



# Administration of Medicines Policy

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This Policy was presented to the Governing Body of Ashby Willesley Primary School on:	April 2023
This policy will be reviewed	As policies, procedures and regulations are updated.
Version	2
Signed (Chair of Governors)	

For the purpose of this policy, the 'Head Teacher' refers to the Executive Head teacher, Head teacher or Head of School.

Adopted by Symphony Learning Trust on	5 <sup>th</sup> July 2021 <b>Reviewed March 2023</b>
Next Review Due	Change of Regulations
Version	2

***Statutory Policy***

## **Aims**

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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 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.

## **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. Ashby Willesley Primary School acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

## **Negligence**

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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**

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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.

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## **GENERAL**

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### **Non-Prescribed Medication**

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It is expected that parents will ensure that non-prescribed medication is administered, by parents, outside of school hours. If such medication is required during the school day, parents will be asked to come in to school to administer it. In rare cases, at the discretion of the Headteacher, the school will store and give medicines that have not been prescribed to a child (e.g. Calpol, Piriton) 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.

Ashby Willesley Primary School does not hold a stock of medication (unless away on residential) and Aspirin will not be given to children under the age of 16 years unless prescribed.

## Prescribed Medication

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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 ideally give these medicines outside of school hours or come in to school to administer them.

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 or online via Weduc, 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.

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 academic year. Short term medicines should be collected at the end of the administration period.***

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

The school stores all medication appropriately in the medical room.

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.

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## STORAGE AND DISPOSAL OF MEDICATION

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### Storage

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Medication will be stored appropriately in the medical room, in the designated medical refrigerator where necessary.

Prescribed emergency medication, such as epipens, and reliever inhalers are kept in the medical room and are immediately accessible. In some cases, emergency medication will follow a child or be carried with them where appropriate.

Children may carry their own emergency treatment, but if this is not appropriate, the medication will be kept by the adult in charge. The school may hold spare emergency medication, if it is provided by the parents / carers, for use in the event that the child loses their medication. 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.



### Disposal

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Any unused or time expired medication will be handed back to the parents / carers of the child for disposal or taken to a local pharmacy for safe disposal if they are not collected.

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## LONG TERM MEDICATION

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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.

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## INJECTIONS

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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** 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.

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## EMERGENCY TREATMENT

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Ashby Willesley Primary School has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with **asthma** and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.

Ashby Willesley Primary School has chosen to hold an emergency auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector.

Written parental consent for emergency medication use will be obtained using the [Consent form](#) and a copy of this is kept with the emergency medication to establish which pupils have this in place and will form part of the child's IHCP.

No other emergency medication should be kept in school except that specified for use in an emergency for an individual child.

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.

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## EDUCATIONAL VISITS

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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.

Medication required during a trip will be carried by the child or group leader, whichever is most appropriate. 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.

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### **ADVICE ON MEDICAL CONDITIONS**

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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.

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### **SCHOOL ILLNESS EXCLUSIONS GUIDELINES**

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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 5 or more times a day.

Parents are expected to adhere to the following guidelines in the event of their child contracting particular illnesses / conditions:

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	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). Please check your child understands why they need to wash and dry hands frequently.
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	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 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced

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.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).

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## Appendix A: Medicine Consent Form

Willesley Primary School 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/s of dose	
Expiry date of medication	
Quantity Received (where applicable)	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (mouth, nose, in the ear, other: please provide details as appropriate)	
Any known allergies: (please state)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (Please delete as appropriate)	
<b>By signing this form, I confirm the following statements:</b>	
<ul style="list-style-type: none"> <li><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></li> </ul>	
<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> <li><b>(delete as appropriate)</b></li> </ul>	
<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.</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> </ul>	
Signed	
Name (please print)	
Contact Details	
Date	
Staff member signature	
Name (please print)	
Date	
<b>FOR STAFF USE</b> ***** PLEASE COMPLETE RECORD OF MEDICINE ADMINISTRATION OVERLEAF *****	



[illegible]