



Tittensor First CE (VC) School **Medicine Policy**

Adopted: September 2026

Review by: September 2027

At our school it is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between school, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

At our school we assess each child as an individual and respond to their needs accordingly.

Some children may require other medical intervention other than medicines e.g. oxygen, suction, gastrostomy, or require emergency medications such as children who suffer from asthma, diabetes, epilepsy or seizure disorders. Children may even be taking a controlled medicine in school so please refer to these individual policies and to the Health and Safety policy.

Children with Medical Needs in school

- Most children will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.
- Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. Other medicines for children with seizure disorders or epilepsy which are an emergency rescue medication such as Buccal.

Support for Children with Medical Needs in school

- Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.
- Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.
- Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child's individual needs.

Prescribed Medicines

- Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container



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as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

If a child is present in school with out-of-date medication, the parents made aware of this promptly and whilst awaiting in-date medication the parents should be aware that the medication will not be given, the consequences of this and that an emergency procedure plan would be put in place e.g. if no Buccal in school the paramedics would be called straight away.

Our school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions without seeking advice from a healthcare professional.

Controlled Drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (Some may be prescribed as medicine for use by children, e.g. methylphenidate.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission and specified times of when to give it confirmed from the parents.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

Any medicine held in school should be signed in and signed out by an adult with parental responsibility

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the day.



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Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. 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 the staff can play

No child under 16 should be given medicines without their parent's written consent.

Any member of staff giving medicines to a child should check:

- ✓ the child's name
- ✓ prescribed dose
- ✓ expiry date (or note when medicine was opened as some have specific time limit e.g. 10days)
- ✓ written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting or with their manager, or a member of SLT.

Class settings **must** keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care.

It is good practice to have the dosage and administration witnessed by a second adult.

Mobile phones

Staff supporting a child who requires emergency rescue medicines must carry their mobile phone with them at all times. This is in order to call paramedics directly and give vital information about the child.



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Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but contact parents or health care professionals to discuss next steps. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.

In all cases it is necessary to check that written details include:

- ✓ name of child
- ✓ name of medicine
- ✓ dose
- ✓ method of administration
- ✓ time/frequency of administration
- ✓ any side effects
- ✓ expiry date

Class teachers must confirm, with the parents, that a member of staff will administer medicine to their child.

In all class settings staff must keep written records of all medicines administered to children.

Records offer protection to staff and proof that they have followed agreed procedures.

Any medicine held in school should be signed in and signed out by an adult with parental responsibility

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled.

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



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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.

- The head 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.
- Other non-emergency medicines should generally be kept in a secure place not accessible to children.
- A few 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.

Access to Medicines

Children need to have immediate access to their medicines when required. Emergency medicines should be carried with supporting staff at all times with a health care plan with them. It is advisable that this adult also carries a mobile phone.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

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.

Emergency Procedures

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. 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.

Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires immediate treatment. Children who are at risk of anaphylaxis may be prescribed an adrenaline auto-injector (AAI), such as an EpiPen, which is used



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as an emergency treatment.

The school recognises its responsibility to support pupils with medical conditions, including severe allergies, so that they can participate fully and safely in school life.

Individual healthcare plans

Where a pupil has a known risk of anaphylaxis, the school will work with parents/carers and, where appropriate, healthcare professionals to develop an Individual Healthcare Plan (IHP). The plan should include information about the pupil's known allergies, symptoms of anaphylaxis, prescribed medication, emergency procedures and any specific arrangements required in school.

Relevant staff will be made aware of pupils who are at risk of anaphylaxis and will receive appropriate information and training to enable them to respond safely in an emergency.

Storage and access to adrenaline auto-injectors

AAIs prescribed for an individual pupil should be readily accessible and stored in accordance with the manufacturer's instructions and the pupil's IHP. They must not be locked away where this could delay emergency treatment.

The school will ensure that appropriate arrangements are in place for pupils to have access to their prescribed AAI throughout the school day, including during lessons, physical education, school trips and other off-site activities.

Where appropriate and in line with current guidance, the school may also hold an emergency spare AAI for use with pupils who have been diagnosed as being at risk of anaphylaxis and who have parental consent and the required supporting arrangements in place.

Responding to anaphylaxis

If a pupil shows signs of anaphylaxis, staff should follow the pupil's emergency plan and seek emergency medical assistance immediately. Adrenaline should be administered without delay where indicated by the pupil's emergency plan and prescribed medication arrangements.

Emergency services should be contacted and staff should continue to follow the emergency instructions while awaiting medical assistance. A second AAI may be required where symptoms do not improve or where advised by emergency guidance.

Parents/carers should be informed of the incident as soon as reasonably practicable, and the school should record and review the incident in accordance with its medical needs and safeguarding procedures.

Staff training and awareness

Staff who have responsibility for supporting pupils with severe allergies will receive appropriate information and training. Training should cover recognising the signs of anaphylaxis, understanding the pupil's individual emergency plan, knowing where medication is stored and understanding how to respond in an emergency.

The school will promote awareness of allergies among pupils and staff and will take reasonable steps to reduce known risks, while recognising that it is not possible to guarantee an allergen-free environment.

School trips and activities

Before a pupil at risk of anaphylaxis takes part in a school trip, visit or activity, staff will check that appropriate medication, emergency information and trained staff are available. The pupil's AAI must accompany them and remain readily accessible throughout the activity.

The school will make reasonable adjustments where necessary so that pupils with allergies can participate safely and as fully as possible in educational and social activities.

Learning And Growing Together With Christ



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Staff should never take children to hospital in their own car; it is safer to call an ambulance.

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.

Sporting activities

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supporting sporting activities must be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Health & Safety Policy

Our Health & Safety policy will incorporate managing the administration of medicines and supporting children with complex health needs, which will support schools and settings in developing their own operational policies and procedures.

The Governing Body

The governing body has general responsibility for all of the school's policies even when it is not the employer. The governing body will generally want to take account of the views of the head teacher, staff and parents in developing a policy on assisting pupils with medical needs.

The Head Teacher

The employer must ensure that staff receive proper support and training where necessary. Equally, there is a contractual duty on head teachers to ensure that their staff receive the training. As the manager of staff it is likely to be the head teacher who will agree when and how such training takes place.

The head should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed.

The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school or in a setting.

Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.



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All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Staff must understand they do not have to take part in medical procedures and this should be discussed with their leader or SLT.

Ofsted

During an inspection Ofsted will check that day care providers have adequate policies and procedures in place regarding the administration and storage of medicines. Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records.

During school inspections Ofsted inspectors must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether 'administration of medicines follows clear procedures'.