St Michael's Primary School
Administering Medicines

Rooted in Faith, Growing Together

At St Michael's, we desire to be a community where we inspire and nurture everyone to grow as resilient, empathetic, and courageous individuals.
Together, we empower all to thrive academically, personally, professionally, and spiritually, becoming compassionate agents of change who positively impact the world around them.

The seed on good soil stands for those with a noble and good heart, who hear the word, retain it, and by persevering produce a crop." – Luke 8:15

1. Introduction

This policy provides a clear, consistent framework so that children with medical needs receive appropriate care and support at St Michael's Primary School. It applies to staff, governors, parents/carers, pupils, volunteers and others involved in administering or supporting medication during the school day, wraparound provision and school activities.

The school has developed this policy in consultation with staff and the Governing Body. It will be reviewed annually and earlier where legislation, guidance, practice or a serious incident requires it.

2. Scope and definitions

This policy covers the administration and storage of medication in school for short-term and long-term conditions. It should be read alongside each child's Individual Health Care Plan or Personal Care Plan, where applicable, and the school's SEND, First Aid, Allergy, Safeguarding and Child Protection, Data Protection, and Educational Visits policies.

- **Medication** includes prescription medicines, emergency medicines such as adrenaline auto-injectors (including EpiPens), inhalers, controlled drugs and any over-the-counter medicine authorised under this policy.
- An **Individual Health Care Plan (HCP)** is a written plan agreed between the school, parents/carers and relevant health professionals for a child with long-term or complex medical needs.
- A **Personal Care Plan** records agreed support with intimate or personal care and is distinct from, but may sit alongside, an HCP.

3. Legal and statutory framework

This policy follows the Department for Education statutory guidance *Supporting pupils at school with medical conditions* (latest edition), relevant health and safety legislation, data protection requirements and the school's safeguarding duties. The Governing Body will review the policy annually and ensure that it remains consistent with current statutory guidance.

4. Partnership with parents and carers

The school aims to work openly and constructively with parents/carers in relation to children's health. A child who is acutely unwell or infectious should remain at home. Where staff consider that a child is too unwell to remain in school, the school will contact parents/carers using the current emergency contact details held by the office.

- Parents/carers must inform school of relevant medical needs, changes to treatment and the first day of an illness-related absence.
- Written consent and complete instructions must be provided before school administers medicine.
- Parents/carers must supply medicines in the original labelled container, check that they remain in date and provide replacements promptly.
- Parents/carers are responsible for collecting controlled drugs and short-term or unused medicines promptly. The school will not store large quantities.
- Parents/carers may arrange to attend school to administer medicine themselves where appropriate.

5. Prescription medicines during the school day

- Medicines should only be administered at school where this is essential and it would be detrimental to the child's health or attendance not to do so.
- The school will accept medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

- Medicines must be supplied in the original container as dispensed, clearly labelled with the child's name, medicine, dose, frequency, method of administration, expiry date and prescriber's instructions.
- A Parent/Carer Permission to Administer Medicine form must be completed before administration.
- The member of staff administering the medicine will check the child, medicine, dose, route, time and instructions, then record the administration immediately. Any refusal, omission or error will be recorded and escalated appropriately.

6. Authorisation and delegation

Only staff who have volunteered, been authorised by the Headteacher and recorded through the school's governance arrangements will administer medication. The school will maintain a list of authorised staff and review it termly.

- Authorised staff will receive initial and refresher training relevant to the medicine or procedure, including, where applicable, adrenaline auto-injectors, inhalers and spacers, epilepsy rescue medicine or insulin.
- Where an authorised member of staff is unavailable, the school will use its agreed contingency arrangements and liaise with parents/carers and relevant health professionals so that the child's care and attendance are protected.
- Staff must work within their training and the child's written instructions or HCP and must not alter a dose or treatment plan.

7. Training, competency and indemnity

Staff administering medicines must be competent and have documented training from an appropriate healthcare professional where specialist knowledge or technique is required. Training and competency records will be held centrally and reviewed in line with the HCP and professional advice. The Governing Body provides appropriate indemnity for staff acting in good faith and in accordance with this policy, their training and agreed procedures.

8. Records and audits

The school will keep a central medicines log, electronically or on paper, recording the pupil's name, medicine and dose, prescriber, start and end dates, storage location, instructions, time administered, staff initials, any refusal or error, and the parent/carer's signature when medicine is collected. Records will be retained for three years from the final entry, or longer where required by the school's retention schedule, safeguarding considerations or legal advice.

