent for the school to provide Paracetamol suspension to their child. School paracetamol must be administered in line with: Appendix 16 Administrating School Paracetamol. Paracetamol will only be administered in accordance with dosage guidance and recorded using Appendix 17.

## 16. Self-Medication

The school recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers) according to their age, maturity and the impact/effects of the medication on others, wherever possible, or should be able to access their medicines for self-medication quickly and easily. This will be agreed upon in the IHCP or Asthma Plan.

Following consultation between the school, parents and the pupil, a pupil will be permitted to store and carry their own medication if in the opinion of the Headteacher/Medicines Lead they are sufficiently competent to do so. This will be reflected in a pupil's IHCP.

The school will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision. There is no requirement for staff to record doses of inhalers that have been self-administered but school may choose to record this information for monitoring purposes.

Schools must ensure that appropriate control measures are in place for pupils who carry and self-administer their own medication. These arrangements should be documented within either a general medication risk assessment or, where appropriate, a pupil-specific risk assessment to ensure that risks are identified, managed and reviewed regularly.

## 17. Safe Disposal of Medicines and Medical Equipment

Expired or discontinued medication belonging to an individual pupil should normally be returned to the pupil's parent or carer for safe disposal. Where medication is not collected within a reasonable timescale, the school should contact the parent or guardian to arrange collection.

However, this arrangement does not apply to school-owned emergency medication. Used or expired school-owned emergency medication, including spare Adrenaline Auto-Injectors (AAIs), must be disposed of safely in accordance with relevant Department for Education guidance, the manufacturer's instructions and the school's approved medicines or sharps disposal arrangements.

Used or expired AAIs must not be returned to parents or carers for disposal. Where appropriate, they may be handed to attending ambulance paramedics, returned through an appropriate pharmacy disposal route or placed in a suitable pre-arranged sharps container for safe disposal.

Under the current DfE Allergy safety in schools statutory guidance, expired spare AAIs that have not been used should be disposed of through the same appropriate arrangements as used AAIs.

Clinical waste generated through the administration of medication, including single-use personal protective equipment (PPE), wipes, dressings and other contaminated disposable items, must be disposed of in accordance with the school's clinical waste procedures and any contractual arrangements in place with an authorised waste disposal contractor. Schools must ensure that all clinical and offensive waste is segregated, stored and disposed of in accordance with relevant environmental and health and safety legislation.

Where a pupil requires the use of needles or other sharps as part of their medical treatment (for example, insulin administration), an approved sharps container must be provided. Parents or guardians should obtain a sharps bin on prescription, where applicable, or through their healthcare provider. Used sharps containers should be returned to the parent or guardian for disposal through the arrangements provided by the local authority or NHS, in accordance with local procedures. Under no circumstances should loose sharps be disposed of in general waste.

## 18. Incident Reporting, Investigation and Learning

All medical incidents, medication errors, near misses, emergency medication administration, adverse reactions, or other events arising from the administration of medicines or the management of medical conditions must be reported and recorded in accordance with the Trust's Accident, Incident and Near Miss Reporting Procedure.

This includes, but is not limited to:

- Errors in the administration of medication.
- Missed doses where this may have affected the pupil.
- Incorrect storage, handling or disposal of medicines.
- Use of emergency medication, including emergency inhalers and auto-adrenaline injectors.
- Adverse reactions to medication.
- Medical emergencies requiring first aid, emergency services attendance or hospital treatment.
- Near misses where an incident was avoided but had the potential to result in harm.

The Headteacher and/or Medicines Lead must ensure that incidents are reported promptly and that any required notifications to parents, healthcare professionals, safeguarding leads, regulatory bodies, the Trust are completed in accordance with Trust procedures.

All reported incidents will be subject to appropriate review and investigation to establish the facts, identify contributory factors and determine whether any corrective actions are required.

The purpose of this process is to:

- Ensure the safety and wellbeing of pupils, staff and visitors.
- Identify lessons learned and opportunities for improvement.
- Prevent recurrence of similar incidents.
- Inform risk assessments, healthcare plans, training requirements and school procedures.
- Provide assurance that arrangements for supporting pupils with medical conditions remain effective, compliant and operating as intended.

Outcomes from investigations, reviews and learning activities will be shared with relevant staff and monitored through the Trust's governance and assurance arrangements to support continuous improvement.

## 19. Off-Site Visits and Sporting Events

The trust actively supports all pupils with medical conditions to access and enjoy the same opportunities at the school as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as his or her GP).

If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy. Any treatment or action required will be documented in the Risk Assessment for the visit.

