Leigh St Mary's Church of England Primary School

Medication Administration and Support for Pupils with Medical Conditions Policy

October 2026

Our mission

INSPIRE: To be the best that I can be.
BELIEVE: To believe I can make a difference for good in this world.
ACHIEVE: To know I have the roots to grow and the wings to fly.
At Leigh St Mary's Church of England Primary School, we promote a life-long love of learning. Through enriching, exciting learning opportunities and a creative curriculum, children are given the foundations to flourish. Our Christian values are at the heart of our school and provide us with a culture of happiness, respect and trust.
We aim to promote a sense of belonging within a warm, nurturing environment where children feel safe and valued. We celebrate cultural diversity and believe that every child should have the opportunity to be the best that they can be.
Through our encouragement of good manners, kindness and friendship we aim to ensure our children display the values of good citizenship. We hope to instil in our children an 'I can' attitude and to provide our children with the tools to succeed in an ever changing world.

Our School Bible Verse from Colossians 2 Verses 6 and 7

"As you received Christ Jesus the Lord, so continue to live in him. Keep your roots deep in him and have your lives built on him. Be strong in the faith, just as you were taught. And always be thankful."

Our School's Christian Vision

At Leigh St Mary's Church of England Primary School, our vision is to be a flourishing Christian community where everyone is inspired to learn, believe in their potential and achieve all they are called to be.

Rooted in the love and grace of God, revealed through Jesus Christ and inspired by Colossians 2:6–7, we seek to ensure that every member of our school family is "rooted and built up in Him", growing in faith, wisdom and character.

Guided by our Christian values of friendship, respect and kindness, we aspire to nurture a community where love shapes relationships, everyone is valued and each person knows they belong. We aim to inspire hope, encourage resilience and develop courageous learners who face challenges with confidence, perseverance and an 'I can' attitude.

Through our motto of Inspire, Believe, Achieve, we strive to enable every child to flourish spiritually, academically, socially and emotionally. We seek to equip them to live life in all its fullness, serving others with compassion, integrity and joy and making a positive difference in God's world.

1. Purpose and scope

This policy explains how the school receives, stores, administers and records medicines, supports pupils with medical conditions and responds to medical emergencies.

It applies during the school day, school-run clubs, visits and residential activities.

Arrangements with external providers must clearly identify responsibilities and ensure a safe handover.

The policy should be read alongside the school's safeguarding, first aid, SEND, health and safety, educational visits, attendance and data-protection policies. Reception provision must also meet the applicable Early Years Foundation Stage requirements.

2. Responsibilities

The governing body will ensure that effective arrangements, sufficient resources, appropriate insurance and oversight are in place.

The Headteacher, Mrs Watson, is responsible for implementation. She will ensure that staff responsibilities are allocated, training and competence are recorded, and suitable cover exists during absence, trips and other activities.

A designated medication coordinator, appointed by the Headteacher, will oversee consent forms, medicine records, storage checks, expiry monitoring and communication with families.

Staff administering medicines must be authorised and competent for the task. Training will reflect the medicine, procedure and pupil's healthcare plan. Specialist procedures require suitable healthcare-professional training and confirmation of competence. A first-aid certificate alone does not establish competence for every medical procedure.

All staff must recognise when a child needs help, know how to summon assistance and follow emergency arrangements.

Parents and carers must provide accurate information, current emergency contacts, suitable medication and written instructions. They must promptly report changes to treatment or their child's needs.
Children will be involved in decisions in a way appropriate to their age, understanding and communication needs.

3. Agreeing support

Families should inform the school of medical needs before admission or as soon as a need becomes known. The school will work with the family and relevant healthcare professionals to agree support and interim arrangements where necessary.
An Individual Healthcare Plan (IHP) will be developed where the pupil's needs require coordinated or detailed arrangements. Not every short course of medicine requires an IHP.
Plans will specify relevant symptoms, treatment, medicines, emergency action, staff responsibilities, training, supervision and arrangements for participation in school activities. They will be reviewed at least annually and whenever needs or treatment change.

4. When medicines may be administered

Medicines will be administered at school where omission would adversely affect the child's health or attendance.
Where clinically appropriate, families should ask the prescriber or pharmacist whether doses can be taken outside school hours. The school will not restrict support solely to medicines prescribed four times daily. Staff must not alter prescribed timings to fit the school timetable.
Routine administration requires written parental consent and an agreed administration arrangement. Exceptional confidential treatment must be discussed with an appropriate healthcare professional and managed under safeguarding and confidentiality procedures.
Emergency action will follow the child's plan and emergency-services advice without avoidable delay.

5. Prescription and non-prescription medicines

Prescription medicines must be prescribed for the individual pupil by an authorised prescriber and supplied with clear dispensing instructions.
Non-prescription medicines may be considered individually with written parental consent and approval from the Headteacher or designated coordinator. Approval will specify the medicine, reason, dose, minimum interval, maximum amount, duration and circumstances for use. Pharmacist or healthcare advice will be sought where needed.
Staff must check previous doses, including those given at home, and avoid duplicate active ingredients.
Medicines containing aspirin must not be given to a child under 16 unless prescribed by a doctor.
Medicine must never be shared between pupils.

6. Receiving medicines

A parent or authorised adult must hand medicines directly to the office or designated staff member, unless an agreed self-management arrangement applies. Medicines must not be left in an unattended bag.

The receiving staff member will check:

- The pupil's identity and completed consent form.
- The medicine name, strength, dose, route and administration times.
- Expiry date and, where relevant, the opening date and usable period after opening.
- Storage requirements, accompanying equipment and written instructions.
- The quantity received and the most recent dose.

Prescription medicines must normally remain in their original pharmacy-labelled containers. Insulin may be supplied through the pupil's pen or pump under their agreed clinical arrangements. Non-prescription medicines must be in original packaging with clear instructions and identified for the pupil.

Unclear, conflicting or incomplete instructions must be resolved before routine administration. A parent's request to change a prescribed dose must be supported by appropriate updated prescriber or pharmacy instructions.

7. Safe storage and access

Medicines will be stored according to their instructions, protected from unauthorised access and kept separately for each pupil.

Emergency medicines and essential devices - including reliever inhalers, adrenaline auto-injectors and blood-glucose equipment - must be readily accessible and must not be locked away. Relevant staff must know their location and how to obtain them immediately.

Other medicines will be secured appropriately, with authorised staff able to access them when needed.

Refrigerated medicines will be kept in a clearly identified, secure container within suitable refrigeration. Staff will monitor storage temperatures against the product's requirements and seek advice after a temperature failure before further use.

Controlled drugs held by school will be kept in secure, non-portable storage accessible only to named authorised staff. Receipt, administration, return and the remaining balance will be recorded.

Storage arrangements must remain effective during evacuation, outdoor activities and visits.

8. Administration procedure

Before giving a medicine, authorised staff will:

1. Check the correct child, medicine, strength, dose, route and time.
2. Check consent, the label and any relevant healthcare plan.
3. Check the previous administration record and confirm that the dose is due.
4. Check expiry, storage and any specific precautions.

5. Use appropriate hand hygiene and the supplied measuring or administration equipment.

Staff must stop and seek advice if any instruction or previous dose is uncertain. They must not guess, change a dose, crush tablets or mix medicine into food without appropriate clinical authorisation.

Administration will take place in a suitable space that protects dignity and allows safe supervision. Medicines must not be left unattended.

Staff will record administration immediately afterwards, including the medicine, amount, route, date, time and administrator's name or signature. Additional checking arrangements will be specified where the medicine or procedure requires them.

Parents will receive information about doses given, particularly medicines administered as needed.

9. Refusal, missed doses and errors

A child will not be forced to take medicine. Staff will reassure them, follow their healthcare plan, record the refusal and contact parents promptly. Urgent clinical advice or emergency assistance will be sought where necessary.

If a dose is missed, spilled, vomited or its administration is uncertain, staff must seek appropriate advice. An additional dose must not be given automatically.

For a suspected medication error, staff will:

- Assess the child and obtain urgent medical advice, calling 999 where indicated.
- Follow the advice received and monitor the child.
- Inform the Headteacher and parents promptly.
- Preserve relevant packaging and records.
- Record and review the incident and any necessary changes.

The school will consider any applicable statutory reporting requirements.

10. Self-management

Where appropriate, pupils will be supported to develop independence with their medicines. Arrangements must be agreed with parents, the pupil and healthcare professionals where relevant, and recorded in the IHP or consent documentation.

The plan must identify competence, supervision, storage, recording and what happens if the child needs help. Independence will be reviewed as needs change.

11. Emergency medicines

Pupil-specific emergency medicines must accompany the child wherever needed, including PE, clubs, trips and residential visits. Staff must know the relevant emergency plan and be trained for their role.

Where the school chooses to hold spare emergency salbutamol inhalers or adrenaline auto-injectors, separate protocols will address eligibility, consent, training, storage, checks and use under the relevant national guidance.

Spare stock does not replace a pupil's prescribed supply. In an emergency, staff will call 999 and follow the individual plan and emergency-services instructions.

12. Visits, clubs and participation

Medical arrangements will be included in activity planning and risk assessments. Leaders must confirm sufficient trained staff, cover, medicines, equipment, records, safe storage and emergency communication.

The school will make reasonable adjustments to enable participation. Parents will not routinely be required to attend activities or come into school to administer medicines as a condition of their child's attendance.

Where a parent administers a dose on site, they must report to the office and ensure it is recorded to prevent duplicate administration.

13. Medical emergencies

Staff must summon help, begin appropriate first aid and follow the child's emergency plan.

Call 999 when emergency assistance is required. Use a mobile phone or the school telephone system in accordance with verified instructions displayed beside each handset. Staff must not delay because they are uncertain about an outside-line prefix.

Give the call handler:

- The school name and address: Leigh St Mary's Church of England Primary School, Walmesley Road, Leigh, WN7 1YE.
- The exact location of the child and the best access point.
- The caller's name and callback number.
- The child's age, symptoms and relevant medical condition.
- Medicines or treatment already given.

Follow instructions, send an adult to meet the ambulance and contact parents as soon as possible. The child must remain appropriately supervised.

Where hospital transfer is required, staff will follow emergency-services advice. A staff member will remain with or accompany the child until a parent or suitable authorised adult takes over. Relevant medical information and administration records will accompany the child securely.

14. Confidentiality and records

Health information will be shared with staff who need it to provide safe care, including relevant cover staff.

Full healthcare plans must not be displayed openly on a staffroom noticeboard. Any essential emergency summary must have a clear purpose, proportionate content and restricted access.

Consent forms, healthcare plans, training records and administration records will be stored securely under the school's retention schedule. Families may request information about their child's medication records.

15. Returns, disposal and infection control

Parents will collect medicines when treatment ends or supplies expire. Staff will record returns, including controlled-drug quantities.

Medicines must not be placed in ordinary waste or poured down sinks. Uncollected medicines will be managed through an agreed safe-disposal arrangement with appropriate pharmacy advice. Sharps must be placed in approved sharps containers.

Staff will follow hand-hygiene, cleaning, personal-protective-equipment and clinical-waste arrangements appropriate to the procedure.

16. Inclusive practice, concerns and review

The school will not withhold necessary medical support as a behaviour sanction, prevent appropriate access to medication or send an unwell child for help without suitable support.

Concerns should first be raised with the Headteacher. Unresolved concerns may be pursued through the school's complaints procedure.

School leaders and governors will review incidents, training, staffing, storage and family feedback. This policy will be reviewed annually and whenever significant changes occur.