

Medication and Medical Emergencies Policy

Little Lanes Out of School Club

Version	Review	Applies to
October 2026	Within 12 months of adoption	All staff and volunteers

Little Lanes works with parents/carers and healthcare professionals to administer medication safely and respond promptly to medical emergencies. This policy sets out consent, storage, checks, treatment, recording and emergency responsibilities during Club sessions.

Medication accepted and parental permission

The club accepts prescribed medication only for routine administration. Non-prescription medicines are not accepted for routine use.

Before medication is administered, parents/carers must log into their iPAL account, select their child's profile, go to Medical & Allergies and select Add Medical Form.

A completed form providing written consent and clear instructions is required for each medicine. It must identify:

- The child and the reason for the medication.
- The medicine's name, strength, dose and method of administration.
- When it should be given and any special instructions.
- For medication given "as needed", the symptoms requiring treatment, minimum interval between doses and maximum permitted amount.
- Relevant allergies, side effects and emergency instructions.

Staff must review the form before administering medication. Missing or unclear information must be clarified with parents/carers and, where necessary, an appropriate healthcare professional.

Prescription medicines must have been prescribed for the child by an authorised doctor, dentist, nurse or pharmacist. Medicines containing aspirin will only be administered if prescribed by a doctor.

Medication must be in its original container, in date, and have a clear dispensing label identifying the child, medicine and administration instructions. Parents/carers must provide any necessary equipment, such as a spacer or oral syringe.

Medication may be given outside club hours where this fits the prescribed instructions. Prescribed timings must not be changed simply to avoid administration during club.

These routine arrangements do not prevent emergency action to save a life, including responding to unexpected anaphylaxis.

Parents' and carers' responsibilities

Parents/carers must:

- Tell the club about their child's medical needs and provide current instructions and relevant care plans.
- Complete the required medical form on iPAL.
- Supply medication and equipment unless an alternative arrangement with the school has been agreed.
- Tell staff when the last dose was given and about doses administered elsewhere.
- Notify the club directly of changes to medication, symptoms or treatment.
- Supply replacements before medication expires or runs out.

Parents/carers must submit a new medical form on iPAL when the medicine, dose or frequency changes.

Staff will check updated instructions against the dispensing label and care plan and resolve any discrepancy before routine administration.

Medication checks and staff responsibilities

Megan, Kelise and Clare share responsibility for checking that the required EpiPens are present, in date and readily accessible.

The session leader will designate who completes and records the check at the start of each session. Another designated staff member will provide cover if Megan, Kelise and Clare are absent.

Checks will include:

- Whether the required medication is present.
- Expiry dates.
- Device condition, following the manufacturer's instructions.
- The quantity required by the child's plan, the correct strength, and any expiry period after opening. Where two auto-injectors are prescribed, both must be immediately available.
- Whether medication can be accessed immediately.

The session leader will also ensure that required inhalers, spacers and other emergency medication are present and accessible for the children attending.

Checks and replacement requests will be recorded on the Medication Log. Parents/carers will be contacted when their child's medication needs replacing. Megan will oversee replacement of club spare medication once supplied.

If essential medication is missing, expired or unusable, staff must inform the session leader immediately. The session leader will contact parents/carers, assess how the child's needs can be met safely and seek appropriate advice. Any medical emergency must be dealt with immediately.

School arrangements and inhaler access

Children's prescribed inhalers and spacers may remain in the school officer class room where this is agreed with parents/carers and the school, is consistent with the child's asthma plan, and allows immediate access throughout club hours.

The agreed school-office arrangement must be checked at each session. An office described as open may still become inaccessible. The session leader must confirm that:

- Each required inhaler and spacer is present.
- Staff know its exact location.
- Staff can retrieve it immediately without relying on reception staff.
- Retrieving it will not leave children inadequately supervised.

An open office alone does not confirm that a particular child's medication is available.

Where access could be delayed, arrangements will be made to keep the medication with club staff for the session.

