



# Administration of Medicines Policy

## 2025 v1

This policy was agreed by Governors on 3<sup>rd</sup> February 2025 and will be reviewed as required.

Signed: \_\_\_\_\_ Chair of Governors

Date: \_\_\_\_\_

### ***Statutory Policy***

## **Aims**

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We believe it to be important that parents should not send a child to school if he or she is unwell. Where a child has a long term medical condition which requires specific intervention by the school outside of normal procedures, need a written health care plan will be drawn up with the parents and health professionals. It is crucial that parents inform the school about any particular medical needs before a child is admitted or when a child first develops a medical need. It is the responsibility of the parent/carer to do so.

## **Legal Position**

Any staff who agree to administer medicines to pupils in school are First Aid trained but do so on an entirely voluntary basis. Newcroft Primary Academy acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

Staff at Newcroft Primary Academy are covered by the Department for Education Risk Protection Arrangement Insurance. Staff wishing to have more information about this insurance, and the coverage it provides, should speak to their School Business Manager.

## **Negligence**

Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the Academy, which is vicariously liable for a breach of duty by the headteacher, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the Academy, then the Academy will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with any training received from and endorsed by the Academy.

## **Criminal Liability**

In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk or serious injury or harm.

## **General**

### ***Non-Prescribed Medication***

It is expected that parents will ensure that non-prescribed medication is administered, by parents, outside of school hours. However, in rare cases, the school will store and give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines) if the parent completes the school's agreed pro forma(s) detailing the reasons for the medication and dose to be given. If the school has a concern about the frequency of individual children needing such medication in school, a senior leader will talk with the parents to make them aware of these concerns. If the senior leader(s) have concerns about the welfare of a child being regularly given medication in school, the procedures in

the school's Safeguarding Policy will be followed.

The school holds a stock of paracetamol and ibuprofen. Parent/carers will be contacted before administering any medication to obtain permission.

### **Prescribed Medication**

If medicines such as antibiotics are prescribed and need to be taken up to 3 or 4 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

Parents should give careful consideration to whether their child is well enough to be at school if they require medicine 4 times a day.

Prescribed medicine will not be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers, using the form in Appendix A, and the school has indicated that it is able to comply with these. Support is available for the completion of the relevant form for parents who have literacy problems or where English is not their first language.

It must be understood that staff who are administering prescribed medicines are acting voluntarily. Medication will only be administered by staff who have received appropriate training.

The parents or carers must take responsibility for updating the school, in writing, with any changes in administration for routine or emergency medication and maintain an in-date supply.

All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They must be clearly labelled with:

Name of child;  
Name of medicine;  
Dose;  
Method of administration;  
Time/Frequency of administration;  
Storage  
Expiry date.

***All long term medicines must be collected by parents / carers by the end of each term. Short term medicines should be collected at the end of the administration period.***

At the beginning of a new term, it is the responsibility of parents to ensure that any long term medication is provided to the school and a new administration form is completed with the office (Appendix A).

Some medicines (such as inhalers) are stored in a labelled wallet with an administration of medicines form in each classroom, to ensure easy access for pupils and teachers. The school stores all medication appropriately.

All children who require medication to be given during school hours will be given clear instructions on where to report and who will be administering their medication, in order to

prevent any error occurring. A strict recording system is in place for the administration of all non-emergency medication.

If a child refuses medication or treatment to be administered by school staff, then the school will:

**NOT** force the child to take the medicine / treatment;

If considered necessary, call an ambulance to get the child to hospital;

Inform the child's parents / carers immediately.

## **Spare Emergency Medication**

The school holds 2 spare Adrenaline Autoinjectors (Jext or EpiPens) provided by Leicester Hospitals Charity. These are stored in the school's medical room.

The school's spare Adrenaline Autoinjectors can be used by a child or adolescent in the following scenarios:

- A child or adolescent is known to have their own adrenaline device (as per the information provided to the school by parents)
- A child or adolescent is known to have allergies and has an Antihistamine Emergency Action Plan.
- A child, adolescent or adult who is not known to have allergies who has anaphylaxis for the first time (only after advice from emergency services is given)

The school holds 1 spare blue reliver (salbutamol) Inhaler and spacer device provided by Leicester Hospitals Charity. This is stored in the school's medical room.

The spare reliver inhaler can be administered to any child or adolescent in the following scenarios:

- Where a diagnosis of asthma has been made and a reliver inhaler has been prescribed\*
- For a child or adolescent who has been prescribed a reliver inhaler

\*A child may be prescribed an inhaler for their asthma which contains an alternative reliver medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible- it will still help to relieve their asthma and could save their life.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given and by whom.

Replacements will be arranged in line with the school's First Aid Policy.

## **Storage and Disposal of Medication**

### **Storage- Emergency medication**

Emergency medications such as an EpiPen, are stored in a safe and accessible location in

classrooms, as per individual Care Plans, and moved with children as required e.g. an offsite trip, swimming etc.

Emergency medication such as reliever inhalers should follow the child where necessary e.g. to PE, on an offsite trip. These are stored in classrooms as above.

Children may not carry their own emergency medication; medication will be kept by the teacher in charge or their group leader. The school may hold spare emergency medication, if it is provided by the parents / carers, for use in the event medication is lost. Until it becomes the emergency treatment, the spare medication will be kept securely in accordance with the procedures for the storage of non-emergency medicines.

### **Storage- Other non-emergency medication**

All other medicines except emergency medication and inhalers will be held stored in a locked cabinet or locked box in a fridge, as necessary.

### **Disposal**

Any unused or time expired medication will be handed back to the parents / carers of the child for disposal.

### **Long Term Medication**

The school acknowledges that medicines in this category are largely preventative in nature and that it is essential they be given in accordance with instructions, otherwise the management of the medical condition is hindered.

The school may seek parents / carers permission to explain the use of medication to a number of pupils in their child's class so that peer support can be given. This will only occur where it is considered such action would be helpful and/or necessary.

### **Injections**

There are certain conditions (e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders) which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case an individual **care plan** (see appendix B) will need to be developed *before* the child joins the school, and training provided to staff who agree to administer the injections. The care plan must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

### **Emergency Treatment**

A care plan must be in place in all cases where a child has been prescribed emergency medication / treatment. Guidance and template documentation can be found in Appendix B.

Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency.

In the event of the absence of all trained staff, parents / carers will be notified immediately, and agreement reached on the most appropriate course of action.

If it is necessary to give emergency treatment, a clear written account of the incident will be recorded and retained by the school: a copy will be given to the parents / carers of the child.

In all circumstances, if the school feels concerned, they will call an ambulance.

### **Educational Visits**

Any medical problems must be highlighted by parent / carers prior to their child's participation in an educational visit.

Where insurance cover is obtained by or through the school, medical conditions must be disclosed, otherwise insurance cover may be refused or be invalid.

Where medication needs to be kept refrigerated, parents / carers may be asked to supply a cool box / bag and ice packs for use on educational visits. Care must be taken to ensure that the medication does not come into direct contact with the ice packs.

Group leaders will carry the medication of pupils who are in their group such as inhalers or other treatment. The Lead First Aider on the trip will be informed of who is carrying medication.

In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A "999" call will then be made to summon emergency assistance.

### **Advice on Medical Conditions**

The Community Paediatrician or Nurse may be asked to give advice regarding medical conditions to the school.

Parents / carers of children suffering from medical conditions, who require general information, are advised to seek advice from the GP, school health professionals (contact details available on request), or from the bodies detailed below. These bodies can also supply leaflets regarding the conditions listed.

### **School Illness Exclusions Guidelines**

Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well on a frequent basis.

Parents are expected to adhere to the following guidelines ([based on DfE Guidance about how long children should be kept off school](#)) in the event of their child contracting particular illnesses / conditions:

Chickenpox	At least 5 days from the onset of the rash and until all blisters have crusted over.
Conjunctivitis	Parents/carers expected to administer relevant creams. Once medication is administered, pupils may return to school.
Diarrhoea and / or vomiting	Exclude for 48 hours after last episode.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member.
Hand, foot and mouth disease	No requirement to exclude but advise school.
Head lice	No exclusion from school. Wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice. Advise school.
Impetigo	Exclusion from school until sores have crusted and healed, or 48 hours after starting antibiotics.
Measles	Exclude from school for 4 days after rash first appeared.
Mumps	Exclude from school for 5 days after swelling started.
Ringworm	Exclude until treatment has commenced.
Scabies	Exclude until first treatment has been administered.
Scarlet Fever	Exclude until 24 hours after starting antibiotics.
Slapped cheek	No exclusion but advise school immediately in case of a pregnant staff member.
Threadworms	No exclusion. Encourage handwashing including nail scrubbing. Advise School.
Whooping cough	Exclude until 48 hours after starting antibiotics.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).
Tonsillitis	No requirement to exclude but advise school.
Glandular fever	No requirement to exclude but advise school.
Cold and flu-like illness (including Covid-19)	Until temperature is normal and feel well enough to attend. Follow national guidance if tested positive for Covid-19

