



## Administration of Medicines Policy

This policy is prescribed by The Good Shepherd Trust and all reference to 'the Trust' includes all Trust schools, the central team and subsidiary organisations.

Date adopted:	February 2025	Last reviewed:	March 2023
Review cycle:	Every 2 years	Is this policy statutory?	Yes
Approval:		Author:	Fiona Britnell
Local approval*:	Headteacher	Local author*:	
Next Review Date of Template Policy:	February 2027		

\*Local approval will either be the local committee, the head teacher, or the CEO (refer to policy schedule)

### Revision record

Minor revisions should be recorded here when the policy is amended in light of changes to legislation or to correct errors. Significant changes or at the point of review should be recorded below and approved at the level indicated above.

Revision No.	Date	Revised by	Approved date	Comments
1	13 Feb 25	Fiona Britnell	28 Feb 25	
2				
3				

### ***This policy should be read in conjunction with the following policies:***

- Health and Safety
- Safeguarding and Child Protection Policy
- Equal Opportunities Policy

***The Trust 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**

- To support individual children with medical needs to achieve regular attendance.
- To reduce cross-infection risk between children, to increase whole-school attendance.
- To ensure that medicines given at school are stored and administered safely.
- The treatment of injuries and ill/health

## Roles and Responsibilities

### **The Headteacher has the overall responsibility for:**

- Ensuring the policy is delivered effectively with school staff and parents being aware of the policy and that procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- Ensuring that absences from school of children with medical conditions are effectively managed and appropriate support is in place to limit the impact on the child's education and emotional/general wellbeing
- Identifying and informing staff who need to be aware of a child's medical condition

### **Staff members are responsible for:**

- Following the procedures outlined in this policy using the appropriate forms
- Completing a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long-term medical needs
- Sharing medical information as necessary to ensure the safety of a child
- Ensuring confidentiality and data protection
- Ensuring the safe administration of medicines
- Not making individual arrangements with parent/carers.
- Contacting parents and/or emergency services with any concerns without delay
- Keeping the first aid area and first aid boxes stocked with supplies

### **Parents/Carers are responsible for:**

- Keeping the school informed about their child's medical condition(s) and any changes to these
- Participating in the development and regular reviews of their child's IHP
- Adhering to the school's procedure for bringing medicines into school including completing the necessary forms
- Only requesting medicines to be administered in school when essential
- Ensuring that medicines are in date and that asthma inhalers are not empty
- Not sending their child to school if they are unwell

### **School Attendance During / After Illness**

- Children should not be at school when unwell, other than with a mild cough/cold. Please click on the following link if you are unsure [Is my child too ill for school? - NHS](#)
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school
- Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

## Emergencies

- In an emergency situation, a decision will be made by the most senior of staff on site who will have been made aware of all the relevant information relating to the situation and completed a dynamic risk assessment. Appropriate action will then be taken and recorded.
- Pupils will be informed in general terms of what to do in an emergency such as telling an adult and/or taking an emergency card to the office.
- If a pupil needs to be taken to hospital, depending on the reason, the office will either call for an ambulance and also call the parent or they will call the parent to advise that the child should be taken to hospital by them. A member of staff will accompany the child in the ambulance if the parent cannot get to the school immediately.
- Spare Antihistamine, paracetamol (Calpol) and an inhaler are kept in school for emergency use and would be given only once we have received written permission from parent/carers – administration must be overseen and signed for by 2 members of staff.
- The school holds a spare auto injector (epi pen). The spare AAI should only be used on a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained.

## Non-prescribed medicines

The school is unable to store or give medicines that have not been prescribed to a child (e.g. paracetamol, ibuprofen or cough medicines). Parents must come into school if they wish to give their child these medicines. School staff are able to administer anti-histamines for hay fever and will follow the guidelines below for prescribed medicines. If a pupil is regularly utilising non-prescribed medication, then consideration should be given to whether an individual healthcare plan is required. Parents should contact the school office to make an appointment with a member of the office team if they have any queries regarding the need for an Individual Healthcare plan.

## Prescribed medicines

- Where possible, unless advised that it would be detrimental to health, medicines should be prescribed in frequencies that allow the child to take them outside of school hours.
- In the case of antibiotics, only those prescribed four times a day will be administered at school as those prescribed up to three times a day can be managed out of school hours. For children who attend after school club, school staff can administer one dose of medicine that is prescribed for three times a day.
- Before school staff agree to administer medicines, the parent/carer of the child must complete and sign, a Medication Request Form giving their consent. Medicines must be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be accepted.
- Medicines will not be accepted in school that require medical expertise or intimate contact
- It is the parent's responsibility to bring all medicines to the school office and collect them at the end of the school day. Medicines must NEVER be brought to school in a child's possession.
- Parents may come to the school office to administer medicines if necessary

### **Self-Administration of Medicines**

Some children may self-administer medication, e.g. insulin or an asthma inhaler, if this has been directed by the parents when filling in the Medication Request Form.

### **Procedure for Administering Medicines**

- Parents to complete the necessary Medicine Request Form and to personally hand the form and the medicine to a member of the school office staff.
- In classrooms, medicines to be stored in a large plastic first aid box which should be placed in a visible area such as a shelf. This is so that any member of staff can see the box when entering the classroom.
- Children who are to receive medicines will be sent by their class teacher to the office at the agreed time.
- A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
- A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
- A record will be made to certify that the name/visual check has been made and that the dosage has been checked. A record will also be made of the date and time of the administration.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed the same day.
- Parents are responsible for collecting short-term medicines such as antibiotics at the end of the school day from the school office.

### **Storage of Medicines**

- Antibiotics (including antibiotic eye drops) will be stored in the first aid fridge
- Asthma inhalers will be stored in the child's classroom within the child's reach and labelled with their name and will be taken with the child during physical activities
- All other medicines will be stored in the First Aid cabinet in the School Office
- No medicines, other than inhalers and epi pens, will be kept in the classroom
- Asthma inhaler and epi pens that are kept in a classroom will be stored in a designated area
- Parents are responsible for the safe return of expired medicines to a pharmacy

### **Medicines on School Trips**

Children with medical needs are given the same opportunities as others so that they can participate in school trips, residential stays and sports activities. They will not be prevented from doing these unless a clinician states it is not possible. Risk assessments will be undertaken, in line with Health & Safety guidance on school trips in order to plan for including pupils with medical conditions. Consultation with parents and healthcare professionals etc regarding trips and visits will be separate to the normal day to day IHP requirements for the school day.

Parents of children participating in school trips and visits will complete a consent form providing details of all medical /dietary needs as part of the trip consent. All medication which needs to be administered during the course of the visit will be taken by a designated member of staff on the trip. At least one Emergency First Aid kit plus any prescribed medication is taken on all school visits. At least one member of staff who has been trained in first aid will accompany all off site visits. A member of staff will attend who is trained to support individual health care plans of specific children. A medical list containing pupils' medical details and next of kin contact details will be



provided to party leaders in advance of all trips. Any incidents occurring on the trip will be reported to the Head teacher once the trip returns.

### **Residential Visits**

Parents of children participating in residential visits will complete a consent form providing details of all medical /dietary needs as part of the trip consent. All medication which needs to be administered during the course of the visit will have instructions signed by the parent/carer. The medication will be handed directly to the designated member of trip staff prior to the commencement of the trip and returned to the parent/carer at the earliest opportunity after the trip; usually on collection of their child. All medication will be stored in a locked suitcase which will be accessible to school staff only. One member of staff will administer medication and another member of staff will witness and record. At least one emergency first aid kit will be taken on the trip.

### **Longer Term Needs for Children with Chronic Medical Conditions or Severe Allergies**

Where a child has a long-term medical need, a written health care plan (IHP) will be drawn up with the parents and health professionals and regularly reviewed.

### **School First Aid Trained Staff**

In accordance with the Health and Safety Executive (HSE) legislation Ashley Primary School has one member of staff with the three day HSE First Aid at Work qualification. Almost all members of staff who work in our Reception year group have the required two day Paediatric First Aid qualification.

All Learning Support Assistants and members of the office/administration team, if they do not already have a valid First Aid qualification on appointment, will undertake an Emergency First Aid at Work Course at the first reasonable opportunity. Thereafter staff will attend a refresher training session every three years (or at the first reasonable opportunity on expiry of their current qualification) offered by an approved provider.

At Ashley Primary School we will ensure there is at least one emergency first aid trained member of staff on site at all times. They will be responsible for administering first aid, in accordance with their training, to those injured or ill whilst at work or on the premises.

### **First Aid**

All incidents are reported in the 'Accident Logbook' and a carbon copy of the record is given to the child to take home. This specifies the time and type of treatment administered.

Injuries can only be treated with water/ice and plasters/bandages. Plasters are only applied if there are no known allergies.

Head injuries are treated with water or an ice pack, and the child is observed closely until he/she is well enough to return to class. All head injuries are reported to the parent as a matter of courtesy even if the child is well enough to remain in school.

Blood injuries are dealt with in the office and sterile gloves are always available.

## First aid provision

All first aid supplies are stored in the main school office and every class has a travel first aid kit which can be used during the school day. LSA's that work during lunch break hold a first aid bum bag which includes basic first aid supplies and an accident record book.

It is the responsibility of the emergency first aiders to restock first aid kits prior to the lunch break/trip/visit in accordance with the checklist in the medical room.

There is a dedicated space for administering first aid treatment, the care of sick children and, as appropriate, provision of needs identified in any pupil's individual Healthcare Plan.

## Broken Bones

Children who attend school with a broken bone must have reasonable adjustments made for them. Before they can go back into class, a risk assessment must be completed by the pastoral and well being assistant head teacher. The parent will have received guidance from the hospital that the child was treated at, and the adjustments must be made in line with this guidance. They could include:

- Either early or later entry to class to avoid crowds
- Providing assistance to and from classes
- Limiting physical activity such as outside playtime or PE

This risk assessment must include specific arrangements in the event of a school evacuation.

A copy of the risk assessment will be given to the parent. Copies will also be kept in the school office, in the child's classroom, with Breakfast/ASC if relevant and in the child's file.

The parent will update the teacher as the injury heals so that the risk assessment can be updated. They will also confirm when the adjustments no longer have to be made.

## Record keeping

- An action plan for an individual child/young person for a medical emergency. This may form part of the care/treatment plan, if the child/young person has one.
- All medicines administered at school must be accompanied by written instructions from a parent specifying the medicine, strength, formulation, dose, the times (or frequency) and/ or circumstances it is to be given. A new form must be completed if there are any changes e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- A record of administration will be kept for all medicines given whether this is given by an adult or self-administered by a child. Records will also be kept of all injuries or incidents that involve any kind of first aid.
- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day.
- For more serious accidents the Surrey County council OSHENS reporting system is used. OSHENS reports are passed to the Senior Leadership Team for review, investigation and remedial action as considered necessary.

## School illness exclusion guidelines

***Please check your child knows how to wash his/her hands thoroughly, to reduce the 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, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers to administer relevant creams. Only stay off school if feeling unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time)
German measles/rubella	Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed
Hand, foot & mouth disease	No exclusion from school. 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 2 weeks to remove all lice. <a href="https://www.nhs.uk/conditions/head-lice-and-nits/">https://www.nhs.uk/conditions/head-lice-and-nits/</a>
Cold sores	No exclusion. Encourage hand-washing to reduce viral spread
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotics
Measles	For 4 days from onset of rash
Mumps	For 5 days after swelling appears
Ringworm	Exclusion from school not usually required
Scabies	Child can return to school after first treatment. All members of the household and those in close contact should also receive treatment.
Scarlet fever	Child can return 24 hours after commencing antibiotics
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Treatment is recommended for the child and household contacts. Encourage handwashing including nail scrubbing
Whooping cough	Exclusion is 48 hours from commencing antibiotics or 21 days from onset of illness if no antibiotics given.
Viral infections	Exclude until child is well and temperature is normal (37 degrees C).