Latest Review – Sept 2026

Withycombe Raleigh C of E Primary School

Administering Medication in Schools

2026

At Withycombe Raleigh Church of England Primary School, we are committed to giving all our pupils every opportunity to achieve the highest standards in an inclusive school. Regardless of age, gender, disability, ethnicity, attainment or background, we ensure the learning, participation and equal opportunities of all children and adults in all aspects of school life. This includes supporting children with Special Educational Needs, ensuring physical access, medical needs are met where possible and social inclusion for all as well as meeting the needs of vulnerable and minority groups. The Children and Families Act 2014 states that all Governing Bodies must make arrangements for supporting all children with known medical conditions.

The aim of the statement is to ensure that all reasonably practical steps are taken to secure the health, safety and welfare of all persons using these premises (or during educational events off site organised by school; such as sporting tournaments, school trips or residential visits) and in particular ensure that all teaching and non-teaching staff make themselves fully aware of relevant Health and Safety issues, regulations, practices and school procedures for administering medication. We want to keep our children healthy and provide them with the ability to actively participate in full school life.

Administering Prescription Medication in Schools

This will detail the medical condition, the medicine, time of administration and dosage required. Records will be kept of amounts received, dispensed and the member of staff administering the medicine (files kept in Welfare Room, including medicine log on the wall – all staff must record on this when administering medication and that they have checked the administering medicine form completed by the parents/guardians). Parents are ultimately responsible for their child's medication and informing the school about the administration. Parents need to check that the prescribed medicine is in date and delivered to school in the original container. It is also recommended that parents label/name the medication. Medicine trawls will take place during the first half term of the academic year to check medicines are in date across the school. Any amendments to medicine arrangements need to be shared by parents with the First Aid Team or Class Teachers dependent on who has the medication. Ultimately it is parental responsibility to log and check expiry dates of their child's medicines.

Medicines cannot be shared and are only for the individual they have been prescribed for. Under no circumstances will one child be given another child's medicine. School Staff are not medical professionals and do not have right to make this decision or administer medication unless directed to by a parent (details completed on the administering medication form) or by a medical professional.

Parents will be encouraged to directly give the medicine and medication form to the office or Breakfast Club Staff. These medicines will be placed in a Zippy wallet, labelled and placed the fridge or cupboard in the Welfare Room and the forms will be pinned to the noticeboard to alert the staff of the need to administer these medications. Where possible staff will be directly informed, in particular if the medication needs to be administered before lunchtime. Staff will need to check the wall log to ensure medicine is only administered once.

During activities taking part off site then the staff in charge, Class Teachers and First Aiders will take the child's medication and relevant paperwork. All children who require medication on trips/visits will be listed separately on the Risk Assessment Form (submitted to EVOLVE), alongside the relevant medication and need, e.g. name, asthma and salbutamol inhaler. If parents are accessing the Risk Assessment Form then ensure these names are initials only. Class Teacher and other School Staff to have a full and complete copy of the risk assessment. All medicines need to be checked before leaving school and, on the return, to school, by the trip leader, in most cases this will the Class Teacher. Staff will prompted by the 'Trip Tick List', which is to be completed and handed in to the office before leaving the school building on the trip day.

If any medicines are lost, out of date or forgotten on a trip then alert the Senior Leadership Team immediately. There cannot be any delays and parents will also need to be informed directly and promptly to get replacement medication. This could result in the child going back in to their parent's care until the emergency medicine is available.

Individual pupils with special medical needs may require an Individual Health Care Plan to be produced, in consultation with school staff, parents, pupil, School Nurse and Paediatrician. This includes some individual Asthma Plans.

While staff cannot be compelled to administer medicines for pupils (there is no legal duty, this is a voluntary role), it is hoped that the support given through parental consent, the support of the County Council and that of the Primary Care Trust, will encourage staff to see this as part of their pastoral role. If the Headteacher is concerned about whether the school can meet the needs of a pupil or where parent's expectations appear unreasonable, advice should be sought from the School Nurse or the child's GP and if appropriate, the LEA. Where these arrangements fail, it is the responsibility of parents/carers to make alternative arrangements.

Headteacher should make all parents aware that they should keep children at home when they are unwell.

Many pupils will be capable of administering their own treatment, some will require a level of supervision and others will need the medicine to be administered for them. This must all happen with an adult present and then logged on the agreed forms.

If a pupil refuses to take medication, school staff would not force them to do so. The school should inform the parents as a matter of urgency.

Allergies (Please also refer to Allergy Safety Policy)

The needs of the children who have allergies are considered on an individual basis in consultation with parents/carers and the school nurse. Individual emergency action plans (Critical Care Plans or Individual Health Care Plans) are drawn up and put into place for children who have severe allergic reactions.

The school tries to make all areas of the curriculum accessible to all children and specific dietary needs (food allergies) are taken into consideration when planning activities that relate to food. Alternative food items are then used where possible.

Children who have food allergies are also encouraged to bring in food items from home for celebratory occasions, such as birthdays of their peers. These items then can be stored at school.

Children with specific dietary needs/allergies/intolerances who are accessing the Universal Free School Meal provision will be provided with yellow lanyards detailing their needs. Photos and additional details will be displayed in the School Kitchen, Office and Welfare Room.

Anaphylaxis:

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, eggs, cow's milk, fish, fruits (such as kiwi), penicillin, latex and the venom of stinging insects (bees and wasps). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma.

All staff are trained to be alert to the symptoms of Anaphylactic Shock and the correct administration of antihistamines or adrenaline injections (Epinephrine). This training is no longer part of the core offer from the School Nurse Team and online resources are sent to staff to access the relevant training. Critical Care Plans are in place for all of these children, with step-by-step treatment plans and protocols to follow.

(Further information is available from the Anaphylaxis Campaign – www.anaphylaxis.org.uk).
Further information or training this can be accessed via the following links:

https://allergywise.org.uk/course-login/ (free online training)

https://www.epipen.com/en/hcp/about-epipen#how-video (you tube demonstration of epipen administration)

www.epipen.co.uk, http://www.jext.co.uk, http://www.emerade.com/ (information re use of different autoinjectors)

https://www.supportingchildrenshealth.org/asthma-module/ (free online asthma training)

Children with this diagnosed condition will have two adrenaline injections (epipens/auto-injectors) in school. One of these will be in class and the other stored centrally in the Welfare Room (high shelf above sink in named containers). On trips/visits both adrenaline injections must go with the child.

The expiry dates of epipens held in school will be recorded in the Welfare Room (on noticeboard) and parents will be prompted via a letter to replace. A risk assessment is in place if parents do not comply to this and provide replacement epipens, where the safety of the child will be the priority. When guidance is sent from the NHS about the recall of emergency medication then the adrenaline auto-injectors are checked and sent home with guidance to parents about next steps. There may also be guidance received from the NHS about extending expiry dates if shortages in obtaining medication – details will be logged in the Welfare Room if this is the case.

Emergency AAI

Following the recommendation of the Commission on Human Medicines, the government has enabled schools, from October 1st 2017, to purchase, without prescription, spare AAIs for use in emergencies to pupils who are known to require such medication. The spare AAI can only be used on a pupil with previous diagnosis of anaphylaxis or if anaphylaxis is suspected.

Asthma

At Withycombe Raleigh we recognise that asthma is a condition affecting many school children and we positively welcome all pupils with asthma. The school encourages children with asthma to achieve their potential in all aspects of school life by having clear guidelines that are understood by school staff, the Local Authority and pupils.

Inhalers:
Immediate access to reliever inhalers is vital. All pupils will have their inhalers to hand, but managed by adults (these will be stored in labelled boxes in their classrooms). School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. Inhalers will always be taken by staff on off-site activities, e.g. trips and residentials. Staff can do this by taking their class medicine box and then returning to school.

Emergency Inhaler
Withycombe Raleigh C of E Primary School has an emergency Salbutamol inhaler. This should only be used by children who have either been diagnosed with asthma or prescribed an inhaler or who have been prescribed an inhaler as reliever medication. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible.

PE:
Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma in their class. Children with asthma are encouraged to participate fully in PE. If a child needs to use their inhaler during the lesson they will be encouraged to do so and the inhaler should be available immediately. (Parents will need to ensure that inhalers are available for children attending after school provision, as children may not have quick and easy access to the inhalers stored in classrooms).

