

Yeadon Westfield Junior School

Medicine Policy



This school is committed to safeguarding and promoting the wellbeing of all children and expects our staff and volunteers to share this commitment. We believe that every person has a fair and equal opportunity to succeed, regardless of their age, gender, ethnicity, ability or cultural or religious background, sexuality or disability. We embrace all aspects of global citizenship and community cohesion, promoting British Values throughout all aspects of school life, actively tackling prejudice or extreme views.

Yeadon Westfield Junior School is required to keep and process certain information about its staff members and pupils in accordance with its legal obligations under the General Data Protection Regulation (GDPR).

The school may, from time to time, be required to share personal information about its staff or pupils with other organisations, mainly the LA, other schools and educational bodies, and potentially children's services.

This policy is written in line with our agreed policy for GDPR.

Written by: Helen Swallow

Ratified by governors: October 2025

This will be reviewed in October 2027

YEADON WESTFIELD JUNIOR SCHOOL

MEDICINE POLICY

Introduction

This policy has adhered to guidance provided by the Ofsted pupils with medical needs (www.gov.uk/statutory_guidance_on_supporting_pupils_at_sch) and the Dfe health department (www.gov.uk/government/publications/managing-medicines-in-schools-and-early-years-settings)

This guidance is not a definitive interpretation of the law. Interpreting the law is a matter for the courts alone.

Children with medical needs have the same rights of admission to a school setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however may have longer-term medical needs and may require medicines on a long-term basis to keep them well. Others may require medicines in particular circumstances, such as children with severe allergies who may need an epipen kept in school. Children with asthma may have a need for daily inhalers and additional doses during attacks.

Most children with medical needs are able to attend school regularly and can take part in all aspects of school life including, normal activities, school trips and school clubs sometimes with support. However, staff may need to take extra care in supervising some activities and or may need to make reasonable adjustments to make sure that these children, and others, are not at risk.

Parents/carers have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents/carers, if appropriate, should obtain details from their child's General Practitioner (GP) if needed.

The aim of this policy is to clearly define the procedures concerning the administration of medicine within Yeadon Westfield Junior School.

Guidance on infection control in schools and other childcare settings published by Public Health England can be found on www.gov.uk/phe

This document provides guidance on infections, rashes, diarrhoea, vomiting and a number of other illnesses and informs parents of the recommended period children should be kept away from school should their child have one of these illnesses.

Prescribed Medicines:

Parents/Carers Role

- Medicines should only be taken into school when essential; that is where it would be detrimental to a child's health and only medicines that have been prescribed by a doctor, dentist or a nurse prescriber.
- If medicines are prescribed in dose frequencies which enable them to be taken outside school hours such as 3 times a day these medicines should be administered out of school hours, before school after school and at bedtime.
- Where medicines need to be administered in school the parent, if possible, should ask the prescriber for two prescriptions one for school and one for home. This will enable medicines to remain in school for completion of the course. This is a recommendation from The Medicines Standard of the National Service Framework (NSF)
- Written consent must be obtained from all parents. Forms can be emailed to parents on request from the school office or collected from the office.
- office@yeadonwestfieldjuniorschool.co.uk (see Appendix 1). Information provided includes name of medication, expiry date, dosage, time to be given.
- All medicines **MUST** be in the original container and the prescriber's instructions **MUST** be clear.
- Medicines must be brought into school by the parents/carers. Under no circumstances should a child carry any medicines in bags or coats. All medicines **MUST** be brought directly to the school office and not given to teachers/support staff.
- A register of medicine administration will be signed by the office staff stating the last time the medicine was given and the dose given. The register is kept in the school office.
- Parents must ensure their child knows how and what time to take their medicine. They will go down to the office to take their medication. It is the child's responsibility to remember to take medication if required.
- Parents/carers should inform school of any changes to their child's medication by phoning or emailing the school office.
- When a child requires an inhaler, this should be brought to school. The prescriber's instructions must be clearly marked. The child's name must be visible. The inhaler can remain in school until the summer break unless the parent has signed that the child will take it home at the end of the day and return it the following morning.
- All parents/carers must collect inhalers/AAls (adrenaline auto-injector) in July when school breaks up for the summer.
- Where possible, parents should provide a copy of a child's asthma and/or AAI plan (see Appendix 2 and Appendix 3).
- Parents/carers must dispose of their child's medication and check expiry dates.
- Parents/carers will sign a written permission if they wish their child to keep their asthma inhaler/AAls on them/in their tray or in an easily accessible box in the classroom. Asthma inhalers/AAls are the only exception for medication that can be kept by the child if written permission has been given (see Appendix 1).

Child's Role

- Children should be aware of their own medical condition.
- All children should tell an adult if they are feeling unwell or are in pain immediately.
- Children will need to know at what time their medication should be administered. They should also know to go to the school office for their medicine.
- Most children at YWJS should be able to self-administer their own medicines. However, this must be done under the supervision of a staff member.
- Children must not carry medicines in their bags/coats unless it is an asthma inhaler or AAI and written parental permission has been given for them to keep it with them.
- In a case where a child refuses to take their medication parents will be contacted by a member of staff. If the parent cannot be contacted all other emergency contact numbers will be called.

