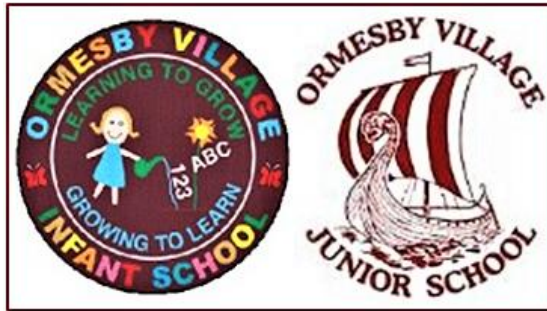




Ormesby Village Infant and Junior Schools Federation

Administration of Medication Policy 2026

INTRODUCTION

Arrangements are fully in place to support pupils with medical conditions to ensure they can fully access and enjoy all of the opportunities at our school as experienced by all other pupils. We fully understand that some of the medical conditions which require support at school affect the quality of the pupil's life experiences. We therefore ensure that the focus at all times is on the needs of each individual child and how their medical condition impacts upon their school life.

GUIDANCE AND PROCEDURES

From time to time schools will be asked by parents to arrange for their children to be given medication during the school day. While Headteachers will normally be willing to co-operate in any matter which will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interests of both staff and pupils.

This guidance and procedures document has been prepared to clarify for parents, staff and others concerned with the welfare of pupils, the standards which should be applied if a request for the administration of medication is received.

The administration of medication to children is the responsibility of parents. It should be noted that school staff are under no duty to administer medication to pupils in school. If it is agreed by the Headteacher or his/her nominated representative to take on this responsibility it is purely on a voluntary basis.

WHAT IS MEANT BY MEDICATION?

In the interests of clarity it is important to define the term medication. In order to do this it is necessary to make a distinction between prescribed and non-prescribed medication.

Prescribed Medication: Any medication requiring a Medical or Dental Practitioner's prescription is defined as a prescribed medication. Examples may include, asthma inhalers, antibiotics, adrenalin, etc.

Non-Prescribed Medication: Any medication not requiring a Medical or Dental Practitioner's prescription is defined as a non-prescribed medication. Examples may include, analgesics, milk of magnesia tablets or liquid, creams and sprays, etc.

WHEN MIGHT IT BE REQUIRED?

There are three main sets of circumstances in which requests may be made to school staff to deal with the administration of medication to children at school, they are:

- Cases where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.
- Cases where pupils may suffer headaches, toothache, etc. the Headteacher or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain. (A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.)
- Cases of chronic illness or long-term complaints such as asthma, or children with complex health needs such as diabetes, anaphylaxia or epilepsy. (In these cases it may be decided by Health Care professionals and parents that an Individual Health Care Plan needs to be set up. See Annex 1)

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for parents to seek and obtain such advice as is necessary.

Very few courses of medication are likely to require medicine to be taken during school hours.

However, the school should recognise that if a child does need to take medicine this may not be sufficient reason for that child to be deprived of a period of schooling, however short.

In the case of children with complex health needs school staff may feel reluctant to provide certain treatments. There is no requirement for the Headteacher or staff to undertake these responsibilities. However, the number of such cases will be very small, early identification and careful planning by the relevant Health Authority will result in detailed discussion with the school and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

Turn to Annexe 1 of this document for further information on the procedures required in these cases .

HEADTEACHER RESPONSIBILITIES

The Headteacher and the school staff cannot be required to administer medication, but as persons *in loco parentis* they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.

When a parent requests that medication be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will

consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.

The Headteacher will ensure all staff are aware of the school's procedures with respect to the administration of medication. In the case of pupils with complex health needs, all relevant staff will be made aware of the support that pupil may need and any emergency symptoms and procedures – Individual Healthcare plans are displayed in the staffroom, school kitchen and in each child's class. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

PARENTAL RESPONSIBILITIES

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the school. However, this might not be practicable if, for example, the child's home is a considerable distance from the school or the parent is unavailable. In such a case parents may make a request for medication to be administered to the child in school.

