



**Downs Infant School**  
**Administration of Medicines in School Policy**

**Updated: December 2024**

**Next review: December 2026**

**(or when updated advice received from the Local Authority)**

## **Introduction**

Downs Infant School aims to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We also ensure that all children are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, educational visits, outings, field trips and extracurricular activities. This is in line with our Special Educational Needs and our Equality, Diversity and Inclusion Policies.

**It is the policy of Downs Infant School to administer medicines only to pupils where doing so will enable the individual to participate fully in all aspects of school life.**

Any medicines stored and administered within school are handled in a safe and monitored environment. This policy has been written using guidance from the DFE 'Supporting pupils with medical conditions at school' guide and Brighton and Hove City Council Administration of Medicines Standard HS-S-32.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs e.g. 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 asthma, epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

## **Known Medical Conditions**

Parents / Carers have the prime responsibility for their child's health and as such, should provide Downs Infant School with information about their child's medical condition, either upon admission or when their child first develops a medical need. Where a pupil is identified as having a chronic or long-term medical condition, a health care plan will be drawn up in conjunction with parents/carers and all health care professionals involved. A model Health Care Plan is provided at the end of this policy.

## **Communicating Medical Conditions to Relevant Staff**

The following methods will be used to ensure all relevant staff are aware of the pupils medical condition (with appropriate consideration of pupil confidentiality and data protection):

- A list of all children within a class with any known medical condition will be placed in each classroom in Class Information file.
- A central register will be placed in the staffroom to ensure that all teaching staff, lunchtime supervisors and support staff have access to the information.
- When supply staff are asked to cover a classroom, it will be the responsibility of the member of staff showing the supply teacher to the room, to explain where the list is held and where medications are kept.

## **Roles and Responsibilities**

### **School Staff**

At Downs Infant School the person responsible for the management of meeting the medical needs of pupils/ administration of medication is Catherine Moore (Office Manager). Lisa Walker (Headteacher) maintains the overall responsibility for implementing the policy.

The following staff have a role in the management of medication at the schools:

Role	Name and Job Title
Administration of medication in the school office (painkillers, antibiotics, creams or any medicines brought in by the parents for short term administration)	Catherine Moore, Office Manager Ann Mitchell, School Business Manager Julie Wishman, Office Administrator Kelly Sands, Office Administrator
Administration of emergency school asthma inhaler or emergency school anaphylaxis auto-injector at anytime	Any staff member
Managing storage of medication in the school office (painkillers, antibiotics, emergency school asthma inhaler, emergency school anaphylaxis auto-injector).	Catherine Moore, Office Manager Ann Mitchell, School Business Manager Julie Wishman, Office Administrator Kelly Sands, Office Administrator
Administration of medication in the classroom or outside during the school day (pupil's own asthma inhaler & pupil's own anaphylaxis auto-injectors).	Class Teachers & Support Staff
Administration of medication in the hall or outside during Rainbow Club (pupil's own asthma inhaler & pupil's own anaphylaxis auto-injectors).	Luke Poulton (Rainbow Club Manager) & Rainbow Club Staff
Managing storage of medication in classrooms (pupil's own asthma inhaler & pupil's own anaphylaxis auto-injectors).	Class Teachers & Support Staff
Managing storage of medication in Rainbow Club (pupil's own asthma inhaler & pupil's own anaphylaxis auto-injectors).	Luke Poulton (Rainbow Club Manager) & Rainbow Club Staff
Returning office-held short-term medication to parents/ guardians for disposal	Catherine Moore, Office Manager Ann Mitchell, School Business Manager Julie Wishman, Office Administrator Kelly Sands, Office Administrator
Returning classroom-held medication to parents/ guardians for disposal/cleaning	Class Teachers & Support Staff to send items home via the School Office.
Checking that office-held medication has been removed at the end of each school year	Catherine Moore, Office Manager Ann Mitchell, School Business Manager Julie Wishman, Office Administrator Kelly Sands, Office Administrator
Checking that classroom-held medication has been removed at the end of each school year	Class Teachers & Support Staff to send items home via the School Office.

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, however some staff may have it included within their job description. Where staff do undertake to agree to administer medication:

- Each request should be considered on individual merit and staff have the right to refuse to be involved
- Staff should understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise
- Regular training relating to emergency medication and relevant medical conditions should be undertaken

### **Parents / Carers**

- Parents should not send a child to school if they are unwell or infectious
- Where medication is required to be administered by school staff, this must be agreed and the Parent / Carer **must sign a Consent Form** (verbal instructions cannot be accepted)
- If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the Parent / Carer (verbal instructions cannot be accepted)
- All medicines must be in their original packaging with the pharmacists dispensing label
- Parents / Carers need to ensure there is sufficient medication and that the medication is in date
- An appropriate medicine spoon, medicine pot or oral medicines syringe must be provided by the Parent / Carer
- Medication must be replaced by Parents / Carers at the request of relevant school/health professional
- Parents should collect medicines held by the school at the end of each school year and are responsible for ensuring that expired or out of date medicines are returned to a pharmacy for safe disposal

### **Procedures for the Administration of Medicines**

#### **Storing Medicines**

- All short-term medicines will be stored in a cupboard in the school office during the day or a fridge in the school office where necessary
- Items such as asthma inhalers and automatic adrenaline injectors (AAIs) which need to be readily available to pupils at all times, are labelled with the child's name and will be kept in a clearly marked first aid bag in the child's classroom. Where children need to have an AAI or other medicines with them at all times (as advised by healthcare professionals) their Individual Needs Assistant will use a waist belt.
- Controlled medication (e.g. Class 1 and 2 drugs such as "Ritalin" prescribed for Attention Deficit Syndrome) are kept in a locked cabinet behind the door inside the school office. Medical Tracker software is used to record when these drugs have been administered which enables stock to be tracked to comply with the Misuse of Drugs Act legislation.

#### **Administering Medication**

- The dose of a liquid medicine must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent
- Tablets or capsules must be given with a glass of water
- The record of medication administered will be completed each time medication is given including the time and dose given. This will be recorded using Medical Tracker software and parents/carers will be emailed a notification report each time medicine is given.

#### **Prescribed Medicines**

- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day
- Downs Infant School can 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 as dispensed by a pharmacist and include the prescriber's instructions for administration – the following must be clearly shown on the label as follows:
  - Child's name, date of birth
  - Name and strength of medication
  - Dose
  - Expiry dates whenever possible
  - Dispensing date/pharmacists detail
- Some medicines, such as antibiotics, must be taken at a specific time in relation to food – this will be written on the label, and the instructions on the label must be carefully followed. If possible, parents and carers should ask prescribers for medication which can be effectively administered outside of school hours, including antibiotics THREE times rather than four.
- The Parent / Carer should make arrangements to collect the medicine from the school office at the end of each day (or administering period) unless alternative arrangements are made with the school staff. The medication in/ out log will be completed to document that medication has been taken home or returned to school.
- Medicines will not be handed to a child to bring home and must be collected by an adult.

#### **'Spare' Emergency Medication**

Schools are now permitted to keep a salbutamol inhaler and/or an automatic adrenaline injector (AAI) on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler or AAI. The following arrangements are in place to manage the spare medication in the school:

Where the spare salbutamol inhaler / AAI will be stored	In clearly marked cupboard outside the school office
Who checks the spare salbutamol inhaler / AAI's to ensure it is in date and when	Catherine Moore, Office Manager  At the beginning of each term
Who will administer it in an emergency	Any member of staff
How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI	Readily available list of individual child's medical conditions on Medical Tracker. Asthma & anaphylaxis posters in the staffroom with photographs of children.
Who is responsible for disposing of and replacing the emergency salbutamol inhaler / AAI	Catherine Moore, Office Manager

#### **Non- Prescribed Medicines**

- The requirements for consent and the procedure for administering non-prescribed medication is the same for prescribed medication with the exception of the need for a pharmacy dispensing label.
- Dosing and frequency of the medication must be instructed in writing by the parent and documented on the consent form. The dosage and frequency of dosing will follow that outlined on the original packaging of the medication.

- School staff will not administer non-prescription medication outside of the dosing and frequency periods given by the parent/ carer.
- The school will not keep a store of medication for general use (e.g. Calpol.)
- The school will not administer homeopathic remedies. Non-prescribed medicines will be limited to infant paracetamol and infant ibuprofen or topical items. Paracetamol and ibuprofen should only be given in school for pain relief, not for keeping a temperature down if a child is fighting an infection.
- Non-prescribed medicines will only be administered by staff with Administration of Medicines training or staff who have been specifically trained for administration of specific medicines for named children.

