

Hassocks Infant School

Medicines in School
Supporting pupils at school with medical
conditions



★ Explore ★ Respect ★ Flourish

Date policy agreed:	March 2026
Date policy to be reviewed:	Annually– March 2027
Responsibility:	SENCO Governing Body Approval

Document History

Date	Version	Amended By	Comment (e.g Reason for version change)
Spring 2024		SENCO	Downloaded from WSx website Nov2023 (WS Edition Dec2021)
Spring 2026		SENCO	Downloaded from WSx website Mar2026 (WS edition Aug2024) Approved by Governors 14 th May 2026

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Hassocks Infant School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with 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.



Signed

Chair of Governors

Date 14th May2026

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Hassocks Infant School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Hassocks Infant School is Alison Green, SENCo. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review.

All staff, governors, parents/carers and members of the Hassocks Infant School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed as 'cover available' in the RMP Medical Malpractice Treatment Table will be insured under the WSCC Public Liability insurance policy. The Treatment Table is available to view on West Sussex Services for Schools under Other Documents in the Insurance, Resources section.

In addition to this policy the Council also maintains a Medical Malpractice policy to incorporate insurance cover for the more invasive and complicated procedures that staff are now expected to undertake and that are not covered under a standard Public Liability policy.

There is a brief section on Medical Malpractice in the Insurance Guide 23/24, (on WSSfE, Insurance, Resources, Core Policy Information) which outlines the policy, but any further specific questions will need to be directed to Sharon Andrews for clarification.

Admissions

When the school is notified of the admission of any pupil with medical needs, the school, with parents, may develop an Individual Health Care Plans (IHCP) and identify 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.

Pupils with medical needs

The school will follow Government guidance and develop an IHCP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using the template ‘Individual Healthcare Plan’
- Require medication in emergency situations – these will be detailed using the templates ‘Protocol for Mild Asthma’, ‘Protocol for autoinjector’, ‘Parental agreement for setting to administer medicine’, ‘Protocol for administering antihistamine’ and ‘Protocol for administering paracetamol to under 10s’.

Parents/guardians should provide the school 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/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil’s medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil’s medical condition.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary, the emergency services.

Pupils should not bring any medication to school. All medication must be supplied by the parent/guardian in the original pharmacist’s container clearly labelled and include details of possible side effects e.g. manufacturer’s instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form. The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by using the ‘record of administration of medicine to an individual child in school’ form.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil’s medical needs and this should be recorded on the IHCP. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil’s condition and know how to respond in a medical emergency.

Consent to administer medication.

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by 'Parental agreement for setting to administer medicine'
- **Prescribed and non-prescribed medication taken regularly** - each request to administer medication must be accompanied by 'Parental consent to administer medication form' (and if applicable on the IHCP).

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. Administration will be recorded using 'Record of administration of medicine to an individual child in school' form and the parent/guardian informed (by an Administration slip). Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where there is a genuine need and it is deemed that their administration is required to allow the pupil to comfortably remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a doctor and detailed on an IHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on 'Parental consent to administer medication' form
- medication is licensed as suitable for the pupil's age.
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition.
- administration is required more than 3 times per day i.e. 4 times or more per day
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL).
- and accompanied by parental/guardian consent forms and confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day.
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time.

- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit.

The school complies with the School Nursing Service recommendation that staff administering asthma inhalers are trained in their administration and that training is renewed bi-annually. The school will develop IHCP's for those pupils with severe asthma and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

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. The school complies with the School Nursing Service recommendation that staff who will be administering auto-injectors are trained and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHCP. The school will 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 symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms, then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

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 in the plan are followed, and a copy of the IHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child.

Parental consent to administer the 'school inhaler' will be gained when the pupil joins the school. The school will hold a register of the pupils diagnosed with asthma and anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by each classroom telephone, the staff room, PPA room, library and school office. Please see document 'Calling an ambulance procedure'.

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 whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will 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 drug stock held in school. 'Record of administration of medicine to an individual child in school' & 'Parent administration of medicine notification form'.

Pupils taking their own medication.

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHCP and parents should complete the self-administration section of the template 'Parental agreement for setting to administer medicine'.

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil or kept in a clearly identified container in his/her classroom. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the office to which pupil access is restricted and will be clearly labelled.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired, it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible, and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary, parents will be asked to provide additional

medication.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines.

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 or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see template 'Record of administration of medicine to an individual child at school'.

Recording Errors and Incidents

If for whatever reason, there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication.
- Given the wrong dose.
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date.
- Or the wrong pupil is given medication.

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements, using the 'Record of mistake in the administration of medicine to an individual child form. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure that staff that will have to administer any medication (Prescribed/non-prescribed) will have completed Managing Medicines in Schools training before they can administer medication to pupils. WSCC provides both e-learning and face to face training courses.

The Lead and/or designated member of staff who will be overseeing administration of medication should complete a face-to-face course, this can be either a classroom session or Teams webinar.

Other staff who will be administering medication may also attend face to face training but need to complete as a minimum, the e-learning managing medicines **and** achieve a score of 100% on the managing medicines competency test. Staff should familiarise themselves with the schools medicines policy and other documentation.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy

(midazolam). Training in the administration of these specific medicines can be arranged via the school nursing service.

School staff involved in administering auto injectors or asthma inhalers in an emergency must complete annual training for auto-injectors and bi-annual training for asthma.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

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.

Risk assessing medicines management on all off-site visits.

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHCP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHCP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

The results of risk assessments however they are recorded i.e. IHCP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints

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

To be used with these documents & forms

- Parental agreement for setting to administer medicine form
- Individual Protocol for Administering Paracetamol to a pupil under the age of 10
- Individual Protocol for Administering Antihistamine to a pupil under the age of 10
- Protocol for administering EpiPen adrenaline auto injector
- Individual protocol for Mild Asthma
- Individual Healthcare Plan
- Record of administration of medicine to an individual child in school
- Parent administration of medicine notification form
- Record of mistake made in the administration of medicine
- Record of staff training
- Calling an ambulance procedure
- Model process for developing individual healthcare plans