

Administering Medicines Policy



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South View Community Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

POLICY AIMS

1. Support individual children with medical needs to achieve regular attendance.
2. Reduce cross-infection risk between children, to increase whole-school attendance.
3. Ensure that medicines given at school are stored and administered safely.

There is no legal requirement for school staff to administer medicines. Staff are invited to do what is reasonable and practical to support the inclusion of all pupils. In school time, only staff who have successfully completed training with a recognised body will administer medication. On school trips, qualified First Aiders will administer medication following school procedures.

Parents and carers are asked to support the school with this policy, which aims to protect all our children. Common childhood illnesses and recommended timescales to reduce cross-infection are listed within this policy for guidance.

NON-PRESCRIBED MEDICINES

Generally, the school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines, lozenges).

Please make arrangements with the school office, to come into school if you wish to give your child these medicines.

There may be certain circumstances where this may be considered; in these instances, the Medical Authorisation Form would need to be completed. No medication will be administered without a correctly completed form.

PRESCRIBED MEDICINES

If medicines are prescribed up to three times a day, the expectation is that parents or carers will give these medicines outside of school hours.

Permission will be granted by the Head Teacher in circumstances when medication is prescribed for emergencies e.g. epilepsy, anaphylactic shock; or those that are a prescribed course.

Parents and carers should wherever possible administer the first 24-hour dose of any new prescription, for example antibiotics. If medication is obtained from the chemist during school hours, school can administer the first dosage in order to minimise the disruption to learning.

Medicines will not be accepted in school that require specific medical expertise or intimate contact unless training has been given to a specific member of staff for a specific child.

If the school agrees to assist parents and carers to administer a prescribed medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child and child's date of birth
- Name of medicine.
- Dose and frequency of the medication.
- The date the medication was supplied
- How medication should be taken.
- Expiry date.

The patient instruction leaflet with prescribed medicines should show:

- Any side effects.

Parents/Carers must complete and sign a [Medicine Authorisation Form](#), if medication is to be administered by school staff.

ADMINISTERING MEDICINES

Parents will be contacted prior to non-prescription medicines being administered. Parents must let school staff know of any recent doses given, including amount and time given.

When medication is administered, staff will record this on a named [Medication Administration Record](#). This will be kept with the Child's Medicine Authorisation Form.

SELF-MANAGEMENT

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

REFUSING MEDICINE

When a child refuses medicine, the member of staff will not force the child to take it and the parent or carer will be informed immediately.

STORAGE AND DISPOSAL OF MEDICINE

Medicine will be stored securely in a locked cabinet within the first aid room or in a fridge in the school caretakers office if the medication needs refrigerating.

Medicines must be collected by parents at the end of the school year or when they have expired. School will notify parents when a medicine is near completion.

ERRORS IN MEDICATION ADMINISTRATION

Human error is inevitable. A member of staff who has been practising successfully does not suddenly become incompetent or unsafe after a single medication error. If a medication error occurs, this must be reported immediately to the Head Teacher and recorded. The parent/carer must also be informed immediately and where indicated medical advice sought via the GP or 111 as to next steps and actions required. The child should be monitored and any side effects noted should be recorded and reported to the parent/carers and medical professional if required.

EMERGENCY TREATMENT

The school will call for medical assistance and the parent or named emergency contact will be notified.

Emergency Adrenaline Auto-Injector (AAI) Generic Pens for Schools

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example.

The school can administer the “spare” AAI, obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Written parental consent will be obtained for use of the emergency AAI included as part of an Action Plan they will be required to complete, which will be stored with the emergency Epipen.

Any AAI(s) held by the school is considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

The school will ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, in class medical boxes in classroom cupboards to which all staff have access at all times, but where the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. The school will ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

Any spare AAI devices held in the Emergency Kit will be kept separate from the pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

The Emergency kit is located in the school office in the cupboards where the registers are stored.

The school will conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as we already do so with regards to safeguarding, etc. Pupils at risk of anaphylaxis should have their AAI with them, and there will be staff in attendance who are trained to administer AAI in an emergency. The school will consider, on a case-by-case basis whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

South View Community Primary school will support any member of staff who assists in administering medication, where their professional judgement is such that they believe the child would be at risk if medication was denied. This is regardless of outcome.

LONG TERM NEEDS

Where a child has a long-term medical need a written [Medical Care Plan](#) will be drawn up with parents and health professionals. In this case, school staff will assist with care and medication as outlined in the care plan. This will be reviewed annually with parents and appropriate health professionals.

This will include:

- Information from Health Professionals about -
 - Known medical conditions
 - What to do in an emergency situation.
 - What signs and symptoms to look for
 - What triggers may cause an emergency situation
 - What actions should be taken
 - Who should be contacted.
 - What medication/care should be given in school (including storage instructions if needed).

SCHOOL TRIPS AND RESIDENTIALS

Record keeping will follow same format as school during the visit

All medication will be administered by a qualified first aider, another member of staff will support and record the information on the child's Medication Administration Record to ensure the right medication is given to the right child with the right dosage.

