Managing Medicines in School Policy

Steeple Claydon Primary School and

Pre-School

Approved by:	Governor Resources Committee	**Date:**	Feb 2026
Last reviewed on:	Spring 26		
Next review due by:	Spring 27		

Aim of the Policy

This policy follows the guidance for managing medicines provided by Bucks County Council and also statutory DFE Guidance, 'Supporting pupils at school with medical conditions' (April 2014). It is a clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school and that as such, attendance is as regular as possible.

In all instances the school will do all it can to persuade the parents to come into school to administer medicines.

Any agreement by the school to administer prescribed medicines will be based on individual risk assessments and with adequate insurance cover in place following Bucks CC advice. In the event of an emergency, then the school will always default to calling 999 and then inform parents.

Prescribed Medicines

We will never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

It is helpful, when clinically appropriate, that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber. Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines. Parents must sign to record their written permission for school to administer medicines.

Controlled Drugs

Controlled drugs should never be administered unless cleared by the Head. Reference should be made to the DfES document 'Managing Medicines in Schools' April 2014.

Non-Prescription Drugs

Staff should never give non-prescribed drugs to a child unless there is specific written permission from the parent. This will be an exceptional situation rather than the norm.

A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short Term Medical Needs

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics or apply a lotion, but only for a short course of

up to 5 days, and only when previous avoidance strategies have been examined. Note the exceptional terms in the previous paragraph.

Long Term Medical Needs

The school will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. At Steeple Claydon School we will need to see full details of medical diagnosis, treatment, medication, symptoms and triggers from a medical professional in order to devise a suitable healthcare plan and that adequate insurance is in place and that suitable training for staff has also occurred. A full risk assessment will also be carried out.

(Reference should be made to the 2014 DfES document in order to devise a care plan.)

Administering Medicines

No child under 16 should be given medicines without written parent consent. Form 3A must be completed by the parent giving permission for medicine to be administered by staff. Members of staff giving medicines should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions on the packaging

Staff who administer medicines will have received up to date Managing Medicines training. Two members of staff will always check the medication given to the child and both will sign and date the record sheet.

A record must be kept in a written form each time medicines are given.

Healthcare Plans

In accordance with DFE and Bucks CC guidelines, standard format healthcare plans are to be used for the administration of conditions such as asthma or common allergies. For more serious conditions, then a more detailed healthcare plan needs to be written with full medical information available.

Healthcare plans are to be reviewed at least annually, however for more serious conditions are reviewed every three months or whenever there is a change to medication or their medical needs. Parents have a responsibility to inform school of any changes. If there are any concerns regarding a child's health care plans and needs, then the Headteacher can ask parents to take on responsibility for managing their child's medication until a new healthcare plan can be agreed.

All staff should be aware of the possible medical risks attached to certain children and healthcare plans should be accessible to relevant staff and displayed in the staff room. School staff's conditions of employment do not include the giving or supervising of children taking medicines. Any staff member agreeing to administer prescribed medicines should be in receipt of appropriate training, commensurate with the situation.

Self Management

Children who are able to will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage so that access is only through the trained staff member.

Educational Visits

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Medicines not self-managed by pupils will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. If any member of staff is concerned they should seek advice from the Head.

Sporting Activities

Given the distance between the school field and the school, children do need to take inhalers out onto the field.

The Governing Body

The governing body will be made aware of this policy.

The Head Teacher

The Head Teacher will ensure that all staff receive appropriate support and training and are made aware of this policy. Likewise the Head Teacher will inform the parents of the policy and its implications for them. In all complex cases the Head Teacher will liaise with the parents and where parental expectation is deemed unreasonable then the Head will seek the advice of the school nurse or medical advisor.

Storing Medicines

Medicines should be stored away from children, be in their original containers and refrigerated where necessary. Children should know where their medicines are kept and who is responsible.

Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away; children who need these medicines bring a small bag to keep them in when they are

spending time out of the classroom. Any problems or issues arising shall be initially referenced to Managing Medicines in Schools and Early Years Settings 2014 DfE a copy of which is kept in the school office and in the First Aid room.

KEY POINTS

• THE SCHOOL WILL NOT NORMALLY AND REGULARLY ADMINISTER MEDICINES TO CHILDREN UNLESS THE ABOVE POLICY APPLIES
• TEACHING STAFF WILL ADMINISTER MEDICINES OR SUPERVISE CHILDREN SELF-ADMINISTERING MEDICINES ONLY AFTER CONSULTING MRS BREWER.
• ANY STAFF MEMBER ADMINISTERING MEDICINES WILL DO SO ONLY WILLINGLY AND WITH APPROPRIATE TRAINING
• ANY AND ALL MEDICINES WILL BE NOTIFIED TO MRS BREWER AND KEPT UNDER SUPERVISION.

Asthma inhalers are to be kept in a safe place within the classroom which can be accessed by teacher if child needs to use it. It should be kept out of reach of other children. Inhalers are then carried with the child in a small bag for sessions outside the classroom: e.g. P.E. lessons, lunch and break times.

The Office will know where these medicines are in school and the asthma register shall be updated annually and as and when new children come to school.