## Appendix A: Medicine Consent Form

Newcroft Primary Academy Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (condition)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time of dose:	
Method of administration: (mouth, nose, in the ear, other: please provide details as appropriate)	
With effect from [start date] until [end date]	
<b>Emergency Procedure/medication (if relevant):</b>	
Any known allergies: (please state)	
<p><b>I consent</b> for my child to take the medicine by him/herself.</p> <p><b>I do not consent</b> for my child to self-administer medication and <b>request</b> that you arrange for the administration by a member of staff. <i>(Please delete as appropriate)</i></p>	
<b>By signing this form, I confirm the following statements:</b>	
<b>I understand that my child will not carry medication, and this will be stored securely as appropriate in school for the duration required.</b>	
<ul style="list-style-type: none"> <li>That my child is taking this medicine for the first time.</li> <li>That my child has taken this medicine previously and has not suffered any adverse reactions.</li> </ul> <p><b>(delete as appropriate)</b></p>	
<ul style="list-style-type: none"> <li>That I will update the school with any change in medication routine use or dosage</li> </ul>	
<ul style="list-style-type: none"> <li>That I undertake to maintain an in -date supply of the medication</li> </ul>	
<ul style="list-style-type: none"> <li>That I understand the school will supervise the use of self-administered medication, which will be stored securely at the school.</li> </ul>	
<ul style="list-style-type: none"> <li>That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened.</li> </ul>	
<ul style="list-style-type: none"> <li>That I understand staff will be acting in the best interests of my child whilst administering medication and this will be undertaken on a voluntary basis.</li> <li><b>The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change in medication routine use or dosage or if the medicine is stopped before the end date.</b></li> </ul>	
<ul style="list-style-type: none"> <li>Signed</li> </ul>	
Name (please print)	
Contact Details	
Date	
Staff member signature	
Name (please print)	
Date	

**FOR STAFF USE**  
 \*\*\*\*\* PLEASE COMPLETE RECORD OF MEDICINE ADMINISTRATION OVERLEAF \*\*\*\*\*

**FOR STAFF USE**  
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[illegible]

## Appendix C: Pre-Prepared Adrenalin Injections (Anaphylaxis)

### **B1 Guidelines for non-medical staff to administer pre-prepared adrenalin injections in response to anaphylaxis**

#### **Process**

1. When a child needs a pre-prepared adrenalin injection as emergency treatment for anaphylaxis in a non-health setting (e.g. school), then the prescribing doctor will discuss this with the parents or carers and with their agreement pre-prepared adrenalin will be prescribed.
2. It is the parent's responsibility to raise the issue with the school.
3. When a child is able to self-administer the school, with the parents, will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require a pre-prepared adrenalin injection, that volunteer First Aiders are trained to administer a pre-prepared injection should a situation arise where a child is too ill/unable to self-administer.* If training is not required, a general administration of medicines form must be completed. A child who has self-administered must report to a member of staff, as they will need to be reviewed in hospital.
4. When the child is unable to self-administer the school will identify First Aid volunteers to undertake training and subsequent administration of the prepared adrenalin injection.
5. If no First Aider volunteers are identified, the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
6. If First Aider volunteers are identified, they should read their setting's policy/guidelines on the administration of medicines. Training is provided as part of all levels of First Aid training that First Aiders undertake.
7. The parents need to request that an Individual Care Plan is completed by the doctor who prescribed the pre-prepared adrenalin device.
8. The health professional training the volunteer(s) will discuss with the volunteer(s) the Individual Care Plan for the administration of pre-prepared adrenalin by non-medical and non-nursing staff for a specific child. Following the training, the volunteer(s) sign(s) the Training Record and the Individual Care Plan. The head teacher then signs the Individual Care Plan. The original remains within the setting.
9. If any details in the Individual Care Plan change, (e.g. EpiPen rather than Epipen Junior) required it is the parent's responsibility to inform the school. If a new Individual Care Plan is required then the process above must be discussed by those parties and the ICP completed as appropriate.
10. It is recommended that update training of volunteers should take place on an annual basis. The head teacher will request and negotiate this with the appropriate health professional.

## C2 Flow-chart of process to enable non-medical staff to administer pre-prepared adrenaline injections in response to anaphylaxis