A termly audit will check medicines held, quantities where relevant, storage arrangements, consent, expiry dates, HCPs, administration records and training. Required actions will be assigned and followed up, and a summary will be reported to governors.

9. Storage and access

- Most medicines will be stored securely in the school office, designated medical room or a locked medicines cabinet, according to the product instructions. Medicines requiring refrigeration will be kept in a labelled, secure container with access restricted to authorised staff.
- Emergency medicines must be readily accessible. Individual inhalers and adrenaline auto-injectors will be kept in the child's class first-aid provision or another agreed accessible and secure location; spare emergency devices will be kept in the medical room. Locations will be clearly recorded and known to relevant staff.
- Controlled drugs, if held, will be securely stored and administered only by authorised staff. Records will show quantities received, administered, returned and remaining.
- A child who carries an inhaler or adrenaline auto-injector must have been assessed as competent to do so. A labelled spare should be held by the school where prescribed or otherwise permitted.

- All medication must remain in original packaging with clear instructions and an expiry date. Parents/carers will replace medication promptly and collect it at the end of treatment. Medicines will not be disposed of through sinks or general waste.

10. Over-the-counter medicines

The school will not routinely administer non-prescription medicines, including paracetamol or ibuprofen. An exception may be agreed in writing by the Headteacher and parent/carer, or where recommended by a health professional and recorded in an HCP. Parents/carers should administer these medicines at home whenever possible. Where an analgesic or other agreed over-the-counter medicine is administered in school, the same consent, checking, storage and recording requirements apply as for prescription medicines.

Children must not bring or carry cough sweets, aspirin or other medicines unless this has been expressly agreed under this policy. Aspirin must not be given to a child under 16 unless it has been prescribed by a doctor.

11. Self-administration

Children will be supported to take an appropriate level of responsibility for their own medical care. Self-administration will only take place where the child is judged competent, parents/carers have provided written consent and arrangements are recorded in the HCP where applicable. A member of staff will supervise when this is required. Emergency medication must remain immediately accessible and must not be locked away in a way that delays treatment.

12. Individual Health Care Plans

Children with long-term or complex conditions, including diabetes, severe asthma, allergies and epilepsy, will have an HCP co-produced with parents/carers and the relevant health professional. The SENCo will coordinate this process with the Headteacher and appropriate staff.

- The HCP will include the condition and its triggers; anticipated treatments and medicines; daily management; signs of deterioration; emergency action and thresholds for calling an ambulance; contact details; consent for administration or self-administration; arrangements for absence, physical activity and off-site visits; accessibility or environmental adjustments; and staff training needs.
- HCPs will be readily available to staff who need them, while remaining confidential. They will be reviewed at least annually and sooner following a change in the child's condition, treatment, provision or an incident.

13. Off-site activities and educational visits

Medication and the relevant HCP will accompany the child on every off-site visit. A named member of staff, trained where necessary, will be designated to manage medicines. Where a pupil self-administers, an adult will supervise in line with the agreed plan. Emergency contact details will be carried and the visit risk assessment will address medical needs, access to emergency medication, storage, travel and emergency response.

Medical needs will not be used as a reason to exclude a child from a visit. If safe participation is in question, the visit leader and SLT will discuss reasonable adjustments or suitable alternative arrangements with parents/carers and relevant professionals.

14. Emergency procedures

- Staff will stay with the child, send for the child's emergency medication and HCP, and call 999 without delay where the HCP or circumstances require it.
- A trained member of staff will administer emergency medication in accordance with the HCP and device instructions. The time and dose will be recorded.
- The office will contact parents/carers, and a member of SLT will meet the ambulance. A member of staff will accompany the child to hospital by ambulance and remain until a parent/carer arrives.

- Staff must not take a child to hospital in a private car. Health professionals are responsible for treatment decisions when parents/carers are unavailable.
- Medication errors, adverse reactions and serious incidents will be reported immediately to the Headteacher and managed under the school's incident and safeguarding procedures.

15. Asthma

Children with asthma will have immediate access to their reliever inhalers. Inhalers and spacers will be clearly labelled and available during lessons, physical education, breaktimes, wraparound provision, off-site activities and educational visits. Children who are competent will be supported to carry and use their own inhaler; otherwise an adult will assist in line with the child's plan.

Signs of an asthma attack may include coughing, wheezing, shortness of breath, chest tightness, difficulty speaking, unusual quietness or exhaustion. Staff will follow the child's asthma plan. An ambulance must be called where symptoms do not improve promptly after reliever treatment, the child is too breathless to speak, becomes exhausted, deteriorates or appears blue. Parents/carers are responsible for providing an in-date inhaler and current asthma plan.

Children with asthma should normally participate fully in school life and physical activity. Staff will follow advice in the child's plan, including use of a reliever before exercise and an appropriate warm-up.

16. Emergency medicines and allergic reactions

Pupils at risk of anaphylaxis will have individual adrenaline auto-injectors and an Allergy Action Plan or HCP. Where permitted and clinically appropriate, the school will hold spare emergency adrenaline auto-injectors in accordance with Department of Health and Social Care guidance and the school's Allergy Policy.

- Staff will receive regular training in recognising anaphylaxis and using auto-injectors. Emergency medication will be administered immediately in line with the child's plan; 999 will be called and a second device used after five minutes if there is no improvement and the plan directs this.
- Parents/carers remain responsible for supplying prescribed devices and ensuring replacements are in date. The school will check expiry dates through its termly audit and notify parents/carers when replacement is required.

17. Infection control and hygiene

All staff will follow standard infection-control precautions and hand-hygiene procedures. Protective disposable gloves and appropriate spill kits will be available. Blood, body-fluid spillages, dressings, sharps and other clinical waste will be managed and disposed of safely in accordance with school procedures and professional guidance.

18. Confidentiality and information sharing

Relevant medical information will be shared only with staff who need it to care safely for the child. Parents/carers will be asked for consent to share HCPs with relevant staff and, where appropriate, emergency services. Medical information will not be displayed publicly, including on classroom walls, without consent. Records will be stored securely and processed in accordance with data protection requirements. Safeguarding information may be shared without consent where necessary to protect a child, in line with statutory guidance.

19. Sun cream

Children may bring clearly named sun cream for their sole use. They should apply it themselves wherever possible. Any individual support required because of age, disability or medical need must be agreed with parents/carers and recorded in an appropriate care plan.

20. Governors' oversight and policy review

The Governing Body will review this policy annually and monitor implementation through termly summaries covering medicines held, audits and expiry actions, incidents or errors, HCPs and staff training. Any serious medicine-related incident will be recorded in the school's incident log and reported to the Governing Body through an appropriately confidential process. The Headteacher is responsible for day-to-day implementation and for ensuring that identified actions are completed.

21. Appendices and standard records

The following standard templates form part of this policy. Completed forms and records must be stored centrally and securely in accordance with the school's retention schedule and data protection requirements.

Appendix 1 Parent or Carer Permission to Administer Medicine

Child's full name	
Class	
Medical condition or reason	
Medicine and strength	
Prescriber	
Dose and method	
Time or frequency	
Start and end dates	
Storage instructions	
Known side effects and action	
Emergency instructions	
Parent or carer contact number	

I confirm that the medicine is in its original labelled container and authorise trained or authorised school staff to administer it in accordance with the instructions above. I will notify school immediately of any change and collect unused medicine promptly.

Parent/carer name	
Signature	
Date	

Appendix 2 Individual Health Care Plan

Pupil name, date of birth and class	
Condition and summary of needs	
Triggers and signs of deterioration	
Daily management and adjustments	
Medicines, dose, route and timing	
Emergency action and 999 threshold	
Self-administration and supervision	
Physical activity and off-site arrangements	
Accessibility, sensory or communication needs	
Parent/carer contacts	
Health professional and contact	
Staff training required	
Plan agreed by	
Date agreed and review date	

Appendix 3 Medication Administration Log

Pupil	Medicine and dose	Date	Time	Given or refused	Staff initials	Notes

Record each administration immediately. Escalate and document any refusal, omission, error or adverse reaction.

Appendix 4 Off-site Medication Checklist

[ ] Current HCP or emergency plan reviewed and carried

[ ] Named trained member of staff identified

[ ] Medicine checked against consent and instructions

[ ] Medicine is labelled, in date and stored safely

[ ] Emergency medicine remains immediately accessible

[ ] Dose times and travel arrangements confirmed

[ ] Emergency contacts and relevant health details carried

[ ] Self-administration and supervision agreed

[ ] Medical risks and reasonable adjustments included in visit risk assessment

[ ] Return, administration and incident records completed

Visit	
Pupil	
Responsible member of staff	
Checked by and date	

Appendix 5 Staff Training and Competency Record

Staff member	
Role	
Medicine or procedure	
Training provider and qualification	
Training completed	
Competency assessed by	
Outcome or limitations	
Refresher or review due	
Staff signature	
Assessor signature	