MEDICATION AUDITS

- An audit of medication will take place in the terms Spring 1 and Summer 2 on the premises, including checking quantities, patient details and expiry dates will be undertaken by two members of staff who have completed training on administering medicines.

COMMON SCHOOL ILLNESSES -REDUCING CROSS INFECTION

Please check your 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 five or more times a day.

Chickenpox: Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.

Conjunctivitis: Parents/carers expected to administer relevant creams. Stay off school if unwell.

Nausea - without vomiting: Return to school 24 hours after last felt nauseous.

Diarrhoea and/or vomiting: Exclude for 48 hours from last episode (this is 24 hours from last episode plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for two weeks.

German measles/rubella: Return to school six days after rash appears but advise school immediately as pregnant staff members need to be informed.

Hand, foot and mouth disease: Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.

Head lice: No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next two weeks to remove all lice. Treatment is recommended only in cases where live lice have been seen.

Cold sores: Only exclude if unwell. Encourage hand-washing to reduce viral spread.

Impetigo: Until lesions have crusted over and healed, or 48 hours after commencing antibiotic treatment.

Measles: For four days after rash appears.

Mumps: For five days after swelling appears.

Ringworm: Exclusion not usually required.

Scabies: Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.

Scarlet Fever: 24 hours after commencing appropriate antibiotic treatment.

Slapped cheek: No exclusion (infectious before rash). Stay off school if unwell.

Threadworms: No exclusion. Encourage hand washing including nail scrubbing.

Whooping cough: Until 5 days of antibiotics have been given. If mild form and no antibiotics treatment required exclude for 21 days.

Antibiotics: First dose must be given at home, and first 24-hour doses must be given by parent/carer.

Viral infections: Exclude until child is feeling well and temperature is normal (37 degrees).

Respiratory infections, including COVID – 19:

Symptoms of respiratory infections including COVID-19:

- continuous cough
- high temperature, fever or chills
- loss of or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where they can – they can return to school as soon as they're well enough.



Ongoing/Long Term Medical Condition – Annual Update – Asthma

Child's Name:	Date of Birth:
Child's GP surgery (including contact number):	

If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.

Date of Asthma Diagnosis:	Other Medical Conditions:
What are the triggers/causes of your child's breathing difficulties? (ie. allergy to ...; stress; exercise)	
What specific symptoms should we be aware of? (e.g. wheezing when exhaling)	

Most Recent Asthma Attacks (if applicable)	
Date	Details <i>(e.g. cause, symptoms; medicines administered; paramedic/GP visit)</i>

Medicines Administered at Home		
Type <i>(e.g. steroids/preventer)</i>	Dosage	When Administered <i>(e.g. specific time and/or when symptoms occur)</i>

Medicines to be Administered at School				
Type <i>(e.g. steroids/preventer; brand)</i>	Expiry Date & Batch Number	Dosage	Method <i>(e.g. nebuliser; takes independently)</i>	When Administered <i>(e.g. specific time and/or when symptoms occur)</i>

Is there anything else we need to know about your child's asthma? (e.g. methods to alleviate the symptoms):

I hereby give written consent for staff at South View CP School to administer the above medicines to my child.

Signed: _____ **Date:** _____
Name: _____ **Relation to Child:** _____

Form reviewed Feb 2025



Medicine Authorisation Form



Name of child	
Class and Year	
Medical condition or illness (Reason for medication)	
Is this medication prescribed?	
Name of medication (as described on container)	
Date medication given to school	
Expiry date	
Dosage timing and method of administration	
Please indicate if this medication is for a fixed period of time, or “as required”	
Are there any side effects that the school should be aware of?	
Procedures to take in an emergency	
<p>I understand I must deliver medication to the school office in person and must not send it in with a child. I will collect medication at the end of the school year, when it is out of date or when my child leaves the school.</p> <p>I understand that medicines must be in the original container, with the dispensing pharmacy label attached and the prescriber’s instructions for administration. I will 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.</p> <p>School staff will never accept medicines that have been taken out of the container (e.g. provide sachets, <u>not</u> bottles, of Calpol) nor will they make changes to dosages on parental instruction.</p> <p>I understand that the school is not obligated in any way to administer medicines and does so voluntarily. School will notify parents when a non-prescription medicine has been administered.</p> <p>I will notify staff if this has been administered prior to the child arriving at school on any given day.</p>	
Signed: (Parent/Carer)	Print name: Date:
Check completed by (staff): Signed:	Print name: Date:

MEDICAL PLAN FOR

(Name of child)



Year:	Class:	Start Date of Plan:	Review Date of Plan:

KEY MEDICAL INFORMATION

Known Medical Conditions	Associated Professionals	Trained Staff in School

EMERGENCY SITUATIONS

What is an emergency?	What are the signs/symptoms?	What are the triggers?
What actions must be taken?	Who should be contacted? (inc phone number)	

MEDICATION

Care in School	What is taken in school?	Where is medication stored?

WHO HAS AGREED THIS PLAN?

Parent/Carer name:	Parent/carer Signature:	Date:
Class Teacher name:	Class Teacher Signature:	Date:
In school this plan will be monitored by:	Signature	Date:

