Chapel End Primary School

Medicines Policy

'Mission Statement.'

We aim to provide our children with the highest possible standard of education, through quality teaching and learning, in a happy caring environment.

We will do the best WE can to enable our children to do the best THEY can.

This policy was approved by:	Full Governors
Date	Autumn 2025 2026
Review Date	Autumn 2027 2028

Overview

Where learners have been prescribed medications by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that children who need medication during school hours have their special needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures.

Intent

1. To keep medication safe is school.
2. To ensure that children who need to take medication whilst they are in school have their needs met in a safe and sensitive manner.
3. To make safe provisions for the supervision and administration of medication in school time.

Implementation for Years Nursery – Year 6

1. Only medication prescribed by a doctor or authorised health care worker, will be administered in school
2. Medicines that only require 3 doses a day will not be administered in school. Medicines that require 4 doses a day or are prescribed for a specific time during school hours will be administered.
3. Medicines containing aspirin should only be given if prescribed by a doctor.
4. Only members of staff that have been trained and authorised by the Headteacher may supervise and administer medication. In emergency, the Headteacher will make appropriate alternative arrangements. In some circumstances, as determined by the Headteacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
5. Parents must send written requests to the Headteacher when they wish the school to supervise or administer medication.
6. Medication must be sent into school in its original container.
7. Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Headteacher will decide how it is to be stored. At Chapel End, this is the staffroom fridge. It is regularly assessed if any staff members have allergies that would affect this storage.
8. Where a child has been prescribed an EpiPen for severe allergic reaction (anaphylaxis) the EpiPen will be kept available in school(First aid room and classroom of child) or taken on visits and used by staff in an emergency (see annex)
9. When pupils needing medication are on visits away from school, the school will do its best to see that as far as possible, within the available resources, special arrangements are made to allow the pupil to participate. This may mean that the child's parent will be requested to accompany it on such visits and outings.

10. Information about a child's needs for medicines will be kept in the child's school records and it will be regularly kept up to date. These records are located in the first aid room, on cpoms and in staff handbooks.
11. Training must be provided for staff where the administration of medicine requires medical or technical knowledge.
12. The use of Illegal and other unauthorised drugs is not acceptable.
13. In most cases, administration of medicines will be centralised to the school first aid room. A member of the first aid team will administer the medicine and will log the time and date of the administration and sign to confirm this. This will be completed in a medical administration log book/file which will be located alongside the medicine in the centralised locked cabinet. The administration will be witnessed by a second member of staff where reasonably practical who will also sign to confirm that the administration was undertaken in accordance with the agreed instructions. Each child must have their own personalised page on the register for confidentiality purposes.
14. When pupils needing medication are on visits away from school, the school will do its best to see that, as far as possible, within the available resources, special arrangements are made to allow the pupil to participate. This may mean that the child's parent will be requested to accompany them on such visits and outings. Any medicines needed to be taken while away on a visit away from school should be listed on the Medical Form for trips. A designated medical officer will be appointed on the trip/visit who will be responsible for looking after the medicine and administer it in accordance with the medical instructions. A second member of staff will witness the medical administration and sign to confirm that this was duly completed.
15. No child shall be allowed to take part on a visit unless the Medical Trip Form has been completed in full, which must include a contact telephone number in the case of an emergency. Any medication taken on a trip must match with the information on the Medical Form. Letters for trips (and clubs or other non-class based events, such as swimming) should always refer to children having the appropriate medication. All medicine used on trips or out of school events should be prescribed medicine.
16. Any prescribed medicines not requiring refrigeration, which requires administration, shall be stored in a locked cabinet centrally located in the first aid room.
17. Parents of pupils with a diagnosis of asthma must ensure that all medication required including inhalers and Volumatic spacers are in school. Parents should ensure that all inhaler medication is within its use by date and that clear instructions are attached in terms of frequency of usage. Use of inhalers must be via parental consent/prescription. Inhalers will be located in a cabinet/safe/high place within the child's own classroom. Children of appropriate age are able to administer their own inhalers, such usage must be witnessed by a member of staff.
18. A central medical list will be compiled of all children from nursery to year 6 using information from parents completed information forms which are sent home every September for updates. Parents are responsible for contacting school and providing updated medical information that school needs as circumstances change. This central medical list will be given to all school staff. All staff should be familiar with

the overall list – not just their own class – in case of contact/dealings with other children on trips/at lunch time/clubs etc

