



# HOWE GREEN HOUSE

## BISHOP'S STORTFORD

### ADMINISTERING MEDICATION POLICY

Most Recent Revision Date	Michaelmas 2025
Last Reviewed by Governors	Michaelmas 2025
Period of Review	Every two years
Next Review Date	Michaelmas 2027
Previous Reviews	Summer 2017, Michaelmas 2019, Michaelmas 2023, Michaelmas 2025
ISI Reference	13d
Issue Number	
This policy is endorsed by	Governing Board and the Head
This policy is owned by	
Review Body	Education Committee

To be made available	YES
To be on website	YES
Internal staff only	NO
Internal students only	NO
Internal staff and students	YES

## **Administering Medication Policy**

**This Policy also includes Before and After School Provision.**

### **Statement of Intent**

The staff and governors of Howe Green House School believe that we should provide a caring, positive, safe and stimulating environment, which promotes the intellectual, social, physical, and moral development of the individual child.

### **Policy Statement**

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

***Parents should not send a child to school who is not well enough to fully participate in the school day, or if they have an illness that has the potential to be passed on to other staff and children.***

### **Non-Prescriptive Medicines**

The school may administer non-prescribed medication, such as Calpol or antihistamines, only when written consent has been provided by a parent or carer. All medication must be supplied in its original packaging, clearly labelled with the child's name and the required dosage. Staff will administer medication strictly in accordance with the parent's instructions and will record each dose given in the school's medication log on Medical Tracker, including the date, time, dosage and the name of the staff member administering it. Parents will be informed on the same day if their child has received any medication. The school reserves the right to refuse administration if consent is not provided or if staff feel the medication is inappropriate or unsafe to give.

### **Prescriptive Medicines**

The school will administer medication for life threatening allergic reactions or conditions such as asthma, epilepsy, cystic fibrosis, febrile convulsions etc. The school may also administer medication for long-term chronic conditions such as severe eczema as well as prescribed medications when dosages cannot be configured to occur outside of the school day and where medical advice has been given that a child is well enough to be in school.

***The school will administer the medication within the procedures set out in this policy. Medication can only be administered if written consent has been obtained from the parents or guardians using the appropriate form.***

It is the parents' responsibility to tell the school about a pupil's medical condition and how it may affect him/her. Parents are also responsible for informing the school of changes in a pupil's medical condition, including the need for changes to medication.

***With the exception of adrenaline auto-injectors, and insulin, the school cannot administer or manage any Intra-venous or Intra-muscular medication.***

***Where children are prescribed short term medication or new medication, the child must have received the initial doses of the medication for at least twenty-four hours (at least two doses) before the school can take responsibility for administration.***

***Parents are also responsible for ensuring the school are aware of any allergies the child has and any potential side effects the medication may cause.***

***If medication is to be administered by the school, it is the parent's responsibility to ensure that there are no contra-indications with any other medication the child receives. Parents will be required to confirm that they have checked for contra-indications and that there are none before the medication can be administered.***

***Any medication to be administered must carry a pharmacy label that indicates the child's identity, the prescription date, the dose and frequency of administration and the administration route. The medication must also contain a clear expiry date. Unlabeled medication cannot be administered by the staff.***

***Where medications are liquid suspensions, parents are required to provide an appropriate means of administration such as a spoon or syringe. These must be appropriate for the required dose to ensure that accurate dosage can be administered.***

Where a child has a life-threatening condition, the parents will be required to complete a medical disclaimer & health plan form and supply a copy of the treatment plan. The form requires parents to confirm:

- Diagnosis of condition;
- Medication prescribed;
- Dosage;
- How administered e.g. is a spacer needed for asthmatic medication or in the case of tablets do they need to be crushed;
- Time of dosage;
- Source or cause of allergy, asthma or medical condition;
- Symptoms;
- What foods or activities should be avoided;
- Allergies;
- Contra-indications check.

The consent form also confirms that parents understand:

- All staff are acting voluntarily in administering medication;
- The school is not responsible for the loss of, or damage to, any medication;
- The school and its employees cannot be held liable for any missed medication.

In the case of an anaphylactic allergy the school also requires a copy of the protocol issued by the consultant stating the cause of the allergy and the procedure to be followed in the event of an attack.

### **Staff Administration**

Only staff who are willing to undertake the administration of medication can be required to do so. Staff will be trained in the safe administration of medication. Where there are specific needs the staff will have specific training in the preparation and administration of this medication. This will be done in partnership with the parents of individual children where necessary and in accordance with the child's health plan.

Where routine oral medication is to be administered the staff member must follow the following process known as the 5 points process:

Check the medication label for:

1. *Child's name*
2. *Dose*
3. *Time*
4. *Expiry date*
5. *Check the child's health plan for allergies*

The medication will then be prepared for the correct dose and be checked by a second staff member (where available) before being administered to the child. The staff member must ensure that the child swallows the medication. A record of medication administered should be made on our medication log on Medical Tracker immediately and a notification sent to parents.

If a child spits out the medication or some is spilt in the process of administration the child should not be given any more medication. It should be recorded and the parents informed. Where it is apparent that the child is having difficulty taking the medication, the school may decide to cease their administration responsibility. Alternative means of administration will be discussed with parents in these cases.

### **Storage of medication**

A list of children's medical conditions will indicate the number of medical packs, which contain adrenaline auto-injectors, asthmatic inhalers etc. and their location. However, the main pack will always be stored in the child's classroom. Where a second pack has been provided this will be stored in Main Office.

Prescribed medication will be stored in a locked draw or locked fridge in the Main Office.

### **Administration on school trips, residential visits**

Where there are children with specific health needs the school will make any reasonable adjustments to ensure that all pupils have the opportunity to enjoy and benefit from such trips. On these occasions staff may consider it necessary to act on behalf of the parent and administer simple analgesics or antihistamines without prescription. Prior to any residential visit each parent will be required to complete a health information form and a consent form to enable teaching staff to act on their behalf in these situations. Medication will only be administered when deemed necessary and each situation would be assessed on a case-by-case basis.

### **Self-Management**

For reasons of safety the school does not allow the children to carry their own medication. Staff, and the children who require medication, know where it is held and can access it without delay. In exceptional circumstances the Co-Headteachers will review self-management of medication on a case-by-case basis.

### **Disposal of Medicine**

Out of date or surplus medicine will be returned directly to parents for safe disposal.

### **Record Keeping**

Medical information is confidential. However, it is the Co-Headteachers' responsibility to decide the limits of confidentiality in order to ensure that the health, safety and well being of all participants is not compromised. Therefore, medical information is available to view on the MIS and on Medical Tracker.

A log sheet is maintained on Medical Tracker to advise the office the date, time, type of medication, and dosage administered in order for it to be recorded.

### **General**

There is no legal duty which requires school staff to administer medication; this is a voluntary role. However, in an emergency situation, teaching staff are to be reminded of their in "loco parentis" duty of care to act in the best interest of the child, both in the school and if taking part in off-site activities.

Parents will be informed immediately, or as soon as possible and within 24 hours, when medication has had to be administered, via Medical Tracker

While every effort will be made to ensure pupils with medical conditions can attend school, it is the Co-Headteachers' decision whether or not medication can be administered safely in school. The Co-Headteachers must be satisfied about the suitability of staff, even after training, materials, equipment and the work environment before agreeing to administer medicine.

Date: Michaelmas 2025

Co-Headteachers: A Lipani & P Bailey

Next Review: Michaelmas 2027