School Staff Role

- Office staff will accept children's prescribed medication when essential; that is where it would be detrimental to a child's health and only medicines that have been prescribed by a doctor, dentist or a nurse prescriber. Antibiotics will only be accepted if they are to be taken 4 times a day and not 3.
- Office staff will provide parents/carers with a medical consent form for signing. This will be emailed to the parents/carers or given to them from the office. If necessary, it can be sent home with the pupil and returned via the pupil.
- Office staff **WILL NOT** accept medicines that are not in their original bottles, do not contain clear instructions from the prescriber and do not have an expiry date.
- Medicines will be stored according to the written instructions, such as, room temperature or fridge.
- Some staff are fully trained in First Aid. Some teachers and support staffing working with children with diabetes have been trained by the qualified nurse in charge of this child's healthcare.
- Office staff will prepare an individual register for each child taking medicines in school (Appendix 4). The person administering the medication will sign when they have administered or monitored the child self administering their medication.
- Medical registers will include child's name and dob, the date the medicine was brought to school and who brought it, then name of the medication and form, e.g tablets, capsules. Medication amount will be recorded if in liquid format, e.g full bottle, half a bottle. Expiry date and dosage regime.
- School will keep a record of all medicines administered, stating what, how and how much was administered, when and by whom. This includes keeping a record of when any child has used their inhaler in the classroom or the emergency inhaler at the office. Any side effects of the medication to be administered will be recorded and parents contacted (Appendix 4).
- Following the Department of Health current guidelines children will be encouraged and supported to self-administer their own medicines, where possible. A member of staff will supervise at all times.
- Inhalers Instructions and expiring dates **MUST** be clear. Inhalers will be kept in an easily accessible box in the child's classroom or the child will keep on their person, depending on the written parental permission. 1 spare emergency salbutamol

inhaler and spacer is kept in a blue box, clearly labelled, sitting on the top shelf in the school office. A list of children who have written parental permission to use the spare inhaler in an emergency is kept in this box (only children who have been diagnosed with asthma or have been prescribed a reliever inhaler with have written parental consent). There are also two spare inhalers in each of the two trip first aid bags. Office staff will check these inhalers are in date, dispose of when required and inform the headteacher when they need replacing (a signed letter by the head is required to purchase new inhalers).

- If a child has had to use the emergency inhaler, this will be recorded on a sheet in the spare inhaler box or trip bag and parents will be informed by telephone. When the inhalers need to be disposed of, they should be returned to the pharmacy to be recycled.
- AAI (adrenaline auto-injectors) will be kept in an easily accessible box or the child will keep on their person, depending on written parental permission.
- 1 x emergency epi-pen (auto-injector 0.3mg) is also kept in this box. A list of children who have written parental permission to use the spare epi-pen in an emergency is kept in this box (only children whose own prescribed AAI cannot be administered correctly or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis, can be administered the emergency AAI). Office staff will check this AAI is in date and present monthly, dispose of when required (after use either to the ambulance paramedic on arrival if necessary or in a sharp bin at the local pharmacy) and inform the headteacher when it needs replacing (a signed letter by the head is required to purchase a new AAI).
- All staff will be aware of the storage place for both the spare inhalers and spare AAI, in boxes clearly labelled sitting on the top shelf in the school office.
- Pupil's AAIs will be sent home at the end of the academic year so parents can ensure their child's AAI remains in date and has not expired.
- Records will be kept and archived for six years.
- If staff are in doubt about any procedure for administering medicines, parents will be contacted.
- If a child refuses to take medicine, staff will not force them to do so. Office staff will record their refusal and inform parents/carers as soon as possible.
- Staff will not dispose of medicines but return to the parent/carer.
- School Business Manager will publish the medical policy on the school's website. The Public Health England, Guidance on infection control in schools and other childcare settings will also be published on the website. The school's prospect will contain this policy.

Non-Prescription Medicines

Parent/Carer

- Non-prescribed medicines will not be given to a child unless there is a specific prior written permission from the parent/carer.
- A medical register must be signed in the office.
- A child under 16 should never be given aspirin or any medicines containing aspirin unless prescribed by a doctor.
- Parents/carers must provide sun cream for their own child for hot weather that is clearly labelled with their name. Written parental consent can be given to allow their child to self-administer a school factor 30+ sun cream. This permission will be included on the Home/School agreement that goes to all new parents ready for the September start.

School Staff

- If a child requires a non-prescribed medicine, for example for period pains, the parent/carer will be contacted and written permission gained before administration.
- Sanitary products are available for pupils in school.
- An individual medical register will be completed.
- All medicine **MUST** be clearly marked
- Medication in tablet format must not be cut in two or split in anyway.
- Paracetamol and calpol should only be given for a maximum of 3 consecutive days.
- Allow children to self-administer the school factor 30+ sun cream if the child has written parental consent.

Long-Term Medical Needs

Parent/Carer

- It is important for the parent/carer to give the school sufficient information about their child's long-term medical condition.
- School will need to know about any particular needs the child may require, e.g dietary, pre-activity precautions.
- Other information required is what constitutes as an emergency and what action to take in an emergency. Who to contact in an emergency and what not to do in an emergency.
- A health plan **MUST** be drawn up between parent/carer, school and possibly health official.

School Staff

- School is required to record as much information as possible regarding a child's long-term medical needs.
- Health officials may be contacted and asked to contribute towards the writing of a healthcare plan. The healthcare plan should include the medical condition its triggers, signs, symptoms and treatment.

- Designated staff will be trained to work with the child's condition and to administer medicines. The staff members could be a teacher and a teaching assistant or the people that work directly with the child. Healthcare professionals will provide the relevant training.
- Cover arrangements are in place in case of the absence of the trained staff member.
- Staff will inform parent/carer immediately of any change in the child's condition.
- School will make reasonable adjustments to buildings/rooms, e.g. grab rails, evac chair.
- Should a child have a long period of absence due to a medical condition school will support the reintegration back into school and carefully monitor the child's social and emotional wellbeing.
- In emergency cases when a child needs to be taken to hospital, a staff member will stay with the child until a parent/carer arrives. If required, a staff member will accompany a child in an ambulance to the hospital. The staff member will take the child's healthcare plan and medical register with them to present to medical professionals.
- In cases of sudden, serious illness staff will follow the council's Crisis Policy.
- Any relevant medical information will be passed on to your child's secondary school if applicable.

Educational Visits

School will, if possible, encourage children with medical needs to participate in safely managed visits. Parents/carers will need to work closely with school to provide sufficient information about their child's medical needs and treatment required. The visit leader will carry any child's medication and a medical register unless the child has written parental permission to carry their inhaler/AAI on their person. The visit leader must ensure any children who have parental permission to carry an inhaler/AAI on their person, has their inhaler/AAI before leaving the school site. The visit leader will also be responsible for supervising the self-administration of all medicines. One of the school's emergency salbutamol inhalers will be kept in the trip first aid bag for any off-site visits should any children have an asthma diagnosis and have signed permission to use the inhaler. If the inhaler needs to be administered, staff will record where and when the attack took place, how much medication was given and by whom. They will then inform the parent by telephone. This record will be kept in the school trip first aid bag. A decision will be made by the visit leader if the spare AAI needs to also be taken on the trip. There will also be a first aid trained member of staff on any trip.

The Head will seek parental agreement before passing on information about their child's health to other staff.

Governors

- The Children and Families Act 2014 (<https://www.gov.uk/government/news/landmark-children-and-families-act-2014>). Places a duty on governing bodies to ensure that arrangements are in place to support pupils at school with medical conditions.

- Yeadon Westfield's governors work with school leaders to consult with health and social care professionals regarding children with medical conditions.
- Governors work closely with school to ensure that all children with medical conditions, in terms of both physical and mental health, can play a full and active role in school life, remain healthy and achieve their academic potential.
- The governing body will ensure that policies, plans and procedures and systems are effectively implemented. Policies need to be agreed at Full Governing Body level.

There is no legal or contractual duty on child-care setting or school staff to administer medicine or supervise a child taking it. This is a voluntary role (Department for Education Skills/Department of Health). However, at YWJS we believe that all children, including children with medical, needs should be cared for and feel safe in our warm school environment.

Appendices

Appendix 1: medical administration form to be completed by parents

Appendix 2: example of an asthma plan

Appendix 3: example of an AAI plan

Appendix 4: medical administration form completed by staff.



MEDICATION IN SCHOOL ADMINISTRATION FORM

Name of Child:	DoB:
Class:	
Name of Medication:	
Expiry Date:	
Dosage:	
If an inhaler, what can cause your child to need their inhaler? (i.e. sport/weather)	
Time to be taken (if required daily):	
<input type="checkbox"/> If this medication is an inhaler, I give permission for my child to use the school's spare inhaler if necessary. <input type="checkbox"/> If this medication is an AAI, I give permission for my child to use the school's spare epi-pen if necessary. If this medication is an inhaler or AAI, I wish my child to: <input type="checkbox"/> keep it on their person <input type="checkbox"/> keep it in a box in the classroom that is easily accessible to them (Tick one box)	
I give permission for my child to administer his/her own medication as directed above, whilst being supervised.	
Signed (parent/guardian):	
Name of Parent/Guardian:	
Date:	

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if vomited, can repeat dose)

- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|--|--|---|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|--|--|---|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 - 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: mg)
 - 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- *** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®

1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"

3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2007. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:

Date:

