



Administration of Medications Policy

Person responsible	Director of Finance & Operations (DFO)
Last update	September 2025
Frequency of Review	Annual
Date of last review by Governors	November 2025
Date of next review by Governors	November 2026

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1. Introduction and Aims

This Policy applies equally to Reception (EYFS), Key Stage 1 and Key Stage 2 as taught at Bute House Preparatory School (the School). The Policy applies at all times when the pupils are in or under the School's care, including School-organised trips or at School sporting events.

The Governors and staff recognise that many pupils will, at times, need to take medication at School. While parents retain responsibility for their child's medication, the School has a duty of care to the pupils while at School, and the staff and Governors wish to do all that is reasonably practicable to safeguard and promote pupils' welfare.

The aims of the School are:

- to promote and safeguard the welfare of pupils
- to promote a culture of safety, equality and protection
- to ensure the physical and mental wellbeing of pupils
- to support individual pupils with medical needs
- to implement and maintain an effective management system for the administration of medications to pupils

2. Scope and Responsibilities

The Governing Body, as proprietor of the School, takes responsibility for the Policy on Administration of Medications during school time in accordance with government guidelines.

Parents have a mandatory duty to supply medical information to the School, from which the School can provide an Individual Health Care Plan (IHCP), if one is needed.

The Head is responsible for the implementation of this Policy. The Head and DFO have responsibility for the formal oversight of the administration of medications and the arrangements for pupils with medical conditions within the School, which include:

- Ensuring that sufficient numbers of staff are trained and have access to all relevant information required to assist pupils with medical conditions
- Ensuring that sufficiently trained staff are supporting the medical needs of pupils at all times
- Ensuring that information regarding an individual pupil's medical condition is shared with staff as appropriate and on a "need to know" basis
- Ensuring that assessment takes into account additional risks posed to individual pupils
- Overall development and monitoring of IHCPs

Medication will normally be administered by the Senior First Aider or another Duty First Aider. The School recognises that this is voluntary for staff unless explicitly stated in their job description. Staff receive training where required and full indemnity, if applicable. The Senior First Aider or any other Duty First Aider while administering medication are covered against liability under the terms of the School's indemnity insurance – see section 5.

Classroom assistants, PE and games staff, or staff taking pupils on residential educational visits are given training to administer first aid and/or medication to pupils.

A list of First Aiders is included in the School's First Aid Policy and Health and Safety Policy, and is available in the school office. Training is referred to in the First Aid Policy.

3. Legal and Regulatory Framework

The School understands its obligations with reference to Independent Schools Standards Regulations and EYFS as well as relevant guidance and advice, such as *Supporting pupils at school with medical conditions* (DfE, updated 2024). It also incorporates current Human Medicines Regulations which allow schools to purchase and hold spare adrenaline auto-injectors, following the *Guidance on the use of adrenaline auto-injectors in schools*.

4. Controlled Drugs

The administering of routine controlled drugs is undertaken only after consent and appropriate advice from a medical professional as provided by the parent and in accordance with guidance specified by the DfE including *Supporting pupils at school with medical conditions* and *Guidance on the use of adrenaline auto-injectors in schools*.

Those key staff required to administer controlled drugs will only do so when the Head and DFO are satisfied that suitable training has been undertaken, appropriate risk assessments are in place, that the Individual Health Care Plan has been updated where necessary and the parent has given written consent.

Where pupils are prescribed controlled drugs, these will be stored in a double-locked cabinet in line with the Misuse of Drugs Regulations 2001, recorded in a controlled drug register, and administration witnessed and signed by two members of staff. During normal school hours the medical team, a member of the reception team or the DFO can access the cabinet. In the event of absence of any of these staff members, access will be obtained by a member of the site team.

The School may purchase and hold spare adrenaline auto-injectors (AAIs) for emergency use in accordance with the DfE guidance (*Guidance on the use of adrenaline auto-injectors in schools*) in conjunction with the Human Medicines (Amendment) Regulations 2017. The holding of spare AAIs is discretionary and applies only where medical authorisation and written parental consent have been obtained for their use.

5. Staff Indemnity

The School fully indemnifies all staff against claims for any alleged negligence, provided they are acting within their conditions of service and following the School's Policy. Cover is provided as follows:

- **Public Liability (PL)** – covers injury to pupils, parents, visitors.
- **Employer's Liability (EL)** – covers injury to staff or arising from staff actions.
- **Medical Malpractice / Treatment Liability (RSA)** – provides explicit cover for first-aid treatment given by non-medical staff.

6. Guidelines

On admission of the pupil to the School, all parents are required to provide information giving full details of:

- medical conditions
- allergies
- regular medication or occasional medicine
- emergency contact numbers
- name of family doctor/consultants
- special requirements (for example dietary)

At the beginning of each academic year all parents are required to update this medical information (*see Appendix 2 if an IHCP is required*).

If a parent notifies the School that a child has a chronic condition, including asthma, anaphylaxis, epilepsy, diabetes or any other condition which will require greater awareness by the School, parents will be asked to complete an IHCP for their child. In addition, if the child has a severe allergy, the parents will be asked to complete an Allergy Action Plan. Where a spare adrenaline auto-injector is to be used by the School, the Individual Healthcare Plan must include:

- written medical authorisation from a doctor or allergy specialist to use a spare AAI; and
- written parental consent for the School to administer the spare AAI.

The School will maintain an up-to-date Allergy Register including a photograph of each pupil, known allergens, prescribed adrenaline auto-injector brand and dosage, location of personal and spare AAIs, and confirmation of medical authorisation and parental consent for the use of spare AAIs.

Any requests for medications to be administered at School, be it prescribed or non-prescribed, must come from a parent in writing on the *Request for School to Administer Prescribed and Non-Prescribed Medication Form* (found on the School's app) and each request will be considered on an individual basis. A pupil under 16 should never be given medicines containing aspirin unless it has been prescribed for that pupil by a doctor.

The form will include:

- name of parent and contact number
- name of pupil and class
- name of medicine
- name of doctor who prescribed it, and contact details (unless it is a non-prescribed medicine)
- precise dosage
- how it should be kept and stored
- how it is to be administered
- when medication should be given
- duration of treatment/or regular medication
- any other instructions
- a note of any side-effects
- self-administration information, for example, inhalers

The form will end with the following consent statement:

"The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the School to administer the medication in accordance with the School Policy. I will inform the School in writing of any changes to the above information. I understand that I must deliver the medicine personally to the Duty First Aider and accept that this is a service which the School is not obliged to undertake. I also understand that my child cannot be supervised inside at playtimes, and that if she has a temperature she should be kept at home."

It will be signed and dated by a parent or someone with parental control as specified in the parent contract and/or school records.

A separate form must be completed for each prescribed and non-prescribed medication to be administered.

In the event of a pupil requesting non-prescribed medication during the day, the School will call the parents to ask for permission.

NB. Parents of Reception pupils must be informed at the end of the day of any medication given (even at their own request) or any treatment given to a pupil.

Procedures in the event of an anaphylactic or asthmatic attack or epileptic seizure are detailed in Appendix 3.

Allergy Register

The School maintains an Allergy Register as part of its medical conditions management system. The Register records pupil photographs, allergens, prescribed medications, consent status, location of medication and review dates. The Allergy Register will be reviewed termly.

7. Records

The School records all instances of administering prescribed and non-prescribed medication in the Medical Events Spreadsheet. These records are kept on the relevant folder in Teacherlink.

The spreadsheet records:

- name and class of the pupil
- date and time of the administration
- who supervised the administration
- which medication
- how much was given
- a note of any side effects
- location of incident
- suspected allergen/trigger if known
- time second dose administered (if applicable)

The School's Senior First Aider or Duty First Aider will ensure that these records are completed, and checks are made regularly.

Parents are expected to submit any requests for the administration of medications via the required form at the earliest opportunity, and to discuss with the Senior First Aider what can be done in School. As appropriate, and when required, the Head and parents, in consultation with the Senior First Aider, will draw up an Individual Health Care Plan.

For ACUTE (short term) conditions the precise dose of the medication as prescribed by the doctor must be sent in by the parent in a labeled container with full instructions.

Medication for CHRONIC conditions must be in a container as dispensed by a pharmacist with the pupil's name and instructions for administration printed clearly on the label.

Medication will be kept in the locked Medical Room. See Appendix 1 for Procedure for Holding Medication. **Forms completed by parents will be kept in the Medical Room.**

Any medication errors or near-misses will be recorded, parents informed, and the incident will be investigated under the School's risk management process.

8. Logistics of Administering Medications

The School will not deal with any requests to renew the supply of the medication. This is the responsibility of the parents. If the pupils are able to administer their own prescribed medicine, the Duty First Aider will check that the pupil fully understands what has to be done and will supervise the administration.

These arrangements apply to pupils who are required to take medication and who are fit enough to attend school.