Where medication is transferred between school and club, the agreed arrangements must identify who collects and returns it, how the transfer is recorded, and how information about doses already administered is shared.

Storage and access

Children's prescribed EpiPens are kept in the medication basket above the cupboard on the left as staff enter the canteen.

The basket is out of children's reach but readily accessible to staff. All staff must know its location.

EpiPens must not be refrigerated or frozen. They must be protected from light and stored according to the manufacturer's temperature and storage instructions.

Other medicines will be stored according to their individual instructions. Each child's medication must be clearly identifiable. Club spare medication must be clearly distinguished from medication prescribed for a named child.

Medicines requiring refrigeration will be kept securely in a labelled container at the manufacturer's required temperature, with monitoring arrangements. Controlled drugs, if required, will have an individual secure-storage and access arrangement. Staff medicines must be inaccessible to children.

Emergency medication must remain readily accessible whenever the child is in the club's care. It must not be locked away in a way that delays treatment. Any medication secured while the club is closed must be made accessible before the relevant session begins.

A designated staff member will ensure that emergency medication and instructions remain immediately accessible during outdoor activities and evacuation, without delaying escape from danger. The Club does not take children on outings.

Administering medication

A designated staff member will administer medication or supervise agreed self-administration.

Staff will wash their hands, use the supplied measuring or delivery equipment and follow infection-control instructions. Medication must never be left unattended.

Before giving a dose, they must check:

- The correct child and written consent.
- The correct medicine, strength, dose and method of administration.
- The prescribed timing and when the previous dose was given.
- The expiry date and relevant care-plan instructions.

Staff must not guess doses. Unclear or conflicting instructions, or uncertainty about a previous dose, must be resolved through appropriate advice before routine administration.

For routine administration, a second member of staff will check the medication and dose and witness administration. Waiting for a witness must not delay emergency treatment.

Recording medication given

A paper Record of Medication Given sheet is kept in the club cupboard.

Staff must complete it immediately after administering or supervising medication, recording:

- The child's name.
- The medicine, strength and dose.
- The date, time and method of administration.
- The reason for an "as needed" dose.
- The administering staff member and witness, where applicable.
- Any difficulty, refusal, reaction or further action.

Parents/carers will be informed on the same day, or as soon as reasonably practicable, and asked to acknowledge the record.

Notification must not depend on obtaining a signature at collection. Where a parent/carer is informed by another method, staff will record how and when this happened.

Completed records will be stored confidentially and accessed only by authorised staff.

Children administering their own medication

Self-administration will only be supported where appropriate to the child's ability and medical needs and agreed with parents/carers.

The arrangements will identify how medication is carried or stored, what supervision is required and how each use is recorded.

Staff retain oversight and must ensure that other children cannot access the medication.

Medical emergencies and calling for help

Call 999 immediately for life-threatening symptoms, including severe breathing difficulty, suspected anaphylaxis, collapse, unconsciousness, abnormal breathing or severe choking. Do not wait for parents, written consent, a second witness or the manager before seeking emergency help.

- One staff member stays with the child and gives first aid and emergency medication within their training. If the child is unresponsive and not breathing normally, start paediatric CPR and use an AED if available, following training and the call handler.
- Another adult calls 999, gives the exact location and access instructions, brings the child's emergency medicine and care plan, and arranges for someone to meet the ambulance. Other staff maintain supervision of the group.
- Tell parents promptly without delaying treatment. Hand clinicians the medication details, doses and times, relevant care plan and contact information. Do not leave the child alone.
- If hospital transfer is required and a parent has not arrived, arrange for a staff member to accompany the child where ambulance staff permit and safe cover for the Club can be maintained. Do not delay the ambulance while arranging accompaniment.

For an urgent problem that is not life-threatening, seek advice from NHS 111 or an appropriate healthcare professional. Follow the Child Health and Infection Control policy for ordinary illness and collection.