All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled, along with the written agreement/plan. All doses administered by staff will be recorded on the plan/record.

Schools should consider the availability of secure medication storage when completing suitability checks for residential visits. (See Educational Visits Policy for more details).

## 20. Absence due to Long Term Health Needs

It is our intention that every pupil/student on our role has the offer of good quality education. Where the education of a pupil/student is interrupted as a result of being unable to attend school for a period of time due to health needs, we will work with the Local Authority and Health Care Practitioners/Hospital to ensure that the pupil/student's individual needs, including social and emotional, are met.

This applies to children who cannot attend school at all or can only attend intermittently.

See 'WAT - Children with health needs who cannot attend school Policy'.

## 21. Unacceptable Practice

Staff should use their discretion and training with regard to each individual pupil's medical needs, by reference to their IHP and/or EHCP, as appropriate.

However, staff should be aware that the following practices are unacceptable:

- Preventing access to medication and relevant devices (such as inhalers), where this is reasonably required.
- Preventing the administration of agreed medication.
- Assuming all pupils with the same conditions require the same treatment.
- Ignoring the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Frequently sending pupils with medical conditions home or preventing them from taking part in normal school activities unless this is provided for in their IHCP/EHCP or by their medical advisors.
- Sending unwell pupils unaccompanied to the school office or medical room.
- Penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments).
- Preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively.
- Requiring parents, or otherwise making them feel obliged, to attend the school to administer medication or otherwise provide medical support to their child during the school day.
- Preventing pupils from participating in or creating unnecessary barriers to children participating in all aspects of school life, including school trips

## 22. Complaints

If parents or pupils are dissatisfied with the medical support provided at the school, they should raise these in the first instance with the Headteacher.

If the Headteacher cannot resolve the issue, then a formal complaint can be raised via the school's complaints procedure.