On balance, having considered the risks involving pupils aged 4-11 years, the School has decided to keep all medications centrally, including asthma inhalers and adrenaline auto-injectors. These will be kept in the locked Medical Room. The School will also hold centrally, in the same room, spare emergency adrenaline auto-injectors for use **ONLY** by those pupils with an IHCP confirming that an adrenaline auto-injector has been prescribed by a medical professional. In case of an emergency, and on advice from a medical professional only, an adrenaline auto-injector may also be administered on other pupils.

The School will hold spare emergency adrenaline auto-injectors in a secure but **immediately accessible** location. Spare AAIs must not be locked away where access could be delayed. They must remain accessible within approximately five minutes from all teaching areas.

In circumstances of extreme anaphylaxis risk and after consultation with parents, Dr Proudfoot (Medical Governor) and medical professionals, the School may allow those pupils in Years 3, 4, 5 and 6 to carry their emergency medication at all times.

For any pupils in Reception, Year 1 and 2, the designated Teaching Assistant, or their cover, will carry one of their prescribed adrenaline auto-injectors with them whilst the pupil is in their care; the pupil's additional adrenaline auto-injector will remain in the school office.

For all pupils with a prescribed adrenaline auto-injector: these will be taken on all outings and checked by the trip leader. Please see the Educational Visits Policy for full details.

The School may also purchase, hold, and administer emergency salbutamol inhalers for pupils diagnosed with asthma and with parental consent, in line with DfE guidance.

The School does not allow any other medications to be kept in the classrooms or corridors. Any pupil bringing medicine to School must hand it in on arrival to the Senior First Aider. It must be clearly labelled with the pupil's name and a completed medication form (see below), giving permission for it to be administered. The School is not able to give medication in the absence of this form.

Medications are not permitted to be kept in handbags, briefcases, school bags, or any personal belongings of pupils or staff within any classroom.

Any medication held for pupils must only be administered to the relevant pupils. Staff should not, under any circumstances, take medication prescribed for pupils from the Medical Room, unless it is for the pupil named on the medication.

The Senior First Aider is normally responsible for medications in the School together with the nominated deputy. Day-to-day mechanics of medication administration may be delegated to competent, trained colleagues.

Medication will be administered at the times advised by parents, as specified on the pupil's request form.

The disposal of expired medications remains the responsibility of the parents and expired medications will be returned to parents for safe disposal. In the event that parents do not collect adrenaline auto-injectors, these are disposed of in the sharps bin (located in the Medical Room which is collected by Calabash Mint, a specialist contractor). Other non-collected medications are disposed of in the white medical waste bin which is located in the First Aid room.

9. Intimate or Invasive Treatment

The School will not normally allow these to take place in School, but in exceptional circumstances the Head is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil.

10. Long-term Medical Needs

The Governors and Head will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in some cases the family doctor. This Policy supports the School's duties under the Equality Act 2010 to make reasonable adjustments for pupils with disabilities or medical needs. (see also Equality, Diversity and Inclusion Policy.)

11. Off-site Visits and Sporting Events

The School prepares a Risk Assessment for all off-site visits and sporting events, and these must include details for any pupil with an Individual Health Care Plan.

12. Risk Assessment

The Head has overall responsibility for Risk Assessments but all Risk Assessments must be prepared by the trip leader of the event/sports trip and must be approved by the Educational Visits Coordinator. A copy of the Risk Assessment is taken on all trips, and it is the responsibility of the trip leader to ensure that the conditions in the Risk Assessment are implemented.

If there are any safeguarding concerns raised as the result of the Risk Assessment, then they must be reported in accordance with the School's Safeguarding Policy.

13. Staff taking medication

If staff are taking medication which might affect their ability to care for pupils, they should seek medical advice and inform their line manager. Staff medication on the premises must be securely stored, and out of reach of pupils at all times. Please see the First Aid Policy and the Staff Handbook.

14. Training

The Governors are committed to providing appropriate training for staff who volunteer to participate in the administration of medications. Training will include practical administration of adrenaline auto-injector devices, recognition of the signs of anaphylaxis, and procedures for a second dose. Training should be refreshed annually, and at least two named staff must be responsible for checking AAI expiry dates monthly and maintaining records.

15. Complaints

Where a parent or pupil is dissatisfied by the School's response to a medical condition they should initially raise, and try to resolve, the complaint with the Senior First Aider. If they remain unsatisfied, they should raise a complaint in line with the School's Complaints Policy.

16. Monitoring and Review

The DFO will regularly monitor and evaluate the effectiveness of this Policy. It will be subject to review at least annually (or more frequently if changes to legislation, regulation or statutory guidance so require) by the DFO and the Governing Body. This Policy will also be reviewed immediately following any significant incident, near miss or event that requires amendment or review to ensure the care and safety of the School community. The date of the next review is shown on the front page.

