

Growing Together
Where every child matters and is prepared for a future of possibilities...



Administration of Medicines Policy January 2026



ADMINISTERING MEDICINES

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Those who undertake this role and/or provide support to pupils with medical needs require training, information and instruction from their Head Teacher, MAT personnel, health professionals, the pupil and the pupil's parent.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. School will seek to work co-operatively with other agencies in order to provide effective support for a pupil. Partnership working between school staff, health care professionals, parents and other professionals will be critical and an essential requirement to this policy.

The teaching profession has a general duty of care towards pupils in schools. Whilst in law this duty cannot require teachers to administer medicines, it does expect them to react promptly and reasonably if a pupil is suddenly taken ill.

Unless prohibited by legal requirements for confidentiality, staff who have pupils with medical needs in their class should understand the nature of the condition and when and where that pupil requires additional attention.

In particular staff should be aware if an emergency is likely to occur and what measures they should take. Procedures should be written out clearly and be readily accessible.

Where a member of staff acts in good faith and with due care in an emergency situation they will be indemnified by the Employers Insurance Policy.

Any member of staff giving medicine should check:

- the pupil's name
- that there are written instructions on the original container provided by the parent or doctor
- the prescribed dose
- the expiry date of the medicine

If there is any doubt about these details, or they are not provided, the advice is not to give the medication until the full details are known.

Each time a pupil is given medication it is advised that a record is made and the person administering the medication signs it.

Where invasive or intimate treatments are required the person carrying out such a treatment should, where possible, be of the same gender as the pupil receiving the treatment. It is acknowledged that this may not always be practicable. Irrespective of gender, two adults should always be present whilst the treatment is carried out. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained.

Under no circumstances should any person employed by the school administer medication if they have not received requisite training and authorisation from their Head Teacher. If a pupil is at severe risk because their medication cannot be given, the Head Teacher must ensure that there are suitable emergency arrangements in place. A first aid certificate does not constitute appropriate training in supporting children with some medical conditions. In some cases, written instructions from the parent or on the medical container dispensed by the pharmacist may be considered as sufficient training, but ultimately this will depend on the situation and the medical condition.

DEALING WITH MEDICINES SAFELY

SAFETY MANAGEMENT

Medicines may cause harm to anyone for whom they were not prescribed and be harmful for the person for whom they were prescribed if that person takes an incorrect dose.

Some medicines are poisons; some can become poisons when they react with other substances.

Headteachers are required to assess the risks presented by a hazardous substance to any person who may come into contact with it. They should determine the method or methods by which that risk may be removed, reduced or controlled.

The primary consideration is to eliminate the risk completely. This may be done by prohibiting routine medicines from the school, and by requiring pupils to be placed on 3 x daily doses rather than 4 x daily doses, wherever possible.

If there is no means of eliminating or substituting the hazardous substance, schools should implement controls to reduce any risk of harm to the lowest level that is possible.

Schools should be aware:

- that some medicines can have serious ill health effects on those giving the medicine. Some medicines produce harmful vapours, and can be corrosive or produce dermatitis; some can sensitise those giving the medicine, and some people may already be sensitive to the medication - particularly those who suffer from eczema or asthma. Where staff who have respiratory or skin problems the Head Teacher should advise them not to proceed and seek an alternative volunteer
- of the need to provide volunteers with suitable personal protection such as disposable gloves, face mask, etc.

STORING MEDICINES

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Many schools and settings allow

children to carry their own inhalers. Other non-emergency medicines should also be kept in a secure place not accessible to children.

Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Other controls include:

- only storing small amounts
- storing medicines in a secure place such as a locked cupboard which is labelled accordingly and to which a minimum of two duly authorised persons have a key, or have access to a key

Storing medicines in original containers which are labelled with:

- the name of the person for whom the medicine is prescribed
- the name and constituents (if known) of the medicine
- the prescribed dose
- the time the prescribed dose is to be taken
- the expiry date of the medicine
- the name of the person or organisation responsible for prescribing the medicine
- any likely side effects for the person taking the medicine
- the hazardous nature of the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes)
- who to contact in an emergency

It may not always be possible to obtain all the above information from the original container. If this is the case the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance. Parents are responsible for supplying this information.

When no longer required, medicines should be returned to the parent to arrange safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.

ACCESS TO MEDICINES

Children may need to have immediate access to their medicines when required. The school or setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

DISPOSAL OF MEDICINES

It is advisable that schools should not dispose of any prescribed medicine or the container from which it came. The parent of the pupil for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines.

Appropriate procedures need to be in place within the school for the safe disposal of soiled dressings or used hypodermic needles. Sharps boxes should always be used for the disposal of needles. Information on such issues should be offered as part of the training provided by the health professionals.

On the very rare occasion that the school has to dispose of any of the above, it is recommended that school seek advice from the Council's Waste Management Service before disposal of any items. Pharmaceuticals are classed as "Special Wastes" under environmental legislation and as such disposal must be in accordance with the requisite Regulations.

RECORD KEEPING

Written records must be kept for all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Parents must be informed via telephone or in person if a child has been unwell in school, not via a message or a note.

For controlled drugs, records must be kept when these are handed to the school by parents or carers. E.g. tablets received must be counted and recorded in front of the parent or guardian. Taking of the medicines must be recorded as 1 out of 10 taken....

At Springside, prescribed medicines are only administered by the office staff or in their absence, a senior leader. This is to ensure that medication is not forgotten or given to a child more than is needed. When medicine is given, it will also be recorded in writing in a file in the office. Asthma inhalers may be administered by other staff in school as needed.

HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

HEALTH PLAN

It is often helpful to develop written health care plans for children with specific or complex medical needs. This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role staff can play

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or health professional. Staff should agree with parents 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.

Staff should 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.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child.

In addition to input from the school health service, the child's GP or other health professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the head teacher or head of setting
- the parent or carer
- the child (if appropriate)
- early years practitioner/class teacher (primary schools)/form tutor/head of year (secondary schools)
- care assistant or support staff (if applicable)
- staff who are trained to administer medicines
- staff who are trained in emergency procedures

Whilst this policy has been written for the administration of prescribed medications, it may be necessary on rare occasions that a non-prescribed medication may need to be administered e.g. pain killers which will only be taken when needed. In these circumstances, this must be clearly written into a child's individual medical plan, backed up with a letter from a medical professional and agreed by a parent or carer.

In the case of a medication which is to be administered when needed, it is essential that a member of staff checks with a parent or carer when the last dose was administered before administering a dose in school.

SHORT-TERM MEDICAL NEEDS

At some time during a pupil's school life, he/she may need to take medication - e.g. to finish a course of antibiotics or apply a lotion.

To minimise the amount of time a pupil is away from school, it may be necessary to continue such treatment after the pupil returns to school. Where this happens it is

advisable that the dose-frequency is prescribed 3 times per day rather than 4 times per day, so that the pupil need not take the medication whilst at school.

This procedure is endorsed by health professionals and the school policy should encourage parents to request such a dose frequency from the GP.

If it is essential for medication to be taken to school the pupil should normally only bring a single dose of medicine with them. However, there may be occasions when a bottle of medicine has to be taken to school.

The school policy should encourage the parents and the Head Teacher to discuss such requirements.

Any prescribed medication brought into school must be clearly marked with the name of the pupil and the recommended dosage. It must be kept secure, unless there are valid reasons for the pupils to keep that medication with them (e.g. asthma inhaler).

No medication will be administered in school unless a parent has completed and signed an Administration of Medicines Form. These forms can be obtained from the school office and completed forms are also kept in a file in the office. These forms ask for the child's details, name and dose of medication and times when it should be taken.

LONG-TERM MEDICAL NEEDS

Schools must have sufficient information about the medical condition of any pupil with long-term medical needs

The parent should supply such information either prior to a pupil attending school or as soon as the condition becomes known in order that the school can carry out a risk assessment and put appropriate arrangements in place.

SELF-MANAGEMENT

With advice from health professionals, schools should be encouraged to allow pupils who can be trusted to manage their own medication from an early age. Parents must have given consent and the pupil must be supervised when taking the medication.

The school policy should identify in what circumstances pupils can carry their own medicine and provide any member of staff who may come into contact with such a pupil with suitable and sufficient information regarding their condition and the medicine he or she is taking. Staff may need to refer to the risk assessment or individual health care plan.

EMERGENCY PROCEDURES

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should avoid wherever possible taking children to hospital in their own car, but to call the emergency services. In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

School has a defibrillator located in the office with several trained staff in school. This can be used in an emergency of a person suffers a cardiac arrest.

School has also purchased an emergency asthma inhaler in case of an emergency.

REFUSAL TO TAKE MEDICINE

No pupil can be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, schools are advised to contact the parents immediately. If a parent cannot be contacted the school should seek medical advice and in the event of an emergency, call the emergency services.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the school should contact the parent as soon as possible. It is advised that school should communicate directly to the parent and not via a note sent home with the pupil.

CO-ORDINATING INFORMATION

Co-ordinating and sharing information on an individual pupil with medical needs, can be difficult. Mrs Patterson (SENCO) and Mrs Griffiths (Pastoral HLTA) have specific responsibility for this role. Mrs Patterson, Mrs Griffiths or the Head Teacher will be a first contact for parents and staff, and liaise with external agencies. It would be helpful if members of staff with this role attended training on managing medicines and drawing up policies on medicines. Local Authorities, and others provide such training.

Staff who may need to deal with an emergency will need to know about a child's medical needs, unless prohibited by legal requirements for confidentiality.

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the employer should arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs.

The head and staff should always treat medical information confidentially. The head should agree with the parent, or the child where appropriate, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

OFF-SITE EDUCATION

Staff supervising young people have a common law duty of care to act like a reasonably prudent parent.

In exceptional circumstances the duty of care could extend to administering medicine. This duty extends to staff leading activities taking place off site, such as educational visits.

Schools should follow their policy on administering medicines which should include procedures for managing medicines on educational visits.

In the policy, consideration should be given to:

- Medical needs are considered as part of the risk management process
- There are procedures in place for managing prescription medicines on educational visits
- Staff administering medicines, or supervising the administration of medicines, are aware of their roles and responsibilities
- Staff receive appropriate information and/or training
- Prior to the event, written agreement from parents is obtained for any medicines to be given to a child or young person
- Where appropriate, young people should be encouraged to manage their own medication whilst on educational visits
- Medicines are stored safely whilst on educational visits

EDUCATIONAL VISITS

Schools should encourage pupils with medical needs to participate in educational visits as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

It may be necessary to take additional measures for visits. This may include: additional staff supervision, adaptations for bus or coach seats and entrances,

provision of cool-bags to store medicine, provision of properly labelled single dose sets of medication.

When planning trips and visits where there will be a pupil or pupils with medical needs, ensure all persons supervising the trip are aware of the medical conditions and any emergency procedures to be followed.

If difficulties are anticipated then it is advisable for school personnel to discuss these with staff at the location being visited.

Should there be any doubt regarding a school trip, the school should discuss the trip with the parent, and also, if necessary, seek advice from health professionals.

Wherever possible, preventative measures should be taken prior to the visit. This should include Risk Assessment of the pupil's medical needs.

SPORTING ACTIVITIES

Most pupils with medical conditions can participate in regular sporting activities. There should be sufficient flexibility for all children to participate in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in sporting activities should be recorded in their individual health care plan. Some pupils will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication or nutrition afterwards.

Staff supervising pupils involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any pupil participating in the lesson or activity. All adults should be aware of issues of privacy and dignity for children with particular needs.

Where activities are run by volunteers on behalf of a school, then the schools policy and procedures should be followed. Where external organisations are delivering activities it is expected that those organisations will follow their own policy and procedures, and be covered by their own insurance.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Head Teacher – January 2026



Chair of Governors

