Greys Education Centre

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***Article 24:*** *You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.*

# Administering Medicines Policy

**This policy has been developed to follow**

**Department for Education Supporting pupils at school with medical conditions guidance, September 2014**

**Policy Status:** Recommended

**Review Cycle:** 2 Years

**Owner:** Vanessa Millar **Date:** January 2026

**Approved by:** Greys SLT **Date:** January 2026

**Review Date:** January 2028

**Introduction**

This policy and procedure is subject to The Equality Act 2010 which recognises the following categories of individual as Protected Characteristics: Age, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual orientation and Disability.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. In meeting this duty, the Governors of Greys Education Centre, have regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1 September 2014.
The Governors have considered both the statutory guidance and non-statutory advice contained within the DfE document in drawing up this policy.

We believe that pupils who have or are known to have chronic illness should, as far as is reasonably possible, be accommodated within the normal working structure of the school. For example, children with epilepsy, eczema, asthma, diabetes, anaphylaxis, hepatitis B, aids and toxic shock syndrome, unless otherwise directed by a statement of SEN will be welcome at Greys Education Centre.

The school has a duty to ensure that, as far as is reasonably possible, a pupil's medical condition is managed safely and sensitively.

**Policy Implementation**

The Governors of Greys Education Centre will ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Arrangements are in place in school to support pupils at school with medical conditions.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case we will comply with our duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHCPs, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

In reviewing this policy the Governors have taken into account that that many of the medical conditions that require support at school will affect the pupil's quality of life and may be life-threatening. The focus at Greys Education Centre is on the needs of each individual child and how their medical condition impacts on their school life.

**Roles and responsibilities**

The Heads of School have overall responsibility for the implementation of this policy. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

Elements of practical implementation are delegated as follows:

- The Personal Assistant to the Heads of School is responsible for ensuring that sufficient staff members are suitably trained to meet the medical needs of pupils.
- The School Administration staff are responsible for ensuring that relevant information is shared with supply staff.
- Class Teachers/Trip coordinators are responsible for ensuring appropriate risk assessments are made for school visits, holidays, and other school activities outside of the normal timetable.
- Heads of Year are responsible for ensuring individual healthcare plans (IHCP) and medication is up to date and information shared with relevant staff.
- The class teacher is responsible for supporting children with medical conditions within their class.

Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents are key partners and will be involved in development and review of their child's individual healthcare plan. They should carry out any action as agreed as parts of implementation e.g. provide medicines, equipment and ensure they or another adult are contactable at all times.

**Procedure to be followed when notification is received that a child has a medical condition**

Parents are asked to advise the school of any medical conditions as part of the school admissions process.

Should a parent advise the school of a medical condition, the Head of Year will contact the parent to jointly write an Individual healthcare plan (IHCP). Plans should be drawn up in partnership between the school, parents, and relevant healthcare professional. The level of detail within plans will depend on the complexity of the medical condition and degree of support needed. The process in appendix 1 will be followed. An example plan is in Appendix 2.

Teachers are provided with a copy of the individual healthcare plans (IHCP) for pupils in their class and will be responsible to feedback to the Head of Year any changes.
A review should be held if there is any change in the pupil's condition/medication or termly, with the SENCO and/or Head of Year.
During the IHCP discussion any training needs of staff in school will be discussed with the professionals attending the meeting.

The IHCP will be updated by the admin team and copies will be sent to the relevant school staff and child's parent/carer.

The pupil's electronic record will be updated with the medical needs and a scanned copy of the individual healthcare plan added to the pupil record.

The IHCP will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Where transfer to another school takes place during the school year, the transferring of electronic records will hold details of the pupil's medical conditions. A copy of the IHCP will also be passed with the pupil's paper file to the transferring school.

Where a pupil transfers into the school during the school year, as part of the admissions process, any medical information will be added onto the electronic pupil record and the normal process for a newly identified pupil followed.

**Policy and Practice of the Administration of Medicines in School**

Children undergoing treatment for acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness, should be kept at home until they are fully recovered. Occasionally a child will be well enough to attend school whilst still taking prescribed medicine. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

**If a child needs medicine administered in school, a school medicine record for each medicine must be completed giving permission to administer it.**

The school medicine forms can be obtained from the school office and are in appendices 3, 4 and 5.

There is no legal duty on school staff to administer medicine or to supervise a pupil taking it. This is a voluntary role and staff of the School have the right to refuse to administer any medication. While staff in school have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.
In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Head(s) of School and Governors of the school. However, ultimate responsibility remains with the parents/carers.

**Staff Training and Support**

Those staff that administer medication will attend regular, suitable training. Any specific training will be identified and arranged through the Headteacher's PA.

**NO MEDICINE WILL BE ADMINSTERED BY SCHOOL STAFF WITHOUT PARENTAL PERMISSION.**

Any medicine brought into school must be labelled with the name of the pupil. It must have the original, clear written instructions for administration - including any possible side effects. Department of Health guidelines state that it is not safe practice for staff managing medicines to follow relabeled/re-written instructions or to receive and use repackaged medicines other than as originally dispensed. Any medicine must be for the child in question and be in the original prescribed packaging. Generic non-prescription medicines will not be dispensed and staff should never volunteer to give non-prescribed medicines to children.

**N.B. Children under 16 should never be given aspirin unless prescribed by a doctor**

The parent must complete the appropriate school medicines record which provides written permission for medicine to be administered.

**Paracetamol**

Greys Education Centre recognise there are occasions when a child of secondary school age may require paracetamol.

Before giving paracetamol, the pupil will be encouraged to get some fresh air and have a drink or something to eat and paracetamol is only considered if these actions do not work.

- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school. The parent must supply the required dose of paracetamol.
- Paracetamol will not be issued without written and verbal consent. When a pupil is given medicine, a written record of it will be kept in school on the administering medications

forms (Appendices 4 and 5).
- Only standard paracetamol will be given, not combination drugs (e.g. flu remedies) which may contain other drugs.
- Pupils can only be given one dose of paracetamol during the school day. If this does not work we will contact the parent or carer again.
- The responsible member of staff must witness the pupil taking the paracetamol and make a record of it.

Paracetamol must not be given

- Following a head injury
- Where a pupil has taken paracetamol containing medicine within the last four hours.

**Storage of Medicine**

All medication will be kept in a secure place.
After medicine has been administered the member of staff should fill in the medicine administration record.

**NB**: Inhalers and EpiPens (epinephrine autoinjector) should always be readily available for immediate use by the pupil, but care should be taken that other children do not use them.

**Administration**

The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering medicine.

The person administering the medicine should:

- Confirm the identity of the child.
- Check the school medicine record.
- Check the name of the medicine against the name of the school record.
- Check the dosage.
- Measure the dosage without handling the medicine; if it is a liquid, shake the bottle and pour away from the label so that the medicine does not render the instructions illegible.
- Give the medicine to the pupil and watch him/her take it; always give a glass of water to wash the medicine into the stomach.
- Wash the spoon or dispenser spoon.
- Return the medicine and spoon etc. to the storage area.

**Refusal – If a child refuses to take the medicine, staff should not force them to do so, but should note this in the records and notify the parents.**

**Controlled drugs**

Increasing numbers of children are taking medication for Attention Deficit/Hyperactivity Disorder ADHD. Only a month's supply can be kept, secured in a locked cupboard in the school office. Only trained staff (Medications co-ordinator) can administer this medication.

**Recording**

A record should be kept of dosage given in the school medicine record. Parents will be informed if their child has been unwell at school.

**Disposal**

Medicines should not be allowed to accumulate. They should be returned to the parent for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines e.g. insulin, eye drops and eye ointments must be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations.

Sharps boxes will only be used for the disposal of needles and no other sharps.

**Possession and self-administration of regular medicine**

After discussion with parents, children who have medical needs who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be detailed in the child's IHCP.

All asthma pumps will be kept in school bags/lockers to prevent misuse of the medication.

**Visits and Trips**

The teacher in charge of any trip away from school must ensure adequate first aid provision and that any medication needed is provided.

Admin staff will print a list of all children attending a trip with a medical condition and provide the list to the trip organiser. This information will also be retained on the field file and copy trip file left at school.

It is Greys Education practice to encourage children with medical needs to participate in safely managed visits. Staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It will also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions are always made aware of any medical needs, and relevant emergency procedures. Copies of any health care plans are taken on visits to be available in the event of an emergency.

**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 blood or other bodily fluids and disposing of dressings or equipment.

Staff must segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

**Emergency Procedures**

In the case of emergency, the school will call an ambulance and contact the parents/carers. Office staff should copy the child's school contact record which details any known medical conditions and provides information about the child – to be handed to the paramedics upon arrival.

Pupil specific emergency procedures should also be detailed in the Individual healthcare plan.

Other pupils in the school should be told what to do in general terms, such as informing a teacher immediately if they think help is needed.

When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation.
Under normal circumstances staff should not take children to hospital in their own cars - it is safer to call an ambulance.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

If a situation occurs which has not been covered within these guidelines, then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

**Childhood Communicable Diseases**

Parents should let the school know if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the Public Health Authority.

**Sickness and Diarrhoea**

In line with guidance from the Health Protection Agency on controlling infection, we advise pupils do not attend school till 48 hours have elapsed from last episode of diarrhoea or vomiting.

**Other Information**

If there is any doubt about the health and safety of any child, staff member, visitor or voluntary helper on the school site at any time, expert help will be sought.
From time to time specific information is given to all staff on specific medical conditions. The admin staff is available for advice and assistance.

Finally, this list is not exhaustive. If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

**Unacceptable Practice**

Although school staff should use their discretion and 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 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. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

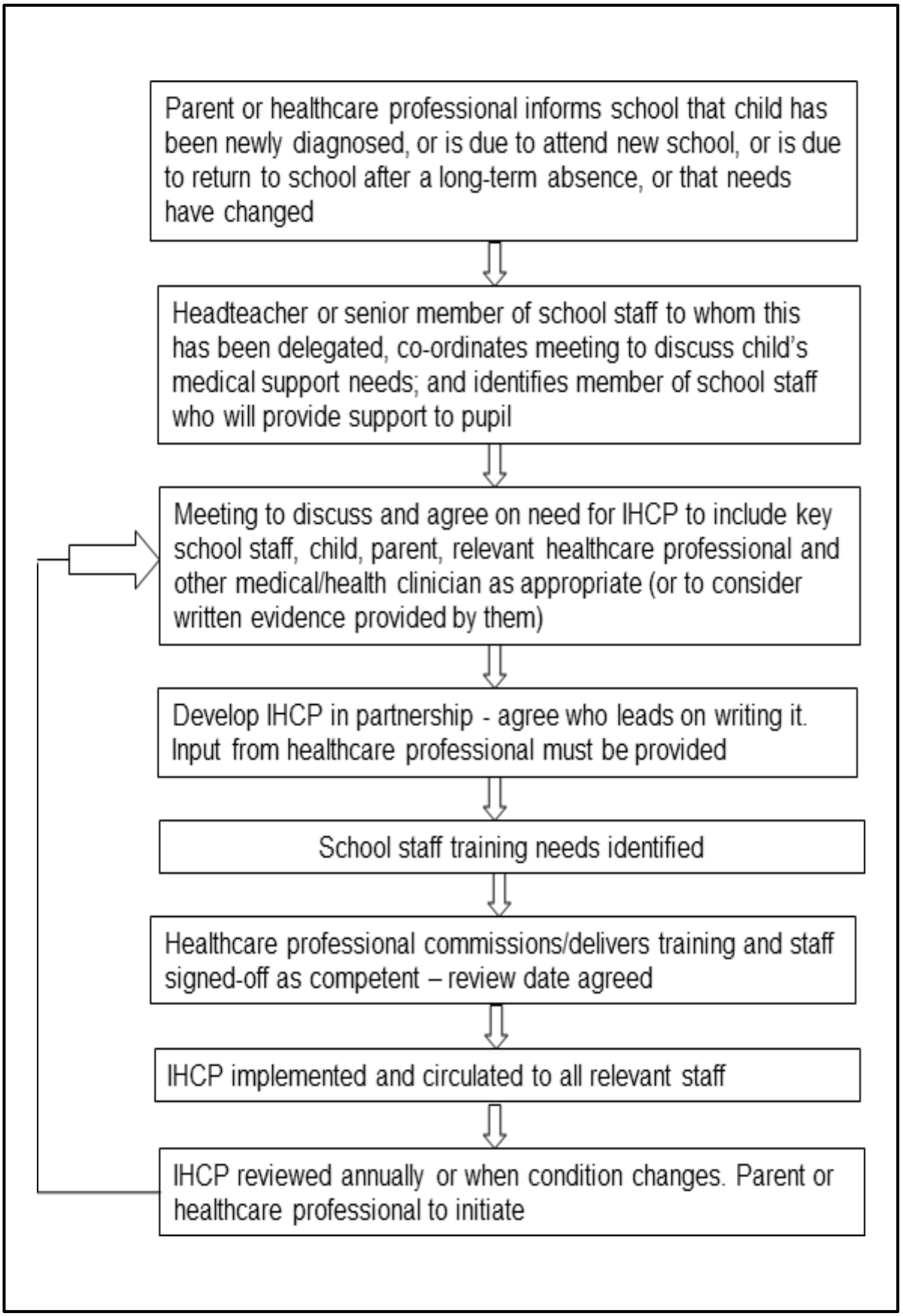
**Liability and Indemnity**

School staff are covered by the school's Public Liability Insurance Policy, details of which are on display at the school office.

**Complaints**

Should parents wish to make a complaint, the school's complaints procedure on the school's website should be followed.

**Appendix 1**


Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed
Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil
Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)
Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided
School staff training needs identified
Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed
IHCP implemented and circulated to all relevant staff
IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

**Appendix 2: individual healthcare plan**

| | |
|---|---|
| Name of school/setting | |
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

| | |
|---|---|
| **Family Contact Information** | |
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

| | |
|---|---|
| **Clinic/Hospital Contact** | |
| Name | |
| Phone no. | |

| | |
|---|---|
| **G.P.** | |
| Name | |
| Phone no. | |

| | |
|---|---|
| Who is responsible for providing support in school? | |

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

| |
|---|
| |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

| |
|---|
| |

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)?*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Appendix 3: parental agreement for setting 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.

| | |
|---|---|
| Date for review to be initiated by name of school/setting | |
| Name of Child | |
| Date of Birth | |
| Group/Class | |
| Medical Condition or illness | |

**Medicine**

| | |
|---|---|
| Name/type of medicine (as described on the container) | |
| Expiry Date | |
| Dosage and Method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know | |
| Self- administration Yes/No | |
| Procedures to take in an emergency | |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

| | |
|---|---|
| Name | |
| Daytime telephone number | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally | |
| Are there any side effects that the school/setting needs to know | Sign here: |

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 _____

**Appendix 4: record of medicine administered to an individual child**

| | |
|---|---|
| Name of school/setting | |
| Name of Child | |

| | |
|---|---|
| Date medicine provided by parents | |
| 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 | |
| Dose Given | |
| Name of member of staff | |
| Staff Initials | |

| | |
|---|---|
| Date | |
| Time Given | |
| Dose Given | |
| Name of member of staff | |
| Staff Initials | |

**Appendix 5: record of medicine administered to all children**

Name of school/setting

| Date | Child's name | Time of medicine | Name | Dose given | Any reactions | Signature of Staff | Print name |
|---|---|---|---|---|---|---|---|
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