Asthma and inhalers

Children prescribed a reliever inhaler must have access to it and any required spacer in accordance with their current asthma plan. Seasonal symptoms do not, by themselves, remove this requirement.

Staff will recognise coughing, wheezing, shortness of breath or chest tightness, help the child sit upright and use the reliever inhaler and spacer according to the child's asthma plan and their training. Staff will stay with the child, monitor the response and record treatment. Different inhalers have different rescue instructions; staff must not apply one inhaler's dose to another.

Staff must call 999 if the child has severe breathing difficulty, deteriorates, does not improve after the maximum rescue dose specified in their plan, or has an asthma attack without an inhaler available.

Staff must not wait for parents before seeking emergency help.

After an asthma attack, advise parents to arrange an urgent clinical review even if the child recovers. Record the episode and review the child's plan and access arrangements before the next session.

Use of a school emergency inhaler must be specifically agreed with the school and covered by the appropriate parental consent and eligibility requirements. The school's spare is a backup and does not replace access to the child's own prescribed medication.

Anaphylaxis and emergency EpiPens

Anaphylaxis is a life-threatening allergic reaction. It can occur without a rash and in a child with no previously known allergy.

Warning signs include sudden tongue or throat swelling, hoarse voice, difficulty swallowing, noisy or difficult breathing, dizziness, collapse or a child becoming pale and floppy. A rash may occur but is not required. Antihistamines and asthma inhalers do not replace adrenaline for anaphylaxis.

Staff will follow their training, the child's emergency plan where available, and the device instructions.

Use the child's prescribed device and strength where available. Different brands have different operating instructions. Staff must be trained on the actual devices held; for an unexpected reaction without a plan, obtain immediate 999 advice without delaying life-saving action.

For suspected anaphylaxis:

1. Give an adrenaline auto-injector promptly.
2. Call 999, request an ambulance and state "anaphylaxis".
3. Lie the child flat, with legs raised if possible. If breathing is difficult, raise their shoulders or allow them to sit up slowly. Do not let them stand or walk, even if they improve.
4. If symptoms have not improved after five minutes, give a second auto-injector.
5. If the child is unresponsive and not breathing normally, begin CPR immediately and follow the emergency call handler's instructions.

A staff member must stay with the child. Parents/carers will be contacted without delaying treatment or the ambulance call.

Keep the ambulance response in place even if the child improves. Record the exact time of each injection and hand used devices to ambulance staff where possible.

If a device fails to deliver its dose, staff must obtain another device immediately rather than wait five minutes.

If the child's prescribed auto-injectors and Little Lanes' spare devices fail, staff can access the school's backup auto-injectors until 4:30 pm while a member of the school's senior leadership team remains on site. The session leader must confirm access on the day. Staff must not rely on this supply after 4:30 pm or if SLT have left. Management will obtain written confirmation of access, available devices and strengths, conditions of use and responsibility for checks. Retrieving backup medication must not delay calling 999 or emergency treatment.

Little Lanes has obtained two spare adrenaline auto-injectors. These are kept in the medication basket, clearly identified as Club spare medication and separate from children's named prescriptions. Megan, Kelise and Clare will check their presence, expiry dates and condition as part of the session checks. Staff must know the brand, strength and instructions for each device. Club spares do not replace children's own prescribed medication.

Megan will retain evidence of supply and confirm the intended use, appropriate strengths and quantities with the supplying pharmacist or clinician. Management will ensure trained staff and the emergency medication required by children's care plans are available throughout every session, including after school backup access ends. Any gap must be addressed before relying on an arrangement. Changes to school access must be recorded and communicated to all staff.

Planned use of spare pens for children with known allergies will be included in their medical arrangements and consent records.

For unexpected suspected anaphylaxis, call 999 and give an available adrenaline auto-injector promptly in accordance with training, device instructions and emergency advice. The emergency exemption permits adrenaline administration to save life; lack of a previous diagnosis or individual consent must not prevent life-saving action. This does not authorise routine sharing of other prescribed medicines.

