Corinthian Community Primary School

Administration of Medicines Policy 2026

INTRODUCTION

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to plan for supporting pupils at their school with medical conditions. The governing body of Corinthian Community Primary School will ensure that these arrangements fulfill their statutory duties and follow guidance outline in 'Supporting Pupils at School with Medical Conditions' April 2014'.

Staff do not have a statutory duty to give medicines or medical treatment, this is voluntary. However, medicines will be administered to enable the inclusion of pupils with long-term medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

ORGANISATION

The governing body will develop policies and procedures to ensure the medical needs of pupils at Corinthian Community Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff. The leads for the management of medicines at Corinthian Community Primary are the key staff members supporting the child. In their duties staff will be guided by their training, this policy and related procedures.

IMPLEMENTATION, MONITORING & REVIEW

All staff, governors, parents/carers and members at Corinthian Community Primary School will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the Head teacher's annual report to Governors.

PRESCRIPTION MEDICINES

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff. The Headteacher or a member of the Leadership Team must first agree the administration of the medicine if it is for a re-occurring or long-term illness, with the following conditions:

- The parent or guardian must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration, dosage, times and possible side effects to the school office.

- Parents must complete a 'Parental agreement for setting to administer medicine' form (Appendix Template B).

- On no account should a child come to school with medicine if he/she is unwell.

INHALERS

Inhalers are kept in the class stockroom in a red box for each class. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider. It is the parent's responsibility to ensure the medication is within the 'use by' date and replaced when necessary. In an emergency, inhalers provided by the school and unopened may be used. After use these will be disposed of and not used again.

EPI-PENS

Each child should have 2 Epi-pens which are kept in the main school office. Epi-pens are stored in boxes with the child clearly identified on the outside. Adults in school will have received training by the school nurse to enable them to administer the Epi-pen in emergencies. This training is updated every year. Awareness training is not sufficient. A healthcare professional must sign off any training and state that the member of staff who has received the training is competent.

NON-PRESCRIPTION MEDICINES

In general, non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Only non-prescription travel sickness medication, anti-histamine and paracetamol will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental Consent form (Appendix Template B) and the appropriate protocol for the administration of that medicine.

Medication must be suitable for the pupil's age, supplied by the parent (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines. Staff must determine the last time the medicine was administered, the dosage given and how long the medication has been administered for.

Sunscreen is not a medicine and children are welcome to use this on sunny days to protect against sunburn. However, the sunscreen should be clearly labelled with the child's name and children must self-administer. Emollient creams for eczema can be self-administered. Staff are not permitted to apply any cream. Sunscreen can be administered by parents or carers before the school day starts.

PARACETAMOL

Paracetamol or medicines that contain paracetamol such as Calpol, may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained (Appendix Template B). Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operative general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented on the pupils IHCP. In addition to the protocol for the administration of paracetamol detailed above the school will:

• Only administer paracetamol for a maximum of 3 days (or as prescribed)

• The parent or guardian will supply daily a single dose of paracetamol for administration. This can be in the form of a tablet or liquid sachet.

• The requirement for pain relief will be regularly reviewed during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils IHCP.

• Again, staff must determine the last time the medicine was administered, the dosage given and how long the medication has been administered for.

Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc. If the school is in any doubt if symptoms warrant pain relief the school nurse will be contacted for further advice.

The school will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. All other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed it for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must never be left alone and should be observed at all times. If the pupil has an adrenaline auto-injector in school and their symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then their adrenaline auto injector will be administered without delay and an ambulance called. If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms an ambulance will be called. Piriton or similar can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with equipment that might cause harm i.e. P.E. Science, Design and Technology.

MILD ALLERGIC REACTION

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. Antihistamine will be administered for mild reactions as detailed above.

SEVERE ALLERGIC REACTION

An adrenaline auto injector should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.

HAY FEVER

Piriton or similar for the treatment of hay fever, parents should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

These non-prescription medications will only be administered by staff providing the GP has recommended or prescribed them and:

- They are supplied in the original packaging and parental agreement for setting to administer medicine has been completed on Arbor.

- Medication must be suitable for the pupil's age, supplied by the parent (not the school) and in its original packaging, with manufacturer's instructions.

Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The use of antihistamine will be detailed on the pupils Individual Health Care Plan. The medication will be stored and administration recorded as for prescription medicines. The school will inform the parent / guardian the time and dose of the non-prescription medication that has been administered, at the end of each day.

CONTROLLED DRUGS

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drugs held in school.

PUPILS WITH LONG TERM OR COMPLEX MEDICAL NEEDS

Parents/carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHCP) (Appendix Template A) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

ADMISSIONS

When the school is notified of the admission of a pupil with medical needs the Class Teacher will complete an assessment of the support required. This might include the development of an IHCP and additional staff training. The school will endeavour to put arrangements in place to support that pupil

as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

IMPAIRED MOBILITY

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

PUPILS TAKING THEIR OWN MEDICATION

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual Health Care Plan and parents should complete the relevant section of 'Parental agreement for setting to administer medicine' form (Appendix Template B).

STAFF TRAINING

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Record of medicine administered to an individual child' (Medical Book).

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.

STORAGE AND ACCESS TO MEDICINES

All medicines apart from emergency medicines (inhalers, epi-pens etc) are kept in a locked cupboard or locked fridge as necessary. These must be clearly labelled in an airtight container. Medicines are always stored in the original pharmacist's container. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency. Emergency medicines such as inhalers and epi-pens are kept in the classroom in a clearly identified container. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits.

RECORD KEEPING

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'record of medicine administered to an individual child' and 'record of medicine administered to all children'. - medicine log book in each class's medical box.

EMERGENCY PROCEDURES

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHCP, the emergency procedures detailed on the plan are followed, and a copy of the IHCP is given to the ambulance crew.

MEDICINES ON EDUCATIONAL VISITS

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits:

-Parents should ensure they complete a consent form via the school Arbor App and supply a sufficient supply of medication in its pharmacist's container.

-Non-prescription medicines (apart from travel sickness medication and anti-histamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

If there are specific medication needs e.g. epi-pen or diabetes a trained member of staff must be present at the residential.

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

COMPLAINTS

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the head teacher will inform the governing body to seek resolution.