Where such a request is made to the school by parents, it should be made using the agreed form (Annexe 2), prior to any medicines being given to a child.

If a parent refuses to complete this form, the Headteacher will make it clear to the parent (in writing) that the school is not prepared to administer medication.

The medication, in the smallest practical amount, should be delivered to school office, wherever possible by a parent. Parents are also responsible for the collection of all/any medications at the end of a school day should it need to be returned home from the same school office. This should be written on the form completed ahead of administration. If medication has forgotten to be collected, the school may contact parents should staff realise, but parents will be responsible for the collection of medication should it be required at home.

Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the child's name, expiry date and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the child's doctor.

Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medication under adult supervision.

Where non-prescribed medicines are being administered parents must certify that the medicine has been administered without adverse effect to the child in the past.

It is the responsibility of parents who have requested the school to administer non-prescribed medicine if the child needs it, to find out if any has been administered to the child at the end of that school day.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the Headteacher.

The renewal of any medication which has passed its expiry date is the responsibility of the parent. Expired medication should be collected from school by parents within 7 days of the expiry date. The school will contact parents/guardians immediately if medication remains uncollected.

SCHOOL PROCEDURES

A copy of this policy, outlining the school's procedures for the administration of medication, will be available to all parents and staff via the school office (hard copy), or the school website (download).

Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek further advice from the child's Doctor.

Where medication is to be administered at the school, the Headteacher will ensure that a named person is responsible for the medication, together with a nominated deputy. As appropriate these members of staff will be suitably trained to undertake the responsibility. Any training given must be recorded.

School staff may set alarm notifications to remind themselves about administering medication to a child.

Record Keeping

Long-term illnesses, such as epilepsy or asthma, will be recorded on the child's school record card, together with appropriate instructions.

A written record (Annexe 4) should be kept of the administration of all medication to pupils. Where a child has complex health needs, an individual form should be kept (Annexe 3). Such a record should be kept together with the instructions given on the permission form, checked on every occasion and completed by the member of staff administering the medicine. All record forms should be retained on the premises for a period of 5 years. In addition to this another member of staff will witness the administration of the medication.

Storage and Access

Medication kept at Ormesby Village Infant and Junior Schools Federation will be kept in a secure medication cupboard which is readily accessible when required. If the medication requires to be kept refrigerated the staffroom refrigerator will be used. **Under no circumstances will medicines be kept in first-aid boxes.**

Educational Visits and Sporting Activities

Specific members of staff will be authorised to issue medication and they will keep a record of issues including name of pupil, time, dose given and the reason.

Medication will be kept in a secure place during visits and not in First Aid boxes.

Copies of health care plans should be taken on visits.

Staff should be aware of any relevant medical conditions and any medication required and ensure its immediate access.

Administering Medicines

Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a named adult.

If a child refuses to take medication, staff should not force them to do so, but should note this in the records and inform the parents on the same day, this is to avoid any dosages being missed.

Whichever member of staff undertakes duties concerned with the administration of medicine in the school, within the terms of their job description, the Headteacher will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medication within the school.

Where pupils might need to use an inhaler in school, a flexible approach will be adopted. After discussion with the parent and the child, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In these circumstances written parental permission will be required. In other cases the inhaler will be kept in a secure place. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child.

Where pupils sustain a splinter injury, first aiders will never attempt to break the skin to remove the foreign body. If the foreign body is protruding significantly, then in this instance sterile tweezers will be used to remove it. If this is not possible, the area will be protected and parents advised to seek further medical attention or remove it themselves.

If a child has the need to have their eyes washed or suffers irritation to the same area, first aiders will administer a sterile eye solution in pairs, following appropriate first aid instruction.

Staff should be aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or swimming.

All information regarding medication should expire at the end of each school year. If the administration of medication is to continue all relevant information must be confirmed in writing at the commencement of the new year.