The School Environment:
The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy. As far as possible, the school does not use chemicals in Science, DT and Art lessons that are potential triggers for children with asthma.

Absences From School:
If a child is missing a lot of time from school because of asthma, or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate, the teacher will then talk to the Specialist Nurse Practitioner and Special Educational Needs Co-ordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of their condition. The Education Welfare Officer has also been involved in these meetings to find positive solutions to school attendance issues and logging absences.

Asthma Attacks:
For children with severe asthma they have 'Asthma Plans' provided by the relevant health care professionals and parents. These will detail the protocols to follow during an attack or as a preventative measure.

Possible symptoms, mild and severe:

NO INDIVIDUAL WILL EXPERIENCE ALL THE SYMPTOMS BELOW AND NOT NECESSARILY IN THAT ORDER

- Increased feeling of anxiety (children become very agitated)
- Rash – hives (raised rash like nettle rash)
- Generalised flushing of the skin
- Hayfever like symptoms – sneezing, runny nose, eye watering
- Abdominal cramps, nausea and vomiting
- Swelling throat and mouth
- Difficulty in swallowing and speaking
- Difficulty in breathing, due to severe asthma or throat swelling.
- Remember any difficulty in breathing in the airways is called asthma.
- Alteration in heart rate
- COLLAPSE AND UNCONSCIOUSNESS

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is carried out by a trained first-aider.

- Ensure that the reliever inhaler is taken immediately
- Stay calm and reassure the child
- Help the child to breathe by ensuring tight clothing is loosened

After the Attack:
Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be told about the attack.

Emergency procedure:
Call an ambulance and ring parents if:

- you have any doubts at all about the child's condition
- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted

(Further information is available from Asthma UK – www.asthma.org.uk)

Emergency Epipen and Inhaler

Located in school medical room.

Diabetes

Most children with diabetes who have the conditioned controlled by injections of insulin throughout the day and can require injections at school. It is important that school staff know if a pupil is diabetic and what measures need to be taken in the case of hypoglycaemia (low blood sugar). This is stated on their Individual Health Care Plan. Staff can be trained to supervise or carry out Blood Glucose Monitoring where necessary. Children with diabetes who are unable to inject themselves can have parents go into school to administer the insulin or staff can be trained in this role if they are happy to do this. If a partnership between the school and the Primary Care Trust and the Local Authority is established, then staff in the school can be trained to take on this responsibility. This can aid the families involved as they do not need to leave work to ensure their child's safety and health. If this requires additional staffing time then there are Medical Funds that can be applied for.

(Further information is available from Diabetes UK – www.diabetes.org.uk)

Epilepsy

Most medication for epilepsy is programmed to be given outside of school hours. Pupils with epilepsy sometimes require a dose of emergency anti-convulsant in the event of a seizure at school. This may be in the form of a rectal suppository. Members of staff willing to administer this will require appropriate training. However, children who require emergency anti-convulsants can be given medication by mouth. An Individual Health Care Plan will be required detailing actions to be taken and the medications/processes to be used.

(Further information is available from the National Society for Epilepsy – www.epilepsy.org.uk)

Individual Health Care Plans/Critical Care Needs

On occasion there are children who attend this school with individual critical care needs, e.g. children with brain tumours and heart conditions. In these cases there will be Individual Health Care Plans/Critical Care Plans put into place and appropriate training and guidance will be given to relevant staff members. Advice will be support from parents and the school nurse/medical teams working with these children.

All children who require some form of critical care will be photographed and their emergency information will be recorded on the wall by the Welfare Room (Found on the wall in the welfare room on individual clipboards for easy acsess). All school staff (including office staff, catering team and Meal Time Assistants – separate list displayed in the School Kitchen) will be briefed on the main needs of these children. It is essential that Class Staff know the full detail of these plans and follow them fully. The emergency details will be displayed in secure teacher areas in classrooms and this information will be shared with any supply teachers working in the classes (details of plan in the Supply Folders) by other adults in the year group. The Individual Health Care Plans also hold information on contacting emergency services and parents. These will be updated annually during the first half term of the school year.