19. Any child with a food allergy/intolerance will have pictures displayed in appropriate places such as the school kitchen and staff room. In the case of anaphylaxis – training on the use of epi-pen equipment will be given to all staff periodically. Children with such needs will be known to all staff a suitable medical box must always be available containing the epi-pen and other medicine. This box should be clearly marked with the child's name. This should be in child's classroom , which is not accessed by other children but is freely accessible at 'unexpected hours' eg – after school club time. This equipment will always be taken on any school trip or visit outside of school. Parents will be encouraged to arrange for 2 boxes, one to be kept in the child's classroom and one in the first aid room. In such potentially 'emergency cases' – photographs and summary of conditions (an abridged version of the key issues in the Health care plan which takes care to avoid confidentiality breaches) will be made and placed on the wall in the staff room and a copy in the office. In cases of dietary requirements (medical or religious), similar photographs/summary of conditions will be on the wall in the kitchen for staff and welfare awareness (but out of sight of other children).
20. Club lists will include a column after the pupils' names entitled 'medical/vulnerable' to allow the club leader, who may not initially be familiar with the child, immediate information that the child has a medical or other need.
21. A defibrillator is present in school in the first aid room. A range of staff have been trained in the use of defibrillator should they be required.
22. Any members of staff bringing in prescribed medicines must notify the Headteacher who will ensure safe storage and monitor access.
23. Any members of staff bringing medicines such as over the counter paracetamol should leave them at the school office on arrival.
24. Organisation of medicines including consent, storage, administration and monitoring during extended school visits will be recorded in a dedicated educational visits risk assessment.

Implementation for Pre School

When a Child Becomes Unwell

If a child becomes unwell:

- School will **contact parents/carers immediately**.
- The child will be cared for in a quiet, comfortable space away from others, if appropriate.
- School may request that the child be **collected immediately** to prevent the spread of infection.

Children with the following symptoms must be kept at home:

- Fever of 38°C or higher
- Diarrhoea or vomiting (must remain at home for **48 hours** after the last episode)
- Contagious rashes (e.g. chickenpox, impetigo) until cleared by a doctor or the rash has scabbed over
- Severe cough, breathing difficulty, or unusual fatigue

- School can administer non-prescribed medication, such as Calpol if an accident occurs and your child needs pain relief. School can administer non-prescribed medication, such as Calpol, nappy cream or teething gel if your child is teething as long as a consent form it signed by parents/carers. The name of the child must be clearly labelled on the medical container – not the packaging.

Parental Responsibilities

Parents must:

- Keep children at home when they are unwell or contagious
- Inform me of any illness, injury, or recent medication
- Provide up-to-date emergency contact and medical information
- Supply all necessary medication, properly labelled
- It is vital that you inform me of any medication you may have given your child before they arrive into my care. I need to know what medicine they have had, the dose and time given

Exclusion Periods for Common Illnesses in Early Years Settings

Illness	Recommended Time to Stay at Home
Diarrhoea and/or vomiting	**48 hours** after the last episode
Chickenpox	Until all spots have **crusted over** (usually 5–7 days after rash appears)
Hand, Foot and Mouth	No exclusion needed unless the child is unwell; keep home if unable to cope
Conjunctivitis	No exclusion unless advised; encourage good hygiene
COVID-19 (current guidance)	Stay home for **3 days** from symptom onset (5 days for adults); return if well
Flu/influenza-like illness	Stay home until **fever is gone** and the child is well enough to return
Impetigo	Until **blisters have crusted over** or **48 hours after starting antibiotics**
Measles	For **at least 4 days** after the rash appears
Mumps	For **5 days** after onset of swelling
Rubella (German measles)	For **4 days** after rash appears
Scarlet fever	Return **24 hours after** starting antibiotics
Tonsillitis / sore throat	No exclusion unless caused by **Strep A** – then **24 hours after antibiotics**
Whooping cough (Pertussis)	**48 hours** after starting antibiotics (or 21 days from cough onset if not treated)
Head lice	**No exclusion** – treat as soon as possible
Threadworms	**No exclusion**, but treatment required for child and household contacts
Slapped cheek (Fifth disease)	No exclusion needed once the rash appears
Ringworm	Exclude until treatment has started
Scabies	Can return **after first treatment**

Impact

The school will do all that it can to ensure that children with medical and special needs will have as little as possible disruption to their education. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.