In all cases where, following the administration of medication, there are concerns regarding the reaction in the child, medical advice must be sought immediately.

Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from the Health Authority.

It is stressed that the arrangements described in this document relate only to situations where there is an explicit request by the parents.

In no circumstances should school staff administer medication on their own initiative.

Unacceptable practice

Although school staff should 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 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.

This policy will be reviewed every two years in 2028 unless government legislation requires an earlier update.

Signed: (Headteacher)

Signed: (Chair of Governors)

ANNEXE 1

GUIDANCE ON THE CARE AND MANAGEMENT OF CHILDREN WITH LONG TERM AND COMPLEX HEALTH NEEDS

INTRODUCTION

This guidance is for Governors and Headteachers. It concerns procedures for the management and care of children with significant and Complex Health Needs. It forms part of the Administration of Medicines guidance and procedures.

The term 'Complex Health Needs' includes those children:

- Whose clinical well being changes significantly from day to day
- Who need many hours of care each day; **and**
- For whom there is a daily risk of a life threatening event.

Such children will be identified by parents or healthcare professionals.

Procedures associated with the above include:

- Invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters)
- Regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy
- Oxygen supplementation
- Management of emergencies likely to require hospital admission such as;
 - diabetes mellitus
 - allergy
 - asthma
 - seizures
 - anaphylaxis

A significant health need does not usually include feeding or toileting.

There is an important difference between the management of First-Aid within school and the management of medical emergencies.

PROCEDURES

Every school must create procedures for the administration of medicines and the care of children with health related needs.

When drawing up or renewing procedures the Governing Body should take account of this document and recent guidance published by the DfE. The forms contained within this document should be used to ensure adequate records are kept and that good management practices are adopted.

The Governing Body will need to ensure that suitable and secure arrangements are provided for the storage of medication, particularly where manufacturers' instructions require that it is stored in a temperature controlled environment (e.g., refrigerated).

HEALTHCARE PLANS

An Individual Healthcare Plan must be maintained for every child with Complex Health Needs.

Healthcare Plans for children with Complex Health Needs will be initiated by the staff member responsible (SENDCo), and/or healthcare professional/parent. The Healthcare plan will be reviewed annually or earlier if deemed appropriate by the SENCO. The Headteacher has overall responsibility for all Healthcare Plans within the school.

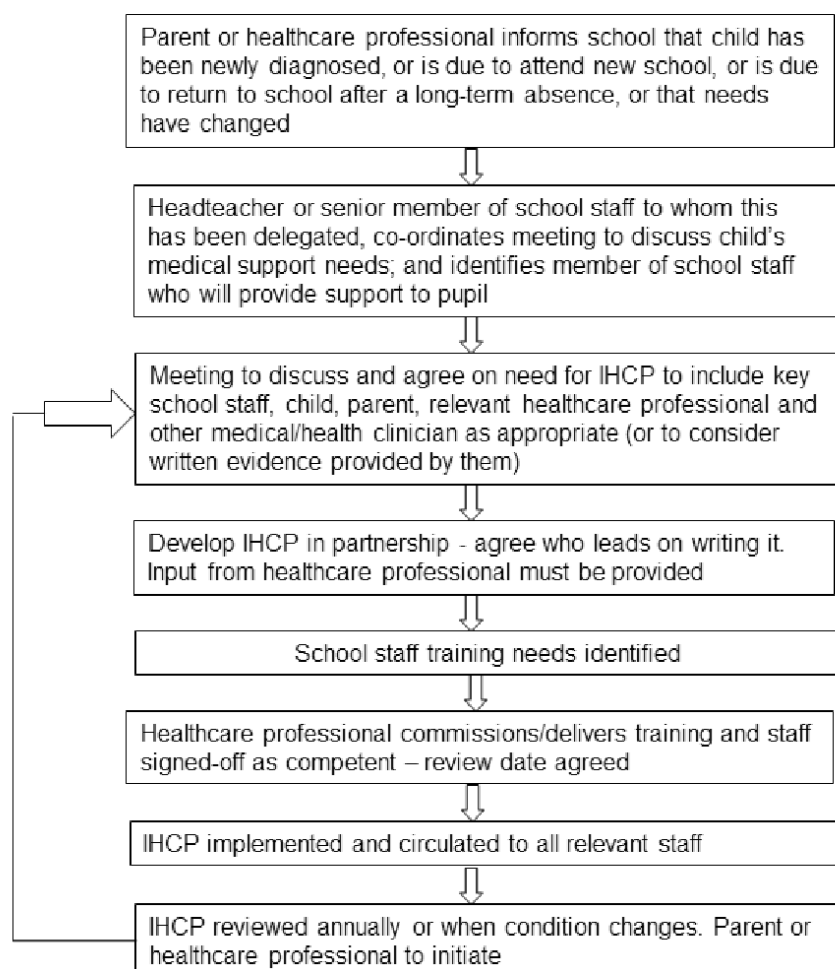
Plans should be agreed by the responsible healthcare professional, the Headteacher and parents/persons with parental responsibility and child, prior to the admission of a pupil to a school or whenever a change is made to an existing plan. Healthcare Plans should be signed to indicate acceptance by all parties.

Headteachers are responsible for the health and safety of staff and pupils. Headteachers must ensure that appropriate training, as required to support Healthcare Plans, is given prior to the admission of a pupil with Complex Health Needs. Training must also be provided if needs change and new procedures are introduced.

Headteachers will need to ensure that parents/carers understand their responsibility to inform the school of any changes in the pupil's care needs as soon as these occur.

Where practicable, Headteachers should allow young people to be offered a carer of their own gender for all intimate special care. It is often advisable for school staff to work in pairs when carrying out intimate invasive procedures.

Model process for developing Individual Health Care Plans (IHCP):



ROLE OF THE SCHOOL HEALTH TEAM

A Nurse will be available to give advice and to monitor Healthcare plans for those with complex and significant healthcare needs. The nurse will not be expected to be on school premises at all times.

The Nurse, or other appropriate healthcare professionals, will be responsible for the training of school staff.

In some circumstances a qualified health professional may be employed to monitor, assist and advise in the management of children with complex needs. This will usually be the case when a significant number of children with such needs are attending the same school.

The exact framework of support will vary between different areas of the county.

STAFFING

Teaching Assistants will normally be employed to meet the daily healthcare needs of children whilst in school. They should not be asked to undertake procedures that would not ordinarily be carried out by the parent or carer. They should be provided with appropriate training and the guidance of a Healthcare Plan.

No member of staff should be required to administer medicines or undertake invasive procedures if it is not in their existing contract. Such duties will be voluntary although Headteachers may appoint staff specifically for this purpose.

School staff employed to meet children's healthcare needs must be familiar with the school procedures for the administration of medicines.

Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the Headteacher, or designated member of staff, who will take appropriate action. This action should be recorded on the pupil's medical file.

INSURANCE

All staff working in a LEA maintained school are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

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ANNEXE 2

Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	Ormesby Village Infant and Junior Schools Federation
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Has this medication been taken before?	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy – non prescribed medicines must be agreed by the Headteacher.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The School office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Office use only

Named member of staff: _____ Signed: _____

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ANNEXE 3 (Similar layout in Recording Book)

Record of medicine administered to an individual child

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Name of school/setting	Ormesby Village Infant and Junior Schools Federation
Name of child	
Date medicine provided by parent /	/
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date /	/
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date /	/	/	/	/	/
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date /	/	/	/	/	/
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date			
Time given			
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	1	2	3
Date			
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ANNEXE 4

Record of medicine administered to all children

Name of school/setting Ormesby Village Infant and Junior Schools Federation

Date	Child's name	Time	Name of medication	Dose given	Any reactions	Signature	Print name

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