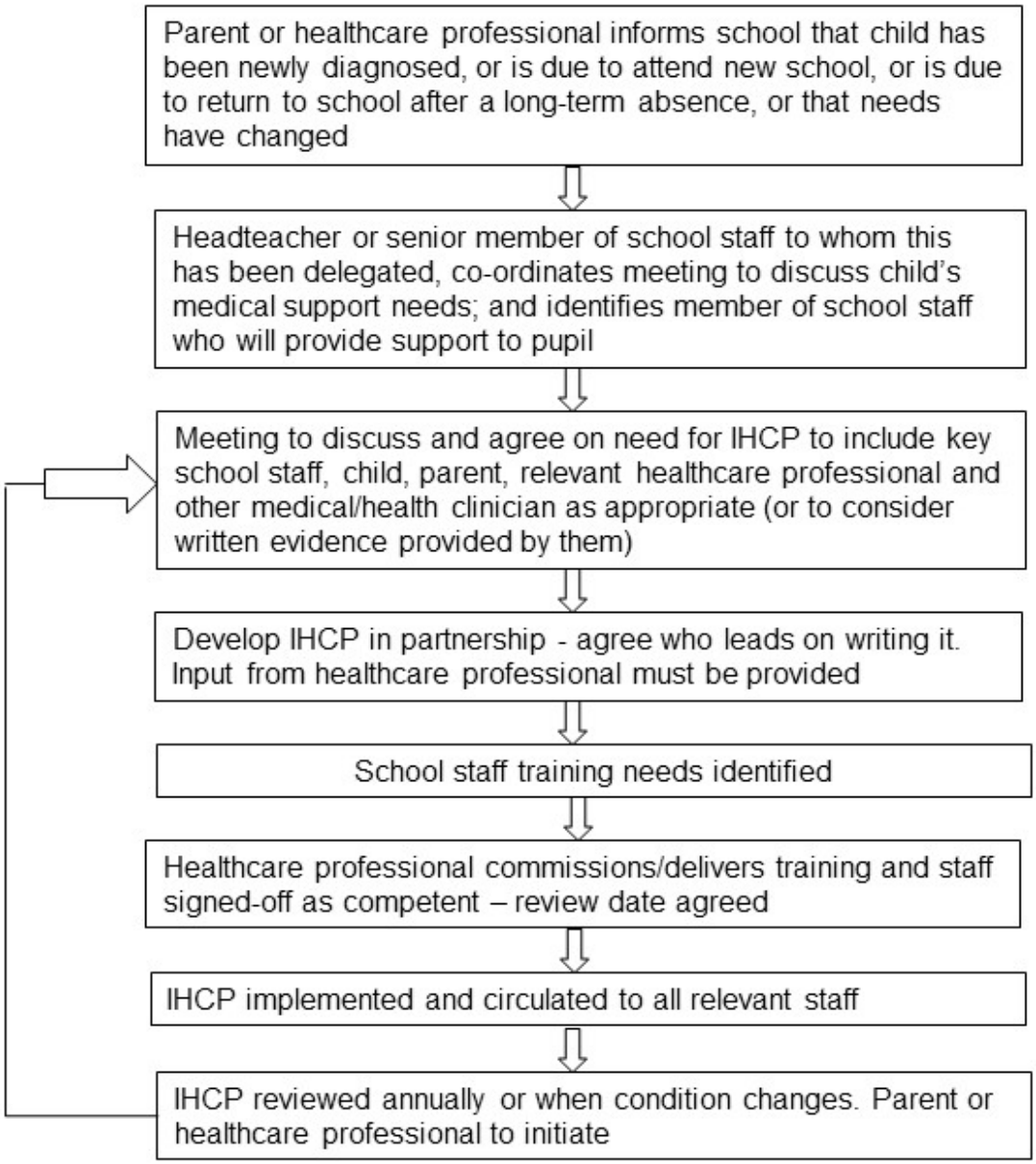
## 23. Safeguarding

Where there are any concerns about a child's wellbeing, including frequent use of medication, staff will speak with the Designated Safeguarding Lead or their Deputy about such concerns. (Refer to the Child Protection Policy and Safeguarding Policy for procedures).

## 24. Review

This policy will be reviewed by the Trust every two years. In addition, the Trust will receive annual assurance reports regarding compliance with this policy and the effectiveness of arrangements for supporting pupils with medical conditions.

# Appendix 1: Model Process for Developing Individual Health Care Plans



# Appendix 2: Checklist when Receiving Medicines

All such documentation is stored with good data protection practice in mind

| | |
|---|---|
| 1 | Is this a fourth dose? If YES go to Q3. If NO go to Q2 |
| 2 | If not, why does it need administering in school? |
| 3 | Has it been prescribed by a doctor, dentist, nurse or pharmacist?<br>If YES go to Q4. If NO go to Q5 |
| 4 | Is it in the original packaging? **<br>Does it have the Pharmacist's name, address, telephone number and logo?<br>If no logo, phone the pharmacy – do not administer.)1 |
| 5 | Does it have the child's name and date of birth stated clearly on the packaging<br>(and contents – if a bottle)? |
| 6 | Does the content match the container in name and dose size?<br>(i.e. 200mg Paracetamol not 500mg). |
| 7 | Is it in date? |
| 8 | Where does it need to be stored? |
| 9 | Who brought the medicine in to school? |
| 10 | Who will be collecting the medicine at the end of the day? (Not the child) |
| 11 | Has an administering medicines consent form or an IHP been completed? |

*** Note if Insulin, this may not be in the original container but might be in the form of pen or pump*

| Type of Permission / Medical Record to Complete | Long-Term Medicines | Short-Term Medicines | Asthma Plan | Allergies |
|---|---|---|---|---|
| | Appendix 3 IHP | Appendix 4<br>Agreement for school to administer medicines/record | Appendix 5<br>Asthma Care Plan | 1. Specific allergy treatment plan<br>2. Generic allergy plan i.e. not severe |
| **Who Completes it** | SENCO – if linked to SEN<br>Health Care Professional involved<br>Another designated member of SLT | Parent | Parent<br>with class teacher | 1. Health Care professionals (who train relevant school staff to administer required medicine)<br>2. Parents with school<br>Appendix 4 or IHCP depending on need |
| **Types of Illnesses / Medication** | Epilepsy<br>Diabetes<br>Cystic Fibrosis<br>Chronic Fatigue<br>Arthritis<br>Coeliac Disease | Pain<br>Fever<br>Antibiotics | Asthma –<br>use of inhalers | Allergies to food, animals etc. |