Other medical emergencies

Choking

Follow current paediatric first-aid training: encourage effective coughing; if the cough becomes ineffective, begin age-appropriate back blows and thrusts and summon emergency help. If the child becomes unresponsive, start CPR. Do not perform blind finger sweeps. Standard first aid and the 999 call must not be delayed while retrieving a suction device or school choking kit. Any proposed device use requires confirmed equipment, suitability and staff training.

Seizures and other individual conditions

Protect a child having a seizure from injury, time it, do not restrain them and do not put anything in their mouth. Follow their emergency plan and give prescribed rescue medication only where trained. Call 999 for a first seizure, one lasting longer than usual or more than five minutes where the usual duration is unknown, repeated seizures without recovery, serious injury or breathing difficulty; follow any earlier threshold in the plan.

For diabetes or another condition requiring urgent treatment, follow the child's healthcare plan and the staff training agreed for that condition. The plan must specify warning signs, treatment, emergency thresholds and who can give any rescue medication. Never give food, drink or oral medicine to an unconscious child.

Refusal, missed doses and medication incidents

Staff will not force a child to take medication.

Refused or missed doses, administration errors, spillage, vomiting after medication and suspected adverse reactions must be reported promptly to the session leader and recorded.

Staff will obtain appropriate medical advice and inform parents/carers. They must not automatically repeat a dose or give an additional dose to compensate.

For severe symptoms or a potentially life-threatening incident, staff must call 999 immediately. Relevant medication packaging, records and care-plan information will be made available to healthcare professionals.

The manager will review incidents and make necessary changes to procedures or training. The registered provider will report serious accidents, illness, injury or death and other notifiable events to Ofsted as soon as reasonably practicable and within 14 days, and make other required safeguarding or statutory notifications. Routine medication use is not automatically reportable.

Care plans, training and inclusion

For ongoing or significant medical needs, the club will agree an individual care plan with parents/carers, supported by instructions from the child's relevant healthcare team.

Plans will identify symptoms, treatment, emergency action, medication access and staff responsibilities. They will be reviewed when needs or treatment change and checked with parents/carers at least annually.

Staff administering medication that requires medical or technical knowledge must receive appropriate training. The manager will ensure suitable trained staff cover throughout relevant sessions, including during absences.

Relevant staff must know how to recognise and respond to anaphylaxis and other medical emergencies.

The club will consider reasonable adjustments to support attendance. Any proposed temporary restriction must follow an individual assessment and discussion with parents/carers, with professional advice where needed. Restrictions will not be automatic because a child requires medication.

Confidentiality, return and disposal

Medical forms submitted through iPAL, care plans, medication logs and administration records will be kept securely and accessed only by those who need the information to carry out their responsibilities.

Essential medical instructions and emergency contact details must remain accessible to staff if iPAL or internet access is temporarily unavailable.

Receipt, transfer and return of medication will be recorded. Unused or expired medication will normally be returned directly to parents/carers for safe disposal.

Used auto-injectors will be handed to attending ambulance staff where possible. Other sharps must be handled and disposed of safely through appropriate arrangements.

Records will be retained and disposed of in accordance with the club's data-protection and record-retention procedures.

Policy approval and review

This policy replaces the Administering Medication Policy. Review it within 12 months of adoption and sooner after an incident, changes in medical guidance, or changes to Club and school arrangements.

Approved by: _____Megan Garratt_____ Date adopted: _____October 2026_____

Signature: _____MG_____ Next review: _____October 2027_____

Read alongside Health and Safety and First Aid, Food Safety and Allergies, Child Health and Infection Control, Inclusion, Data Protection and Emergency Evacuation.

References

EYFS group and school-based framework (September 2026), medicines and allergy requirements; NHS asthma, anaphylaxis and seizure guidance; MHRA clarification of adrenaline use in emergencies; Department of Health guidance on school emergency medication; Resuscitation Council UK paediatric first aid and choking guidance; Ofsted serious incident reporting. Reviewed October 2026.