



A world in which Autism is celebrated.

Registered Charity No. 1152188

Health and Safety

21. Medication, Administering and Treatment

1. Managing prescription medicines that need to be taken whilst at Sunbeams

- 1.1 Parents/carers should provide full written information about their child's medical needs.
- 1.2 Short-term prescription requirements should only be brought into Sunbeams if it is detrimental to the child's health not to have medicine during their time at Sunbeams. If the period of administering medicine is 8 days or more, there must be an Individual Health Care Plan.
- 1.3 Sunbeams will **not** accept medicines that have been taken out of the container or originally dispensed nor will it make changes to prescribed dosage.
- 1.4 Sunbeams will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacy prescriber, unless it is done as part of an individual health care plan.
- 1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have prescribed controlled drugs in their possession. Sunbeams will keep controlled drugs in a lockable non portable container, to which named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence.
- 1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose

- Method of administration
- Time/ frequency of administration
- Any side effects
- Expiry date

2. The Roles and Responsibilities of Staff Managing Administration and for Administering or Supervising the Administration of Drugs

- 2.1 Close co-operation between Sunbeams, school, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 2.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 2.3 Sunbeams will always designate a minimum of two people to be responsible for the administering of medicine to a child
- 2.4 Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the parents/carers. Where the Manager/Deputy Manager agrees to administer a non-prescribed medicine, it **must** be in accordance with this policy. Sunbeams will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where exceptionally a non-prescribed medicine is administered to a child it should be recorded on a medicine administration form and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 2.5 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' Sunbeams will inform parents of this policy.
- 2.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 2.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures which should be set out in the child's Health Care Plan. Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, Sunbeam's normal emergency procedures will be followed.
- 2.8 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

3. Parental Responsibilities in Respect of Child's Medical Needs

- 3.1 It is the parents/carers' responsibility to provide the Manager with sufficient written information about their child's medical needs if treatment or special care is needed.
- 3.2 Parents/carers are expected to work with the Manager to reach an agreement on Sunbeam's role in supporting their child's medical needs, in accordance with Sunbeam's policy.

- 3.3 The Manager should have written parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.
- 3.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 3.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.
- 3.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom Sunbeams has day-to-day contact.
- 3.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

4. Assisting Children with Long Term or Complex Medical Needs

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed.

- 4.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided.
- 4.2 Sunbeams will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- 4.3 Sunbeams will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a child's age and need to take personal responsibility.
- 4.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- 4.5 In addition to input from the relevant health service, the child's GP, or other health care professionals, depending on the level of support the child needs, those who may need to contribute to a health care pro forma include:
- Manager/Deputy Manager
 - The parent or carer
 - The child (if appropriate)
 - The child's key person
- 4.7 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been

received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

5. Staff Support and Training when Dealing with Medical Needs

- 5.1 Sunbeams will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 5.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 5.3 **All staff's conditions of employment do not include giving or supervising a child/young person taking medicines. Agreement to do so must be voluntary.**
- 5.4 Sunbeams will ensure that staff receive proper support and training where necessary. The Manager or Deputy will agree when and how such training takes place. The Manager will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 5.5 Staff who have a key child with medical needs will be informed about the nature of the condition, and when and where the child may need extra attention.
- 5.6 The child's parents/carers and health professionals should provide the information specified above.
- 5.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 5.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

6. Record Keeping

- 6.1 Parents/carers should inform Sunbeams about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- 6.2 Sunbeams will use Form 1A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 6.3 Sunbeams will use form 3 to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

- 6.4 Sunbeams will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. This is compulsory for Early Years providers; Sunbeams has adopted this as good practice.
- 6.5 Although there is no similar legal requirement to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures.

7. Safe Storage of Medications

- 7.1 Sunbeams will only store, supervise and administer medicine that has been prescribed for an individual child.
- 7.2 Medicines will be stored strictly in accordance with product instructions, in the original container in which the medicine was dispensed, paying particular note to the temperature at which the medicine should be stored.
- 7.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 7.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 7.5 Non-healthcare staff will never transfer medicines from their original containers.
- 7.6 Children will be informed where their own medicines are stored and who holds the key.
- 7.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 7.8 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 7.9 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room refrigerator to be used for storage, provided that medical items are clearly labelled.
- 7.10 Children need to have immediate access to their medicines when required. Sunbeams will make special access arrangements for the emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed.

8. Risk Assessment and Management Procedures

This policy will operate within the context of the Sunbeam's Health and Safety Policy.

- 8.1 Sunbeams will ensure that risks to the health of others are properly controlled.
- 8.2 Sunbeams will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 8.3 Sunbeams will be aware of the health and safety issues relating to dangerous substances and Management will need to be very clear regarding their role.

9. Consent

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.

Otherwise, someone with parental responsibility can consent for them.

This could be:

- the child's mother or father
- the child's legally appointed guardian
- a person with a residence order concerning the child
- a local authority designated to care for the child
- a local authority or person with an emergency protection order for the child

Parental responsibility

A person with parental responsibility must have the capacity to give consent.

In an emergency, where treatment is vital and waiting for parental consent would place the child at risk, treatment can proceed without consent.

This is the legal body that oversees the operation of the [Mental Capacity Act \(2005\)](#).

This policy was adopted on

Policy updated

Date to be reviewed

Signed on behalf of the management committee

Name of Signatory Susan Carr

Role of Signatory Manager

2nd Nov 2022

12th July 2025

April 2025

Reviewed By	Date
Sue Carr	24/04/2024
Sue Carr	12/07/2025