# Appendix 3: Individual Healthcare Plan (IHP)

*Place on school letterhead or insert school name and logo*

| Child's name | |
|---|---|
| **Photo*<br>*If parents give consent** | |
| **Class/Form** | |
| **Date of birth** | |
| **Age** | |
| **Medical diagnosis or condition** | |
| **Date of plan** | |
| **Date of plan review** | |

| Family contact information: FIRST contact | |
|---|---|
| **Full name** | |
| **Relationship to child** | |
| **Phone number (work)** | |
| **Home** | |
| **Mobile** | |
| **Address, if different to child** | |

| Family contact information: SECOND contact | |
|---|---|
| **Full name** | |
| **Relationship to child** | |
| **Phone number (work)** | |
| **Home** | |
| **Mobile** | |

| | |
|---|---|
| **Address, if different to child** | |

| **Clinic/Hospital Contact/Pharmacy** | |
|---|---|
| **Name** | |
| **Role** | |
| **Contact Number** | |

| **GP** | |
|---|---|
| **Name** | |
| **Surgery/Practice** | |
| **Contact Number** | |

| **School** | |
|---|---|
| **Who is responsible for providing support in school?** | |
| **What are the expectations of the role? (Even if the child is self-administering)** | |
| **Who will cover this role if they are absent?** | |

| **Medical Needs** | |
|---|---|
| **What are the medical needs?** | |
| **What are the symptoms experienced by the child?** | |
| **What are the signs that can be seen that are an indication of the child being unwell?** | |
| **What can trigger an incident?** | |
| **Is treatment required?** | |
| **If so, what treatments are needed?** | |
| **What equipment/device is required?** | |
| **Where is this stored?** | |

| Medication | |
|---|---|
| **Name of medication** | |
| **Dose** | |
| **Time the dose is to be taken** | |
| **Method of administration** | |
| **(including 'with water' etc.)** | |
| **Side effects** | |
| **Contraindications (any circumstances in which the medicine should not be given)** | |
| **What other medication are they on?** | |
| **Who is administering the medicine?** | |

| Which other staff have been appropriately trained to administer medicine (in case of absence or on school visits)? | When? |
|---|---|
| Name | Date |
| Name | Date |
| Name | Date |

| |
|---|
| **Daily Care requirements (including intimate care/need for food with medicines/need for bloods testing etc.):** |
| **Potential risks to staff (including manual handling/blood borne virus etc.):** |
| **Specific support for the pupil's educational, social and emotional needs:** |
| **Arrangements for school visits/trips (including overnight/residential):** |

| **Other information: (Requirements for emergency evacuation/fire drill etc. Is a PEEP and/or an EHCP in place?)** |
|---|
| **Describe what constitutes an emergency, and the action to take if this occurs.** |

| **Who is responsible in a medical emergency?** | |
|---|---|
| On site | |
| On site | |

| **Who needs to be aware of this plan, the child's condition and the support required?** *Check appropriate box* | | | |
|---|---|---|---|
| **Role** | **Name** | **Yes** | **No** |
| Office/Admin staff | | ☐ | ☐ |
| Class teacher | | ☐ | ☐ |
| Classroom support | | ☐ | ☐ |
| Dinner time support | | ☐ | ☐ |
| After school club support | | ☐ | ☐ |
| Headteacher | | ☐ | ☐ |
| Site manager | | ☐ | ☐ |
| Whole teaching staff | | ☐ | ☐ |
| Whole school staff | | ☐ | ☐ |
| External providers *sports coaches/swimming instructors/peripatetic teachers etc.* | | ☐ | ☐ |
| Supply/cover/PPA cover teachers | | ☐ | ☐ |
| EYFS unit staff | | ☐ | ☐ |

| **Plan developed with** *tick and name where applicable* | |
|---|---|
| ☐ **Parent** | |
| ☐ **Pupil** | |
| ☐ **School Representative** | |
| ☐ **School Nurse/Health Representative** | |

**Parental agreement for school to administer medicine (Including self-administration):**

I understand that I must deliver the medicine personally to …….

(Agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering/my child self-administering (select as appropriate) medicine in accordance with the school policy and this plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I agree to the school sharing information appropriately to relevant members of staff (on a need to know and confidentiality basis in line with the school policy).

In the case of diagnosed, severe allergic reactions where the child has already been prescribed an auto adrenaline injector: I give consent for my child to use the school's emergency auto adrenaline pen in a case of emergency.

**Name:** …….

**Signed:** ……. **(parent/carer)**

**Date:** ……

# Appendix 4: Agreement for School to Administer Medicines (& Record)

| | |
|---|---|
| Name of Child | |
| Date of Birth | |
| Group/Class/Form | |

| | |
|---|---|
| Name and strength of medicine | |
| Date medicine provided by parent | |
| Quantity received | |
| Expiry date | |
| Dose & time to be taken | |
| Frequency & duration of administration | |
| Quantity returned | |

**I agree to school contacting emergency services should my child require it.**

Parent name:

Parent signature:

Staff name:

Staff signature:

| Previous Dose (Time) | Date | Time | Dose | Staff Member *Print Name* | Signature | Counter Signatory *Print Name* | Signature |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**Any adverse reactions noted:** *Give date and time noted. Report to parent.*

# Appendix 5a: My Asthma Care Plan

| Name of Child | |
|---|---|
| **Class/Form** | |
| **Date of Birth/Age** | |
| **Type of Medicine (& Expiry Date)** | |
| **Date of Plan Review** | (Annually) |

| Family contact information: FIRST contact | |
|---|---|
| **Full name** | |
| **Relationship to child** | |
| **Phone number (work)** | |
| **Home** | |
| **Mobile** | |
| **Address, if different to child** | |

| Family contact information: SECOND contact | |
|---|---|
| **Full name** | |
| **Relationship to child** | |
| **Phone number (work)** | |
| **Home** | |
| **Mobile** | |
| **Address, if different to child** | |

| GP/Health Practitioner | |
|---|---|
| **Name** | |
| **Surgery/Practice** | |
| **Contact Number** | |

| Inhaler Use | | |
|---|---|---|
| Does your child tell you when he/she needs their inhaler? | Yes ☐ | No ☐ |
| Does your child need help administering their inhaler? | Yes ☐ | No ☐ |
| Does your child need to take their inhaler before exercise or play? | Yes ☐ | No ☐ |

| **What signs does your child display when they need their inhaler?** *Select or add* | |
|---|---|
| Shortness of breath | ☐ |
| Sudden tightness in chest | ☐ |
| Wheeze or cough | ☐ |
| Other (please state): | ☐ |
| **What are your child's triggers (things that can make their asthma worse)?** *Select or add* | |
| Pollen | ☐ |
| Exercise | ☐ |
| Cold/flu | ☐ |
| Stress | ☐ |
| Weather | ☐ |
| Air pollution | ☐ |
| Other (please state): | ☐ |

| **Is your child on any other asthma medication while in school's care?** *Give details below* | | | |
|---|---|---|---|
| **Medication** | **Dose** | **Frequency** | **Side Effects** |
| | | | |
| | | | |
| | | | |

If the above signs occur, please help/allow (delete as appropriate) my child to take the medicine stated above. After treatment and as soon as they feel better, they can return to normal activity.

I confirm that my child has an inhaler and spacer in school, and I will ensure that it is in date.

I consent to my child using the school's emergency reliever inhaler and spacer should it be necessary.

I understand that in an emergency, the school will first contact emergency services and then me.

Signed: ……(parent/carer)

Date: …….

## Appendix 5b: My Asthma Care Plan Record of Medication for Child with Asthma Plan (Where Staff Help with Administering)

| | |
|---|---|
| **Name of Child** | |
| **Date of Birth** | |
| **Group/Class/Form** | |

| Date | Time Given | Dose Given | Staff Member *Print Name* | Signature | Counter Signatory *Print Name* | Signature |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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# Appendix 6: Staff Training Record: Administration of Medicines

| | |
|---|---|
| **Name of School** | |
| **Name of Staff Member** | |
| **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 has been updated for [name of member of staff].

Trainer's Signature: ……..

Date: ……..

I confirm that I have received the training detailed above.

Staff Signature: ……..

Date: ……..

Suggested Review Date: ……..

# Appendix 7: Model Asthma/Severe Allergic Reaction Register

*(Keep separate registers for the above medical needs for ease of identification of pupil/student)*

Asthma register for [academic year]

| | | |
|---|---|---|
| Photo (Where Possible) | **Name:** | **Asthma plan in place (include date for renewal)** Yes ☐ No ☐ |
| | **Class:** | **Parental consent for the use of the emergency inhaler received** Yes ☐ No ☐ |

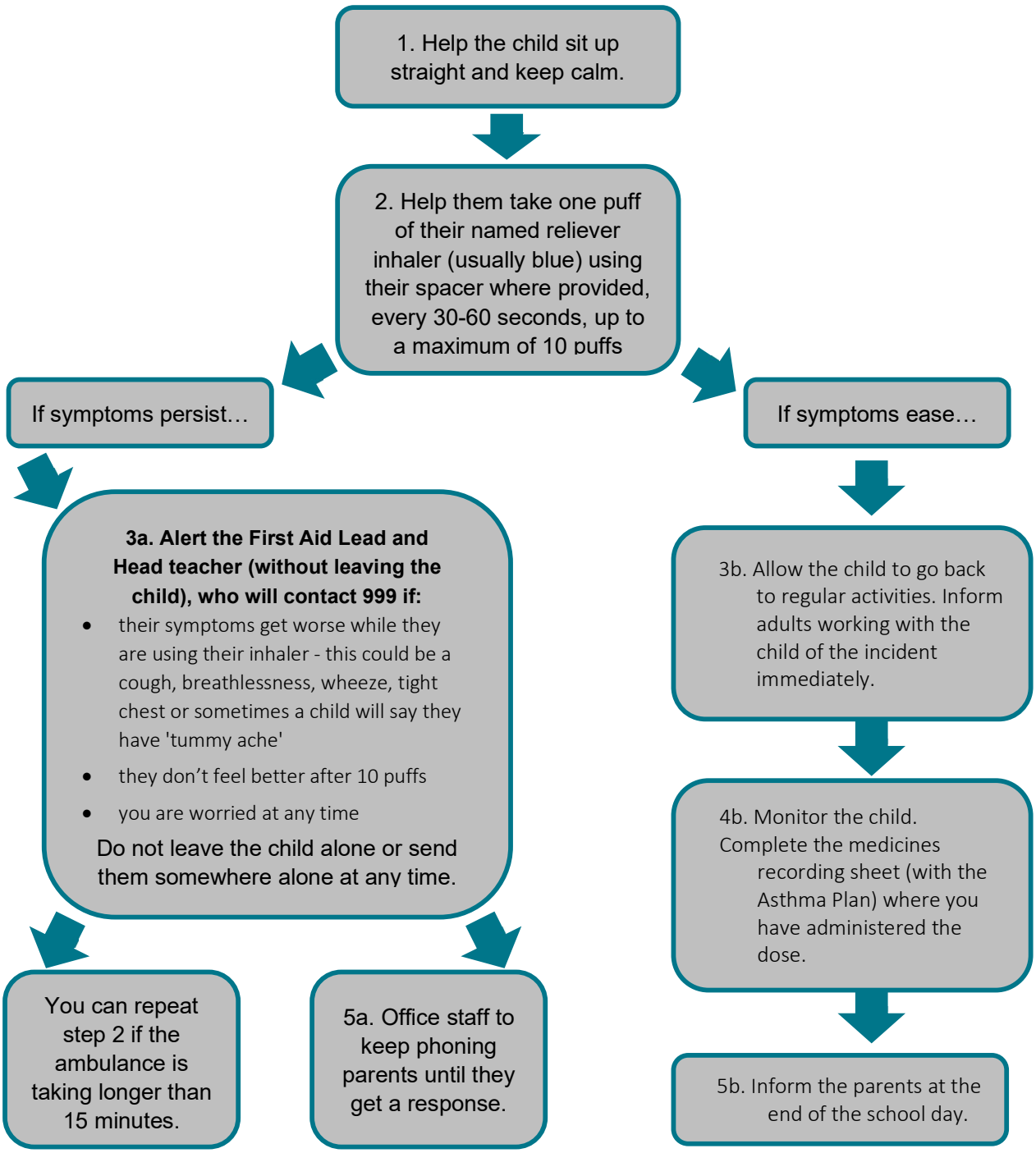
| | | |
|---|---|---|
| Photo (Where Possible) | **Name:** | **Asthma plan in place (include date for renewal)** Yes ☐ No ☐ |
| | **Class:** | **Parental consent for the use of the emergency inhaler received** Yes ☐ No ☐ |

| | | |
|---|---|---|
| Photo (Where Possible) | **Name:** | **Asthma plan in place (include date for renewal)** Yes ☐ No ☐ |
| | **Class:** | **Parental consent for the use of the emergency inhaler received** Yes ☐ No ☐ |

# Appendix 9: What to do if a Child is Having an Asthma Attack

Inhalers are kept in the child's classroom, in a named wallet with the child's Asthma Plan. If the inhaler doesn't work or is empty, then check the plan to see if the child has consent to use the school's emergency inhaler. (This is kept in the First Aid room in a box labelled EMERGENCY INHALERS.)

Where consent has been withheld but there is a need to use the emergency inhaler, seek help from the First Aid Lead and Headteacher.



# Appendix 10: Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked:**

- Your telephone number
- Your name
- Your location as follows [school address]
- State what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the pupil
- Provide the name of the child, age and a brief description of their symptoms
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone.

Ensure that, where the pupil/student has an IHCP relating to any medical condition (whether related or otherwise to this emergency), is made available to the emergency services upon arrival.

Ensure that, where the pupil/student is on any medication, this information is made available to the emergency services on arrival.

