Southway Junior School
Southway
Burgess Hill
West Sussex
RH15 9SU

Headteacher: Mrs V Smith

Tel. 01444 233824
email: parentline@southwayjunior.co.uk
website: www.southwayjunior.co.uk

MANAGING MEDICINES POLICY

Approved: September 2026
Review date: September 2027

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 Southway Junior School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined 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 September 2026

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Organisation

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

The Lead for Managing Medicines at Southway Junior School is the Welfare and Admin Officer, or in their absence the Events Secretary. 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 Southway Junior School community will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed and as part of the Headteacher'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 Education 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 the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Form B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines.'

An assessment of the pupil's medical needs will be completed; this might include the development of a Health Care Plans (HCP) or Education Health Care Plans (EHCP) and require 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.

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Pupils with medical needs

The school will follow Government guidance and develop an HCP or EHCP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Form 1 (Appendix 2)
- Require medication in emergency situations – these will be detailed using Form 2 for mild asthmatics and Forms 3, 4, 5 and/or 6 for anaphylaxis (Appendix 2).

Parents / carers should provide the Headteacher 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 / carers, Headteacher, 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 they are unwell. Parents / carers 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 / carer and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine for administration with parental consent (form B or gained at the time of administration) for symptoms that arise during the school day. All other medication must be supplied by the parent/carer 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 C and/or C1 (Appendix 1). The school will inform the parent / carer of the time and dose of medication administered on an ad-hoc basis by the end of each day by email.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent / carer, 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 HCP or EHCP. 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

Parent / carer consent to administer medication will be required as follows:

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- **Short term ad-hoc non-prescribed medication** - The school will request parent / carer consent to administer ad-hoc non-prescription by either using Form B (Appendix 1) when the pupil joins the school OR by contacting the parent / carer to gain consent at the time of administration noting the verbal permission for pupils with HCPs or requesting email confirmation for those without. The school will send termly reminders requesting parents/carers to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian, it will be assumed that consent remains current.

- **Prescribed and non-prescribed medication taken regularly** - each request to administer medication must be accompanied by parental consent to administer medication form (Appendix 1 Form C and/or C1), or if applicable on the HCP.

Prescription Medicines

Medicine should only be brought into school by an adult and only 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. For example, antibiotics 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 Form C or D. Parents / carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under ***exceptional circumstances*** where it is deemed that their administration is required to allow the pupil to 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 HCP 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.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine

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

- The parent / carer confirms daily the time the medication was last administered and this is recorded on Form C1 (Appendix 1);
- 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;

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- administration is required at least 4 times per day;
- medication is supplied by the parent / carer in the original packaging with the manufacturer's instructions and/or patient information leaflet (PIL);
- and accompanied by parent / carer consent Form C1 (Appendix 1) 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 / carer 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 / carers 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, should not be brought into school and therefore will not be administered by the school.
- If parents / carers 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.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
  - Standard Paracetamol will be administered in liquid form for the relief of pain i.e. period pain, migraine.

- For mild allergic reaction – antihistamine (see Anaphylaxis). Parent / carer consent will be gained for those pupils known to require antihistamine as part of their Antihistamine

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Protocol. Email confirmation to administer for hayfever will be gained at the time of administration by contacting the parents / carers and this will be recorded in writing. In an emergency, medication can be administered with the consent of the emergency services.

- For travel sickness – medication will be administered if required before the return journey on educational visits, must be age appropriate and supplied by the parent / carer in its original packaging with the PIL. Parental consent to administer the medication is obtained as part of the educational or residential visit. The school holds emergency travel sickness tablets and can administer them providing the correct written permission has been completed.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol
If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent / carer and confirm that a dose of pain relief (Paracetamol) was NOT administered before school. Parents / carers and, if appropriate the pupil, will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parent / carer consent administer 1 dose.

- If the school cannot contact the parent / carer and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parent / carer consent, administer 1 standard of dose of Paracetamol without any need to confirm with the parent / carer if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent / carer that pain relief has been administered; this will include the type of pain relief and time of administration.

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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. The school will ask the pupil's parent / carer to provide a second inhaler. Parents / carers are responsible for this medication being in date and the school will communicate with the parents / carers 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 reviewed annually. The school will develop HCP'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 who recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

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

Mild Allergic Reaction

Non-prescription antihistamine will with parent / carer 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 (the school's emergency Piriton) 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 with hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hayfever

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

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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 Anaphylaxis Protocol. 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 / carers 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 HCP or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the HCP or EHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff; if the pupils medication isn't available staff will administer the schools emergency medication with prior parent / carer consent.

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

Parent / carer consent to administer the school inhaler will be gained when the pupil joins the school using Form 2 for asthmatics (Appendix 2).The school will hold a register of the pupils diagnosed with asthma and if parent / carer consent has been given to administer the school's medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the main office and medical room.

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 the medical 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 (Form D, Appendix 1).

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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 HCP or EHCP and parents / carers should complete the self-administration section of 'Parental consent to administer medication' form (Form C Appendix 1).

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. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents / carers will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the medical room. 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 medical room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs (see above).

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 / carer 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 / carers will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in Risk Assessment – Bodily Fluids.

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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 /carer will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Form C, C1, D and E.

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 / carer. Details of the incident will be recorded locally as part of the schools local arrangements. 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 (prescription or nor prescription) 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 school's medicines policy and other documentation.

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- 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.

- All school staff must complete annual training in the administration of auto injectors and / or asthma inhalers in an emergency.

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 / carers should ensure they complete a consent form (Form C or C1) 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.

Residential Visits (overnight stays)

The school acknowledges the common law 'duty of care' to act like any prudent parent / carer. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents / carers must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication (paracetamol and antihistamine) for administration to pupils during a residential visit and parent / carer consent will be required in order for the school to administer their supply. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

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 / carers and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils HCP or EHCP 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.

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If a pupil requires prescribed or non-prescribed medication during the visit and an HCP or EHCP 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.

Travelling abroad – a risk assessment will be developed considering parent / carer and medical advice and documented on the pupils HCP or EHCP. If an HCP or EHCP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). Global Health Insurance Card (GHIC) should be applied for by parents / carers and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. HCP 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 Headteacher. If the issue cannot easily be resolved the Headteacher will inform the governing body who will seek resolution.

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Protocol for the administration of Paracetamol

- Paracetamol can be administered to children of any age, dose must be suitable for their age and weight
- Verbal parental consent must be gained during the day to administer paracetamol between the start of school day and 12pm. If the parents / carers cannot be contacted paracetamol cannot be administered. Conversation with parent / carer must be recorded.
- The school can administer paracetamol without additional parental consent on the day between 12pm and end of school day.
- If paracetamol is administered at any time during the school day parents / carers will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

Use with caution:
- Liver problems
- Kidney problems
- Long term malnutrition
- Long term dehydration
- Epilepsy

SIDE EFFECTS:
- Allergic reaction rash, swelling difficulty breathing
- Low blood pressure and a fast heartbeat
- Blood disorders
- Liver and kidney damage (overdose)

Do not administer if the pupil is also taking any of the following drugs:
- Metoclopramide (relieves sickness and indigestion)
- Carbamazepine (treats a number of conditions including epilepsy)
- Phenobarbital or phenytoin (used to control seizures)
- Lixisenatide (used to treat type 2 diabetes)
- Imatinib (used to treat leukaemia)
- Other drugs containing paracetamol e.g. Lemsip, Sudofed, Feminax

IF YOU SUSPECT AN OVERDOSE CALL 999 IMMEDIATELY only 4 dose in 24 hours