The Cornwall Independent School

ADMINISTRATION OF MEDICATION

This document which applies to the whole school, including the Early Years Foundation Stage (EYFS), is available on request, from the School Office, and can be made available in large print or other accessible format if required, from the School Office.

We have a whole school approach to safeguarding, which is the golden thread that runs throughout every aspect of the school. All our school policies support our approach to safeguarding (child protection). Our fundamental priority is our children and their wellbeing; this is first and foremost.

Scope: This policy is a live document that is sensitive to our working practices and is subject to change according to the needs of The Cornwall Independent School (TCIS). All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the *Policies Register*.

Legal Status: Complies with The Education (Independent School Standards) (England) Regulations currently in force and other statutory and best practice documentation cited in this document.

Monitoring, Review and Adaptation: The text of this policy **is necessary** and proportionate to meet the needs of The Cornwall Independent School, supporting those who work with our pupils, **making clearer** the responsibilities of school staff, volunteers, proprietor and the Governance Advisory Body. These arrangements are subject to continuous monitoring, refinement, and audit by the Headteacher. The Governance Advisory Body is committed to regularly reviewing and updating our policies to ensure they remain relevant and effective in supporting our school's mission and values, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements, and it will be made available to them in writing or electronically.

The Policy Owner is Miss Jayne Chapman, supported by the Education and Compliance Officer.

Reviewed: September 2026
Next Review: September 2027 (or sooner, to reflect any material change in statutory or best practice requirements)

Miss Louise Adams
Headteacher

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Policy on the Administration of Medicines during School Hours: While parents are responsible for the administration of medicine to their children, the administration of medicine in School falls within our remit for the Duty of Care for the children. Note that for casual ailments it is often possible for doses of medication to be given outside school hours.

Generally, members of staff will administer medicine to children only at the request of individual parents and with precise instructions as to dosage. Medication may be administered at school provided a consent form has been completed by a person with parental or medical responsibility for the child and handed to the Administrator. All medicines must be clearly labelled with the child's name and dosage required and handed to the Administrator by the parent/carer. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines and any involvements would be purely on a voluntary basis. Therefore, no member of staff is required to administer medication unless willing to do so.

The normal procedure is for any necessary medication to be given by designated persons. However, sometimes arrangements are made (by agreement with the Headteacher) for special circumstances to prevail - as in the administering of Ritalin for example. Any staff giving medication need to be aware of any schedule requiring completion in the Administrator's Office. Where staff have indicated that they are willing to give a child Ritalin they need to be aware that there is a relating schedule for completion. Where it is agreed that medication is kept at school, there are appropriate facilities (including a fridge) for the safe storage of medicines. Medicines must be clearly named. In the case of life saving treatment/medication a letter from the child's doctor (GP or Consultant) must be required to stating the child's condition and details of treatment/medication that the school may be required to administer.

Long term medication: For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children filling the Administering Medication Form. This needs to include instructions regarding the quantity and frequency of administration;
- The medicines must be brought into school in a properly labelled container which states: (a) The name of the medicine, (b) the dosage and (c) the time of administration;
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements;
- The forms will be kept in the First Aid Room during the period of administration and then filed in the pupil's file;
- The member of staff administering the medication is responsible to register his/her action on the Medication Administration Record;
- In case the pupil for any reason refuses to take the medication, a Missed Administration Medication will be filled in, the original will go to the Parents and a copy in the Administration Medication file attached to the Administering medication Form.

Prescribed Emergency Medication: Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

The parents are requested to fill a Health Care Plan. This is filed in the pupil file; a copy will be given to the pupil's teacher, and a copy is held in the Administrator's office. Any emergency medication (for example: Inhalers, EpiPens and diabetic pen) and generally all the medication are kept in the First Aid Room in containers clearly marked with the pupil's name.

Parents must write to the school giving authorisation for medicines to be administered to their children, filling the Administering Medication Form. This must include instructions regarding the quantity and frequency of administration.

Pupils who use asthma inhalers, EpiPens and diabetic pens may keep where possible a spare in their classroom.
Prescribed Emergency Medication is taken to all out-of-school activities. Children are not permitted to carry medicines other than the above.

Non-Prescribed Medication: Parents agree in detail and in writing on joining the school that a range of non-prescription medicines may be given to children as required and agreed by a first aider on duty. The precise medicines that may be administered are agreed in advance by the parents, and the first aid form in the first aid cupboard and all our first aid kits are updated by the Administrator and is consulted in advance of administering any medicine by the staff administering this medication so that only the medicines agreed in writing by the parents are administered. Any medication that has been administered is noted down with the time, date and dosage, and parents are informed by e mail of this information by the Administrator.

Receipt and Discharge of Medication: All medication brought into and taken out of the school should be recorded and documented on an Administering Medication Form. All medication received by the school must be in the original container/packaging that it was dispensed in. The container/packaging should be labelled with the original, unaltered pharmacy label that clearly states:

- Name of child
- Name of medication and its strength
- Quantity and volume supplied
- Dosage and frequency
- Clear direction for administration
- Date that the medication was dispensed and its expiry date
- Contact telephone number of the dispensing pharmacy

Medication which comes in without a pharmacy label or one that has incorrect information cannot be accepted and the parents/carers should be informed immediately. Information must be available before medication can be given. This may mean the parent/carer contacting the GP or Out of Hours Service to obtain this.

Staff must never make assumptions about children's medication and administer any drug without the relevant and specific information. If medication is expected and has not arrived with the child or appears to be missing, an initial search should be undertaken. Parents/carers, transport and/or other location the child has arrived from, must be contacted to ascertain where the medication might be. If medication is found to be missing, lost or has not been sent in, arrangements must be made to ensure the child has access to replacement supply, and this is reported to the Headteacher. Parent/carer remains responsible for ensuring medication is correctly sent in from home and that there is adequate supply. Medication sent in is recorded on Administrating Medication Consent form, which is then held on the pupil's file.

Safe Storage: All medication must be stored in the fridge or locked in the first aid cabinet. Those requiring refrigeration are kept in a fridge. If the child is going out or away from the school (*e.g.* organised offsite activity) and medication needs to be given out while they are out, then the medication should be taken out in a labelled container with specific instructions. At all times it must remain secure under the supervision of a permanent member of staff.

Administering Medication: Administering of medication must always remain the responsibility of *named persons* who will be relieved of all other tasks whilst undertaking the medication duties. The administration of medicine must be carried out on an individual child basis. Where it is necessary to cut tablets in half, and only one half is administered, the remaining half should be retained in the original container/packaging and administered on the next opportunity when a tablet is needed or returned home with the child. Requests for a tablet to be crushed must be subject to medical/pharmacy advice; this must be sought before doing so. If tablets are to be crushed this must be recorded on the child's Administrating Medication Consent form and the advice to do so held on the child's file.

At the prescribed time, the child's medication should be removed from the cabinet and the following steps taken: Check the child's name on the Administrating Medication Consent form against the name on the medication package/container. Check the date – is the prescription valid? (name of medicine, dose and frequency and route of administration). Ensure the dose has not already been administered. Select the required medicine and check the label for medication name, strength, form and expiry date. Verify that the name of the medication, the dosage, and the time that it is being given is the same on the Administrating Medication Consent form and the packaging. Identify the child.

Avoid handling/touching the medication. Medication pots should be used to give liquid medication and tablets where appropriate. Give the prescribed medication as directed to the child in the agreed manner as detailed on the Administrating Medication Consent form. If medication needs to be given covertly, (*i.e.* hidden in their food) then the UKCC statement on the 'Covert administration of Medicine (2001)' should be followed. Parental/carer consent should be obtained and their preferred way in which the medication is to be administered should be stated (section 17). Make clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the child/young person.

Problems in Administering Medication and Errors

The following steps should be taken: If a child refuses medication, then this should be clearly recorded on the medication chart and in the child's notes. Every encouragement should be given to ensure the medication is taken; however, a child must not be forced to take medication. If a child refuses medication, medical advice must be sought. If medication is spat out immediately and the tablet is recovered unspoiled, give the tablet again. If a liquid medication is spat out and it is unclear if some of the initial dose has been swallowed medical advice must be sought. If a tablet is dropped, liquid spilled or spoiled prior to administration, then re-administer using a fresh dose.

Note that a second dose has been given on the medication chart and in the child's notes. When a dose is re-administered from medication sent from home a check must be made that there are sufficient doses for the remainder of the child's stay. If there are not enough doses to re-administer, then the parents must be contacted to bring in more. If a child vomits within 30 minutes of taking their medication, medical advice should be sought as it may be appropriate to re-administer the medication. If the vomiting occurs after 30 minutes the medication should not be re-administered, and advice should be sought at the earliest opportunity. Do not re-administer inhalers where they appear not to have worked properly; some of the medication may have been administered.

The Headteacher must be informed immediately of any instances of a missed dose or error in the medication process and medical advice must be sought. An incident form should be completed by the person involved. Any variation to the administering procedure, error, or missed dose *etc.* must be reported immediately to the Headteacher and be recorded on the child's file. The pharmacist should be notified within 48 hours of all administration and prescribing errors using the procedure agreed.

Safe Transfer of Medication Sent to or from School: Any missing medication or inconsistent information must be checked immediately with those responsible at the location medication from which has been transferred or sent, in and with anyone responsible for the transfer (*e.g.* taxi service). We maintain a regular liaison with parents/carers and agency providers in order to ensure good information flow and swift resolution of any difficulties.

Disposal: All discontinued, expired or unused medication, creams, *etc.* should be returned to the parent/carer for disposal at the earliest opportunity. Where this is not possible or the medication is non-prescription over the counter remedy that has been held at the school, any such items for disposal should be returned to the local pharmacy.