**Practical points**

- Ensure someone is stationed at the entrance to direct the ambulance crew to the pupil.
- Assign someone to contact, and keep contacting, the parent.
- Assign a senior person/first aider to stay with the child at all times.
- Give the paramedics:
    - a clear concise account of the incident
    - any medication given
    - the time the medication was given
    - the container the medication was in
    - knowledge of any other medications the pupil/student may be on.

# Appendix 11: Template Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

Developing an Individual Health Care Plan for [name of pupil]

Thank you for informing us of [name]'s medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Health Care Plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual Health Care Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although Individual Health Care Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Health Care Plan has been scheduled for [date]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Health Care Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully,

Name

Position

School

## Appendix 12: Model Monitoring Record of Support for Pupils/Students with Medical Needs

| Name of Pupil | Medical Need | Type of Plan | Review Date *dd/mm/yy* | Medicines and Where Stored | Expiry Date *dd/mm/yy* | Method of Renewal / Disposal | Staff Trained *dd/mm/yy* | Admin Records Checked *dd/mm/yy* | RA/EV RA Procedures in Place |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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# Appendix 15: Administrating School Paracetamol

It is recommended that Waterton Academy Trust schools maintain an appropriate stock of paracetamol suspension for occasional use, in accordance with the Trust's Medicines Policy.

The procedures within this appendix are Waterton Academy Trust standards intended to support the safe administration of paracetamol. They do not replace the manufacturer's instructions, individual medical advice or appropriate clinical judgement.

**Storage**
Paracetamol must:

- be stored securely in accordance with the Trust's Medicines Policy;
- be kept in its original packaging;
- be stored in accordance with the manufacturer's instructions;
- be regularly checked to ensure that it remains within its expiry date; and
- never be stored in a first aid box.

**Parental Consent**
Before school-owned paracetamol is administered, the school must ensure that appropriate written parental or carer consent has been obtained.

Before administering paracetamol on any occasion, the responsible member of staff should also contact the parent or carer to:

- confirm that the pupil requires paracetamol;
- establish whether the pupil has already received paracetamol or another medicine containing paracetamol;
- identify any other relevant information that may affect the safe administration of the medicine; and
- record the outcome of the discussion.

Where the necessary information cannot be obtained, or there is uncertainty about whether paracetamol can be safely administered, paracetamol should not be given until appropriate clarification or advice has been obtained.

**Before Administration**
Before administering paracetamol, staff should consider whether the pupil's needs can be appropriately managed without medication.
Depending on the circumstances, this may include:

- offering the pupil a drink;
- providing an opportunity to rest;
- offering food where appropriate;
- providing fresh air; or
- taking other reasonable steps to support the pupil's comfort.

These measures should not delay appropriate medical attention or treatment where a pupil's condition requires it.

Before administering paracetamol, the responsible member of staff must:

1. Confirm that appropriate parental consent is in place.
2. Establish whether the pupil has received paracetamol or another medicine containing paracetamol within the relevant period.
3. Check any relevant medical information or Individual Healthcare Plan.
4. Check that the medicine is in date.
5. Confirm the appropriate dose using the manufacturer's instructions.
6. Administer only standard paracetamol and not combination medicines containing additional active ingredients.
7. Complete the required administration record.

**Previous Medication**
Many medicines, including some cold, flu and pain relief remedies, contain paracetamol.
Before administering paracetamol, staff must take reasonable steps to establish whether the pupil has already received:

- paracetamol; or
- another medicine containing paracetamol.

Paracetamol must not be administered unless staff can establish that the appropriate interval between doses, as specified in the manufacturer's instructions or relevant medical advice, has been observed.

The maximum daily dose specified by the manufacturer must not be exceeded.

The fact that a pupil is taking other medication does not automatically prevent the administration of paracetamol. However, relevant medical information should be considered and appropriate advice sought where there is any uncertainty about whether paracetamol can be safely administered.

**Administration of Paracetamol**

1. Paracetamol must only be administered by an appropriately authorised member of staff.
2. The responsible member of staff must check the pupil's identity and confirm the appropriate dose before administration.
3. Paracetamol must be administered in accordance with the manufacturer's instructions and any relevant individual medical advice.
4. Only one dose of school-owned paracetamol should normally be administered during the school day. Where a pupil's symptoms persist or worsen, the parent or carer should be contacted and further medical advice considered where appropriate.
5. The administration of paracetamol must be recorded using Appendix 17 – [School Name] Paracetamol Administration Checklist.
6. The parent or carer must be informed that paracetamol has been administered.

**Frequency of Administration**
The administration of school-owned paracetamol is intended for occasional use and should not become a routine means of managing a pupil's ongoing symptoms.

Where a pupil regularly requests or requires paracetamol at school, the school should review the circumstances with the parent or carer and consider whether further medical advice should be sought.

As a Waterton Academy Trust monitoring standard, repeated requests for paracetamol should trigger a review of the pupil's circumstances. The previous absolute limit of three administrations per term has therefore been removed.

**Circumstances Requiring Further Consideration**
Paracetamol should not be administered where there is reason to believe that doing so may be unsafe. The responsible member of staff should seek further advice or contact the parent or carer where:

- there is uncertainty about whether the pupil has already received paracetamol or another paracetamol-containing medicine;
- there is uncertainty regarding the appropriate dose;
- relevant medical information indicates that additional consideration is required;
- the pupil's symptoms are severe, unusual or worsening;
- the pupil has experienced an injury or other event that may require medical assessment; or
- staff have any other concerns about the pupil's condition.

A pupil taking other medication should not automatically be excluded from receiving paracetamol.

Similarly, a head injury should be managed in accordance with the school's First Aid and Head Injury procedures. A previous head injury should not automatically be treated as a blanket prohibition on administering paracetamol; however, appropriate medical assessment and advice should be sought where required.

**Aspirin**
Aspirin, or medicines containing aspirin, must not be administered to children under 16 years of age unless specifically prescribed by an appropriately qualified healthcare professional.

**Dosage**
Paracetamol must be administered strictly in accordance with:
the manufacturer's instructions for the specific product;

- the pupil's age and, where applicable, weight;
- any relevant Individual Healthcare Plan or medical advice; and
- the Trust's Medicines Policy.

Staff must not estimate or alter the recommended dose.

Where there is uncertainty regarding the appropriate dose, paracetamol must not be administered until appropriate advice has been obtained.

**Record Keeping**
Whenever school-owned paracetamol is administered, a written record must be completed using Appendix 17 – [School Name] Paracetamol Administration Checklist.
The record should include:

- the pupil's name;
- the reason for administration;
- the date and time;
- the medicine and dose administered;
- confirmation of parental consent;
- relevant information obtained regarding previous medication;

- the name of the member of staff administering the medicine; and
- any relevant follow-up action.

**Aftercare**

Following the administration of paracetamol:

- the pupil should be appropriately monitored;
- relevant staff should be informed where necessary;
- the parent or carer should be informed that paracetamol has been administered;
- the parent or carer should be contacted if the pupil's condition does not improve or deteriorates; and
- appropriate medical assistance should be sought where the pupil's condition requires urgent assessment or treatment.

**General Principle**

School-owned paracetamol is intended to provide occasional support where appropriate. It should not replace appropriate medical assessment, treatment or advice.

Where staff are uncertain about the safety or appropriateness of administering paracetamol, they must seek appropriate advice before proceeding.

# Appendix 16: Kings Oak Primary Paracetamol administration checklist

| Kings Oak Paracetamol administration checklist | |
|---|---|
| Child's name/Date of birth | |
| Symptoms | |
| Does the child have any known illnesses or medical conditions? If yes provide details | Yes/No/details: |
| Is the child allergic to anything? If yes provide details | Yes/No/details: |
| Has the child had any medicines today? If yes provide details | Yes/No/details: |
| Offer fresh air/have a drink/something to eat/take a walk/sit in the shade/lie down (Please circle) | Details |
| Is this a frequently recurring need? (more than 3 times in a term) If so contact parent/carer? | Yes/No/Action taken |
| Written consent from parent/carer? | Yes/No |
| Verbal consent from parent/carer today? | Yes/No |
| Note sent home informing parents/carers? | Yes/No |
| Administration recorded in log | Yes/No |
| Outcome of administration of Paracetamol | Child improved/same/worse (please circle) |
| Outcome of administration of paracetamol | Child improved/same/worse (please circle) |

Staff Name (print)…… Date……

Staff signature……

| Document Detail | |
|---|---|
| **Document Name:** | Administration of Medicines & Supporting Pupils with Medical Conditions Policy |
| **Version:** | 3 |
| **Chief Officer Signature:** | |
| **Effective From:** | 01/01/2025 |
| **Approved by:** | D Dickinson |
| **Approval Meeting Reference:** | |
| **Next Review Date:** | August 2028 |

## Version Control

| Version | Date | Author | Change/Reference |
|---|---|---|---|
| 1 | Summer 24 | L Thresh | New policy |
| 2 | January 26 | B Robertson | Administration of Paracetamol and Calpol update |
| 3 | August 26 | R Perry / K Mason | Update of policy |