### **Staff Training**

- Any staff required to administer medicines will receive appropriate training.
- Where applicable (e.g. for some intimate medical interventions) a nurse/ medical practitioner will deliver the training and sign off a 'Confidence to practice' statement (See the councils 'Delivery of Medical Interventions by Non Medical Staff Guidance' available on the health & safety resource pages on BEEM for further information)
- Staff will receive annual refresher training where required (e.g. as indicated in the care plan or confidence in practice statement).

### **Self-Management**

Older pupils with a long-term illness should, whenever possible, assume complete responsibility for their medication, under the supervision of their Parents / Carers.

It should be noted, however, that children develop at different rates and so the ability to take responsibility for and to manage their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made, however, at Downs Infant School it is unlikely that a child will be ready to be responsible for their own self-management of medication.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health Professionals need to assess, with Parents / Carers and children, the appropriate time to make this transition.

Where it is appropriate for pupils to self-manage, Parents / Carers will be required to complete a "Self-Management" form which will detail where the medicines are to be stored during the school day.

### **Refusal of Medicine**

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the 'Record of medication administered' and the parents /carers will be informed as soon as possible, on the same day. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

### **Educational Visits**

In line with the requirements of the Equalities Act, Downs Infant School will make reasonable adjustments so far as is reasonably practicable, to enable children with medical needs to participate fully and safely on visits. Educational Visits include any outing from school, both residential and non-residential, for the purposes of this policy.

- Risk assessments will be undertaken and will allow for children with medical needs. Where necessary an individual pupil risk assessment will be completed.
- Staff supervising excursions will be aware of any medical needs and the relevant emergency procedures that need to be followed.

- A copy of any Health Care Plans will be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Health Service and/or the child's GP/ specialist (in consultation with the parent/carer).

### **Sporting Activities**

In line with the Equalities Act, Downs Infant School will make reasonable adjustments to enable children with medical needs to participate fully and safely in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities
- Any restrictions on a child's ability to participate in physical activity and sport should be recorded in their individual Health Care Plan
- The school is aware of issues of privacy and dignity for children with particular needs
- 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.

### **Equality, Diversity and Inclusion**

At Downs Infant School, we aim to ensure that no member of the school community experiences harassment, less favourable treatment or discrimination within the learning environment for any reason (e.g. their age; any disability they may have; their ethnicity, colour or national origin; their gender; their religion or beliefs).

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

### **Confidentiality**

Medical information will be kept secure in line with Data Protection requirements and will only be shared with staff on a need to know basis (e.g. those that provide day to day support and/or medication to the individual and those that may be required to act in the event of an emergency).

Medical information will be kept secure but readily accessible in the event of an emergency.

### **Policy Review**

This policy will be regularly reviewed by the Governing Body and updated in line with Downs Infant School's Policy Schedule.

## **Administration of Medicines in Schools & Early Years Settings - Appendices**

[A Sample protocol for schools administering medicines](#)

[B Parental agreement form for the administration of medicines](#)

[C Medicines in/out log](#)

## A SAMPLE PROTOCOL FOR SCHOOLS ADMINISTRATION OF MEDICATION

### 1 Background

(Insert child's name) has been diagnosed with/has the following condition(s) and therefore may require access to the following medication:

Medical Condition	Medication
Add medical condition	List medication
Allergens	Resultant behaviour/ physical appearance/ reaction
Add allergen	Describe the pupils reaction(s)

The arrangements set out below are intended to assist (insert child's name), their parents/carer and the school in achieving the least possible disruption to their education but also to make appropriate provision for their medical requirements.

The Head teacher will arrange for all relevant staff (e.g. class teacher, general assistant, midday supervisory assistants, catering staff where applicable) to be briefed about (insert child's name) condition and necessary arrangements as outlined in this document.

#### **Pupils with Allergies (Delete or add details as necessary)**

Where the pupil has a food allergy/ sensitivity whether through digestion or touch etc, the school staff will take all reasonable steps to ensure that (insert child's name) does not come into contact with/ eat those identified allergens. All necessary information including emergency procedures/ location of emergency medication will be shared with the schools catering staff.

(insert child's name) parents/carers will remind them regularly of the need to refuse any food items which might be offered to them by other pupils. If necessary, parents/carers will provide the following for them:

- a suitable mid morning snack;
- a suitable packed lunch;

Whenever the planned curriculum involves cookery or experiments that may involve (insert name of allergen(s)) prior discussions will be held between the school and parents to agree measures and suitable alternatives. Where necessary, an individual pupil risk assessment will be undertaken.

During the planning for offsite visits/ trips, prior discussions will be held between the school and (insert child's name) parents/ carers to assess the risk of the pupil coming into contact with the allergen(s) and what measures will be needed on the trip.

#### **Pupil Requiring Medication (Delete or add details as necessary)**

The school will hold, under secure conditions, (add pupils name) medication. The



Medicine(s) will be provided by the parent/ carer in their original packaging and all prescribed medication must have a dispensing pharmacy label which lists the dose, frequency of dosing and any instructions for administration. All medication will have an expiry date and only medication in date will be administered.

The medication is stored: (add location).

The parent/carers accept responsibility for maintaining appropriate supplies of medication.

### Emergency Response

When a pupil displays known symptoms relating to their condition that requires an emergency response, the appropriate medication will be administered following staff training/ instruction (e.g. use of an asthma inhaler or automatic adrenaline injector (AAI)).

In the event of (insert child's name) showing any physical symptoms for which there is no obvious alternative explanation, their condition will be immediately reported to (insert name of person nominated to take control of the situation - this person could be the class teacher, first-aider or head teacher).

On receipt of such a report, this person, if agreeing that their condition is a cause for concern will instruct a member of staff to contact (in direct order of priority):

- AMBULANCE – Emergency Services 999  
Message to be given – (name of child) (insert medical condition)
- Parents/ carer  
Name – number (insert)

Whilst awaiting medical assistance, (insert name of nominated person) will assess (insert child's name) condition and **administer the appropriate medication** in line with perceived symptoms and following their training/instructions and as detailed on the consent form.

The administration of this medication is safer for (insert child's name) than doing nothing - even if it is given through a misdiagnosis it will do them no harm.

On the arrival of a qualified medical staff, the nominated person will tell them of the medication given to (insert child's name). All used medication will be handed to the medical staff.

After the incident, a debriefing session will take place with all members of staff involved and parents/carers if appropriate. Parents will replace any used medication.

### Staff Training

A training session was held by (school nurse) which was attended by (insert names of staff/trained in procedure.) (insert name) was nominated as the key person to take control of a situation and (insert name) was nominated to perform this role in the event of their absence.

The training included details of (insert name of child) condition, the symptoms of (insert medical condition); the stages and procedures for the administration of medication and emergency procedures to follow.

Further advice is available to the school staff at any point in the future if they feel the need for further assistance. In any case, the medical training will be repeated every (add frequency e.g. six months.)

### **Staff Indemnity**

In order to give staff reassurance about the protection their employment provides, Brighton & Hove City Council agrees to fully indemnify its staff at the school against claims of negligence from (insert child's name) parents/pupils providing the staff are acting within the terms of this protocol. In practice, the indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parent and the employer (the Council).

### **Agreement**

A copy of these notes will be held by the school and the parent/carer and a copy sent to (insert child's GP/doctor's name and address) and (insert school nurse's name and address) for information.

Any necessary revisions will be the subject of further discussions between the school and the parents/ carers and appropriate medical practioners.

On a yearly basis, any changes in routine will be noted and circulated.

Agreed & Signed on behalf of the school:

Head teacher:

Date:

Parents/Carer:

Date:

## APPENDIX B: PARENTAL CONSENT FORM



### Downs Infant School Parental Agreement for School to Administer Medicine

Our school has a policy that staff can only administer medicine with parental consent.

Downs Infant School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Date for Review/End of Course of medicine	
Name of Child	
Date of Birth	
Class	
Medical Condition or Illness	

#### Medicine

Name/Type of Medicine (as described on the container)	
Medicine Expiry Date	
Dosage/Method/Timing	
Time Medicine last administered by parent	
Special Precautions / Other Instructions	
Any relevant side effects that the school needs to know about?	
Procedures to take in an emergency	

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX C: MEDICINES IN/OUT LOG



### Downs Infant School Medicines In/Out Log

<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Name/Type of Medicine/Strength</b> (as described on the container)	
<b>Expiry Date of Medication</b>	

#### Medicine IN/OUT

<b>Date &amp; time medication collected from school &amp; parent signature</b>	<b>Date &amp; time medication returned to school &amp; parent signature</b>