Appendix 1 – Procedure for Holding Medication

Holding Medication on a Long-Term Basis

1. Ensure that the *Request to Administer Prescribed and Non-Prerescribed Medications Form* is completed and that any prescribed medication has been prescribed by a doctor.
2. Ensure that the School has been given sufficient medication and that it is in date.
3. Create a tray for the pupil in the Medical Room and label it with her name.
4. Add the pupil's name to the list in the Medical Room, giving their name, class, and medication names.
5. If the School is holding adrenaline auto-injectors for the pupil, ensure that the auto-injectors, the Allergy Action plan, as well as a copy of the pupil's IHCP are kept together in a plastic wallet that can be taken quickly from the tray.
6. If any medication is administered, ensure that it is recorded in the Medical Events spreadsheet.
7. If medication is administered to a pupil from Reception, ensure that the *EYFS Administration of Medicines Form* is completed, copied and given to the Reception teacher.
8. Monitor the expiry dates of medicines held and remind parents to supply replacements before medicines expire. Expiry dates for adrenaline auto-injectors (personal and spare) will be checked monthly by two named staff and recorded in an AAI Expiry Monitoring Log.
9. Use the *Expired Medications Form* to return expired medicines to parents for safe disposal.

Holding Medications on an Ad hoc Basis

1. Ensure that the *Request to Administer Prescribed and Non-Prescribed Medications Form* is complete and that any prescribed medication to be given has been prescribed by a doctor.
2. Put the medication and the Form in a plastic wallet in the Medical Room, being careful to check whether the medication needs to be stored in the fridge.
3. Ensure that the medication is given at the correct time.
4. Ensure that it is recorded in the Medical Events spreadsheet.
5. If any medication is administered to a pupil from Reception, ensure that the *EYFS Administration of Medications Form* is completed, copied and given to the Reception teacher.
6. Ensure any unused medicine is returned to the parent.

Appendix 2 - Procedure for an Individual Healthcare Plan (IHCP)

1. When the School is informed that a pupil has a chronic health issue via the data collection sheets, the parents must be sent an Individual Health Care Plan to complete and return.
2. If the School is informed of a severe allergy, the parents must also be sent an Allergy Action Plan to complete and return.
3. When the IHCP &/or Allergy Action Plan has been returned, the details must be entered on to the pupil's SIMs record as follows:
 - Create a Medical Note for the condition and describe the triggers and symptoms
 - Create a Medical Note 'Medication Held' if the School is holding medication and detail the name of the medication and dose details.
 - Create a Medical Note 'Individual Health Care Plan' and detail the date received.
 - Create a Medical note called 'GP Managed' or 'Consultant Managed'
4. Attach the pupil's photo to the IHCP
5. File a copy of the plan with the pupil's medication, if held, and a copy in the pupil's School file
6. Ensure the IHCP Monitoring sheet is updated and a review date is set.
7. Ensure that the pupil's form teacher is aware that she has an IHCP. Any triggers and symptoms must be discussed with the teacher to ensure awareness of the condition.
8. Ensure that the pupil's photo and details are included in the displays of pupils with medical conditions in the School Office and the kitchen.

Appendix 3

Procedure in the event of an anaphylactic attack

Administer the adrenaline auto-injector **immediately** into the outer thigh.

Dial 999 and state “ANAPHYLAXIS”.

Keep the pupil lying flat with legs raised. **Do NOT stand them up.** If breathing is difficult, allow the pupil to sit.

After 5 minutes, if symptoms have not improved, administer a **second dose** using another AAI if available.

Record the time and location of the reaction and notify parents.

Give the used AAI to the paramedics and ensure the pupil is transferred to hospital

Procedure in the event of an epileptic seizure

If the pupil has an IHCP, the First Aider will follow the IHCP.

If the pupil has never knowingly had an epileptic seizure before, the First Aider will remain with the pupil, making sure that she is safe and warm, and a second member of staff will call an ambulance first and then the pupil’s parents.

Procedure in the event of an asthmatic attack

If the pupil has an IHCP, the First Aider will follow the IHCP.

If the pupil has never knowingly had an asthma attack before, the First Aider will ask a second member of staff to contact the parents and find out if there is any history of such an attack, and act on the advice given. The First Aider will establish the severity of the attack and, if in doubt or if it is severe, they will remain with the pupil while the second member of staff will call an ambulance.