



Name of Policy	Administering Medicines in School
Date last reviewed	January 2025
Date to be reviewed	January 2027
Governor Committee	FGB
Key Member of staff	Headteacher
Statutory	Yes

*Duxford Church of England Community Primary School is committed to safeguarding and promoting the welfare of children and young people and requires all staff and volunteers to share this commitment.*

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## **1. Introduction**

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Duxford Church of England Community Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

***For children suffering from chronic medical conditions please refer to the Supporting Children with Medical Needs Policy.***

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

This policy should be read and used with reference to Policy for supporting children with medical needs.

## **2. The Role of Parents/Carers**

Parents/carers should, wherever possible, administer or supervise the self administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming into school at lunch time to administer the medication. However, this might not be practical and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher, or brought into school by the child themselves. If medication is for a short term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day. Medication will be kept in the office or stored in the meeting room fridge.

## **3. Guidance on Prescribed Medicines in School**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this.

Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Special arrangements can be made to administer over the counter medicines but only after a meeting with the Headteacher.

The Headteacher has the right to refuse a request to administer medicines if she considers that the critical time of a dose or the medical knowledge required warrants professional medical skills

#### **4. Long Term Medical Needs**

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents/carers and the relevant health professionals. Refer to the "Supporting Pupils at School with Medical Conditions Policy" for more information.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

In order to meet the requirement of children's individual care plans, Lead First Aiders will be included in any training organised in school to cover children's individual care to ensure emergency care can be provided.

Records of training will be kept and notices placed in the medical room advising of the personnel who can be called to address particular illnesses/reactions.

#### **5. Controlled Drugs**

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act.

Therefore it is imperative that controlled drugs are strictly managed between the school and parents. The amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non portable container and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

#### **6. Non Prescription Medication**

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, to apply a lotion or the administration of paracetamol for toothache, headache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

**A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.**

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be

provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

## **7. Administering Medicines**

Prescription Medicines will usually be the Reception Office Administrator, but in their absence another appropriately trained member of staff may carry it out.

### **Asthma**

Inhalers can be administered by teaching assistants and records kept of any occasions where this medication is administered.

- Asthma treatments for pupils (inhalers etc.) are kept in classrooms for easy access.
- Asthma treatments are to be administered by the pupil. After a treatment has been administered, the staff member records the date and time online.
- Staff should ensure inhalers are taken to PE, offsite sporting activities, on school trips and any occasions of school evacuation and critical incidents.

### **Epipens and Anaphylaxis**

- Each anaphylaxis sufferer has an individual protocol to follow when receiving the treatment and Epipen trained staff are aware of the procedure.
- Names of children are kept in a medical folder in the school office. Names of children with an Epipen are also written in bold on all registers so that supply staff are aware. Epipens are kept in the children's classrooms along with their medical protocol.
- Epipens can only be administered by members of staff who have received Epipen training.
- All medication including Epipens is taken on school trips and an Epipen trained member of staff will accompany the relevant child.
- Parents are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the Office Manager. The Business Manager will maintain a record of staff trained in specialist medication for children with Health Care Plans.

When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this online.

## **8. Refusing medication**

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

## **9. Offsite visits**

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.

Travel Sickness - Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

Residential visits – All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exception are asthma inhalers, which should be kept by the adult working with the child's group. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix 3.

## **10. Staff training in dealing with medical needs**

All teaching assistants are first aid trained. Staff are trained regularly in any medical conditions which children currently in school have e.g. asthma, epilepsy. A record of such training is kept via Form 8 (Appendix 4) and is updated on the Single Central record.

## **11. Record Keeping**

- a) The registration form requires parents to inform the school of any medical information
- b) The School will annually request parents to check data sheets including this medical information to ensure the medical records are up to date. A list of children and their current medicine will be kept in the office. In the case of the designated staff member's absence, an alternative 1<sup>st</sup> aid trained member of staff will be asked to administer medicines.
- c) All medical information held on file will be treated confidentially and only made available to teachers and other staff who have a need to know.  
A list of children in each year group that suffer from a medical condition which teachers need to know about can be found on staff share/Permissions and Medical

## **12. PE**

Taking part in sports is an essential part of school life. Teachers need to be aware of which children have asthma. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhalers before the lesson and ensure they have a good warm-up session. Each child should bring their inhaler with them to the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

## **13. The School Environment**

The School does all that it can to ensure the School environment is favourable to children with asthma. The School does not keep furry and feathery pets and has a non-smoking policy. As far as possible, the children do not use chemicals in Science and Art lessons that are potential triggers for children with asthma.

## **14. Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

The School follows this procedure:

1. Ensure that the reliever inhaler is taken immediately. These are normally blue.
2. Stay calm and reassure the child. Listen to what the pupil is saying and to what he/she wants. Do not try to put your arms around them for comfort as this can restrict their breathing.
3. Encourage slow and deep breathing. Help the child to breathe by ensuring tight clothing is loosened.

## **15. After the Attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be told about the attack.

## **16. Emergency Procedures**

If;

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition

**Dial 999 and call an ambulance.**

**Appendix 1 - Parental agreement for school/setting to administer medicine**

Parental agreement for school setting to administer medicine.

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Date .....

Name of School .....

Child's Name ..... Class.....

Name and strength of medicine .....

Amount of medication provided to school .....

Expiry date .....

Dose to be given ..... at .....

Any other instruction .....

.....

**Note: Medicines must be in the original container as dispensed by the pharmacy.**

Contact number ..... Other .....

Registered GP ..... Contact number .....

Parents signature ..... Print Name .....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or the medication is stopped.

Parent signature ..... Print name .....

**School Use  
Confirmation of the Headteachers agreement to administer medicine.**

Child's name ..... Class .....

Medicine ..... Dose .....

Supervised/Administered by ..... at .....

Arrangement to continue until .....

Signed ..... Date .....  
Headteacher

**Appendix 2 - Record of medicine administered to an individual child**

*Information will usually be submitted via an online form but this form may be used when online reporting is not available*

Name of School/Setting \_\_\_\_\_

Name of Child \_\_\_\_\_

Date medicine provided by  
parent \_\_\_\_\_

Year group \_\_\_\_\_

Quantity received \_\_\_\_\_

Name and strength of  
medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

Quantity returned \_\_\_\_\_

Dose and frequency of  
medicine \_\_\_\_\_

Staff signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

**Appendix 3 - Staff training record - administration of medicines**

*Staff training is usually recorded via attendance registers. This form will be used if specific members of staff are trained in administering specific medication, eg, when a child has diabetes*

Name of School/Setting:

Name:

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 is updated (please state how often)

Trainer's signature:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested Review Date: