Long Whatton C of E Primary School

Administration of Medicines Policy



"Live, Learn, Grow and Be Thankful"

Date of policy: November 2026

Date adopted by Governors: November 2029

Date of next scheduled review: November 2029

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1. Purpose and scope

Long Whatton C of E Primary School supports pupils who require medication during the school day and during school-organised activities. This policy explains how medicines are received, administered, stored, recorded and disposed of. It must be read alongside the Supporting Pupils with Medical Conditions Policy (November 2026), Allergy and Anaphylaxis Policy (September 2026), Asthma Policy, First Aid Policy, Safeguarding Policy and Educational Visits Policy. Individual Healthcare Plans (IHPs) and clinician-produced BSACI Allergy Action Plans take precedence for a pupil's specific treatment and emergency response.

The governing body makes arrangements under section 100 of the Children and Families Act 2014, with regard to DfE statutory guidance. Pupils must not be disadvantaged or routinely excluded because they need medication; reasonable adjustments will be considered under the Equality Act 2010.

2. Responsibilities

- Governing body: oversee safe arrangements, insurance/indemnity, implementation and policy review.
- Headteacher: implement this policy, arrange sufficient trained staff and cover, oversee individual plans and respond to incidents and complaints.
- Office Manager/designated staff: receive and log medication, maintain the medication register and SafeSmart records, check expiry dates at least termly, notify parents of replacement needs, and ensure emergency medicines are accessible.
- Staff administering medication: follow written instructions and training, check the right pupil, medicine, dose, route and time, record each administration immediately, and report errors or concerns.
- Parents/carers: provide current medical information, written consent, correctly labelled in-date medicines and replacements; notify changes promptly.
- Pupils: participate in decisions and self-management where assessed as competent and appropriate.

3. When medication will be given

Medication should be given during school hours when not doing so would be detrimental to a pupil's health or attendance. Wherever practical, parents and prescribers should consider a dosing schedule outside school hours. A child must not be refused appropriate support simply because medication is needed.

Prescription medicines must be in the original dispensed container, in date, labelled with pupil name, medicine, dose, route and instructions (except insulin supplied in a pen or pump). The school requires a completed parental medication consent form and, for complex or ongoing needs, an IHP or agreed clinical plan. Changes to a prescribed dose must be supported by updated prescribing instructions or appropriate clinical confirmation, not informal verbal requests alone.

Non-prescription medication may be administered only where the Headteacher or delegated staff member agrees it is appropriate, with written parental consent, clear manufacturer instructions, safe dose and interval checks, and a record of any dose already given at home. The school will not routinely administer medication simply to enable an otherwise unwell child to remain at school. Aspirin must not be given to under-16s unless prescribed by a doctor.

4. Receiving medicines and consent

- Parents hand medication directly to the office or authorised staff; the medicine is checked and receipt recorded.

- Check pupil identity, medication name, dose, expiry date, packaging, storage instructions, consent and any IHP/Allergy Action Plan.
- Do not accept unlabelled or expired medication for routine administration; urgently escalate any missing emergency medicine to the Headteacher and arrange safe alternatives.
- For short courses, obtain written parental agreement specifying start/end dates and timings; for regular treatment, include arrangements in the IHP.

5. Administration and recording

Before each dose, staff check the pupil, medicine, dose, route, time, consent, expiry date and whether it has already been administered. Staff use suitable hygiene and follow any condition-specific training. Every administration or supervised self-administration is recorded promptly, including date, time, dose, route, pupil, administering staff member and any relevant observations. Refusal, missed dose, error or adverse reaction must also be documented and parents informed promptly. Staff must not force a pupil to take medication.

If a medicine error or near miss occurs, staff immediately assess the pupil, seek clinical advice or call 999 if necessary, inform the Headteacher and parents, and record and review the incident using the school reporting system (including Assessnet where applicable).

6. Emergency medicines: allergy, asthma and other conditions

Emergency medication must be available without delay during lessons, playtimes, lunchtimes, clubs and off-site activities. It must not be locked away where this would delay treatment. Arrangements must reflect the pupil's IHP and, for allergies, their clinician-produced BSACI Allergy Action Plan.

For pupils at risk of anaphylaxis, follow the Allergy and Anaphylaxis Policy: where prescribed, parents provide two in-date adrenaline auto-injectors (AAIs), with an up-to-date Allergy Action Plan and any other prescribed emergency treatment. A competent pupil may carry AAIs in a suitable bag; otherwise a clearly identified accessible kit is provided. The school's spare AAIs are kept in the office, readily accessible, and must be used only in accordance with applicable legal authorisation, consent and emergency guidance. Staff must never delay calling 999 or administering appropriate adrenaline when anaphylaxis is suspected.

Pupils with asthma must have immediate access to their reliever inhalers. The school's named-bumbag arrangement may be used where appropriate, but must not obstruct prompt access. Any school-held spare inhaler is used only under the relevant consent and eligibility arrangements. Diabetes, epilepsy and other emergency treatments are governed by the pupil's IHP and staff training.

7. Storage, controlled drugs and disposal

Non-emergency medication is stored securely in the school office, according to the manufacturer's requirements. Refrigerated medication is stored safely with restricted access. Controlled drugs are stored in a secure non-portable container accessible only to authorised staff, with administration records; a competent pupil may possess prescribed controlled medication where agreed and lawful. Emergency medicines are stored safely but must remain immediately accessible.

The Office Manager checks school-held medication at least termly and alerts parents before expiry. Parents provide replacements and collect medicines no longer required. Uncollected or expired medicines are disposed of safely through an appropriate pharmacy route. Sharps are placed in approved sharps containers; used AAIs are handed to ambulance personnel where appropriate or disposed of as clinical sharps.

8. Self-administration

Pupils will be encouraged to manage their medication when they have the understanding and competence to do so. The decision, any supervision and storage arrangements are agreed with parents and relevant clinicians and recorded in the IHP or Allergy Action Plan. Staff remain aware of when intervention is required.

9. Training and staffing

Staff administering medication receive information and training appropriate to the medicine and pupil's needs. Where specialist procedures are involved, competence must be confirmed by an appropriate healthcare professional. The school provides induction and refresher training, including annual allergy and anaphylaxis training in line with its Allergy Policy. Cover is arranged for absence, lunchtime, clubs and trips. General first-aid training alone does not establish competence for every medical procedure.

10. Educational visits and residentials

Trip leaders review relevant IHPs and Allergy Action Plans, check medication, equipment, consent, storage and trained staff cover before departure, and ensure emergency supplies accompany the pupil and remain accessible. For residentials, updated medication details must include morning, evening and overnight doses. If required medication is unavailable, the leader must escalate immediately and explore safe alternatives with parents and the Headteacher; any restriction on participation must be individually risk assessed and proportionate, with reasonable adjustments considered.

11. Illness and infection-related absence

A child who becomes unwell at school will be assessed, supervised and supported while parents are contacted where collection is needed. Parents should report absence using the school's usual attendance procedures. Medication or antibiotics alone do not trigger a fixed exclusion period. The school follows current UKHSA public-health exclusion guidance rather than the outdated illness table in the previous policy. In particular, diarrhoea and vomiting generally require absence until 48 hours after symptoms have stopped; some infections require different arrangements or health protection advice. The school will apply current guidance and consider individual medical needs.

12. Confidentiality and record retention

Medication consent, IHPs, Allergy Action Plans, medicine logs, staff training and incidents are recorded securely, including through SafeSmart where appropriate. Information is shared with staff who need it for the pupil's safety, including supply staff and emergency responders, while protecting confidentiality in accordance with UK GDPR and the Data Protection Act 2018.

13. Monitoring, complaints and review

The Headteacher monitors medication records, training, incidents and near misses and reviews practice with the Office Manager and relevant staff. Concerns should be raised with the Headteacher and may be escalated under the school complaints procedure. This policy will be reviewed by November 2029, or sooner if legislation, statutory guidance, serious incidents or the school's needs change. The linked Allergy and Anaphylaxis Policy retains its separate annual review cycle.

References

Children and Families Act 2014, section 100; DfE Supporting pupils at school with medical conditions; DfE First aid in schools, early years and further education; UKHSA Public health exclusion periods in children and young people's settings (updated September 2026); Equality Act 2010; school Allergy and Anaphylaxis Policy (September 2026); school Medical Conditions Policy (November 2026).