TEALBY SCHOOL

# Medicines in School Policy

**Reviewed:** October 2026
**Next Review Date:** October 2027
**Approved by:** Tealby Governing Body

TEALBY SCHOOL

# Medicines Policy

## Aims

- To support individual children with medical needs to achieve regular attendance.
- To reduce the risk of cross-infection between children and so increase whole-school attendance.
- To ensure that medicines given at school are stored and administered safely.
- To ensure that emergency medicines, including adrenaline auto-injectors (AAIs) and asthma inhalers, are always quickly available to the pupils who need them.

This policy should be read alongside the school's **Allergy and Anaphylaxis Policy**, First Aid Policy, Supporting Pupils with Medical Conditions and Intimate Care Policy, Health and Safety Policy and Educational Visits Policy. Where this policy refers to allergies, anaphylaxis or AAIs, the Allergy and Anaphylaxis Policy gives the full arrangements.

Parents/carers should not send their child to school if they are unwell. A list of common childhood illnesses and recommended exclusion timescales is appended to this policy for guidance.

## Administering Medicines

No child under 16 should be given medicines without their parents' written consent.

For pupils at risk of anaphylaxis, written consent for staff to give the pupil's own AAI, and to use the school's spare AAI, is given on the pupil's British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plan. Consent for a pupil to use the school's spare salbutamol inhaler is given on the Pupil Asthma Card.

## Non-Prescribed Medicines

The school will not be able to store or give medicines that have not been prescribed to a child, e.g. Calpol, Piriton or cough medicine, unless there is specific prior written permission from the parents (see the 'Request for school to administer medication' form – school office). Where possible, parents/carers should make arrangements to come into school if they wish to give their child these medicines.

An antihistamine such as Piriton does not treat anaphylaxis and must never delay the use of an AAI. Where an antihistamine forms part of a pupil's Allergy Action Plan, it is given as set out in that plan.

## Prescribed Medicines

If medicines are prescribed up to three times per day, the expectation is that parents/carers will give these medicines outside school hours.

If medicines are prescribed four times a day, **only non-penicillin medications can be administered by staff.** Written permission will be obtained from parents/carers for the medicine to be given at school by a named staff member. Parents/carers of a child prescribed a penicillin-based medicine four times a day must arrange to give the lunchtime dose themselves, away from the school premises.

All medicines administered in school will be recorded on the 'Medicines Administered' sheet and signed by two staff members. Records will be kept in the school office. In an emergency (for example anaphylaxis or a severe asthma attack) treatment must never be delayed to find a second member of staff; the record is completed and countersigned as soon as possible afterwards.

**NB – Under no circumstances can penicillin be brought onto the premises, because there are staff and children who are allergic. Parents/carers must give all penicillin-based antibiotics themselves, away from the school premises.**

**Why penicillin is not allowed on the school premises**

Penicillin-based antibiotics are one of the most common causes of drug allergy, and a reaction can range from a rash to anaphylaxis. There are pupils and staff at Tealby School with a diagnosed penicillin allergy. The Governing Body has therefore decided, as a precautionary measure, that no penicillin-based medicine may be brought onto the school site by anyone – pupils, parents/carers, staff, volunteers, contractors or visitors. The reasons are:

- Penicillin reactions are usually caused by taking the medicine, so the main risk in school is a dose being given to, or taken by, the wrong person – for example through a mix-up of bottles, a child sharing medicine, or a shared spoon or cup. Keeping penicillin off site removes this risk completely.
- Penicillin is often prescribed as a liquid. Although reactions from skin contact are uncommon, liquids can spill onto hands, surfaces and shared equipment in a small school with shared spaces.
- Penicillin-type medicines are sold under many names (for example amoxicillin, flucloxacillin, phenoxymethylpenicillin (penicillin V) and co-amoxiclav) and the word 'penicillin' is not always on the label. A whole-site rule is easier for staff to apply reliably than case-by-case checks.
- As set out in the Allergy and Anaphylaxis Policy, our rural location means emergency services take longer to reach the school. The Governing Body therefore takes a precautionary approach to preventing exposure in the first place – the same reasoning that underpins our nut-free school.

Like the nut-free rule, this reduces risk but cannot remove it; it is one part of the school's wider approach to allergy and does not replace Individual Healthcare Plans, staff training or the emergency procedures in the Allergy and Anaphylaxis Policy. Parents/carers who are unsure whether an antibiotic is penicillin-based should ask their pharmacist before sending any medicine into school. If a penicillin-based medicine is found on the premises, it will be sealed in a bag, kept apart from all other medicines and the parent/carer (or staff member) asked to remove it from site promptly.

## Medicines Given on a Temporary Basis

If the school agrees to help parents/carers by giving a medicine to their child on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist with:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

The form 'Request for school to administer medication' should be completed in the school office.

If in doubt about a routine medicine, staff should not give it, but check with the parents or a health professional before taking further action. **This does not apply to suspected anaphylaxis: if in doubt, adrenaline should be given without delay**, as set out in the Allergy and Anaphylaxis Policy.

The school provides blank medicines record forms; staff must complete one, and two staff sign it, whenever a dose is given on the parent's/carer's behalf. This demonstrates that staff have exercised a duty of care.

## Longer Term Needs

Where a child has a long-term medical need, a written Individual Healthcare Plan (IHP) will be drawn up with the parents/carers and health professionals, and school staff will assist with all medicines included in the plan. For pupils at risk of anaphylaxis, the school recommends the BSACI Allergy Action Plan, which acts as the pupil's IHP; it is the parent/carer's responsibility to have it completed with a healthcare professional and give a copy to the school. The Designated Allergy Lead keeps the Allergy Register and coordinates allergy IHPs, which are reviewed at least annually.

## Self-Management

Children are encouraged to take responsibility for their own medicine from an early age in some instances, e.g. asthma inhalers and, where agreed in their IHP, carrying their own AAI. Parents/carers must still complete a medicine record form, noting that the child will self-administer, and sign the form. Where a pupil does not carry their own medicine, the school will store it as set out below.

## Refusing Medicine

If a child refuses to take medicine as agreed with the parent/carer, the parent/carer will be informed the same day.

## Educational Visits

We encourage children with medical needs to take part in safely managed visits. No pupil will be excluded solely because of an allergy where reasonable adjustments can safely be made. Before every visit the visit leader will review pupils' Healthcare Plans and complete a risk assessment, including an allergy risk assessment where needed, and brief all supervising staff on the medical needs of the children in their group. Pupils' AAIs, inhalers and other emergency medicines must go on every visit, and a member of staff trained to give adrenaline will attend. There is always a trained Paediatric First Aider on school visits.

For residential visits, the parental consent form will be completed and signed by parents. If a child becomes ill on a residential visit, the teacher leading the trip should seek medical advice. Parents should be informed and, if necessary, the child collected from that location.

## Storage and Disposal of Medicine

Routine medicines (for example a temporary course of non-penicillin antibiotics) will be stored in a locked cabinet, or the staffroom fridge, as necessary.

**Emergency medicines – AAIs and asthma inhalers – are never kept under lock and key.** Where a pupil does not carry their own, it is stored safely out of the reach of children, clearly labelled with the pupil's name, and kept easily accessible at all times. If a pupil needs their AAI or inhaler, a member of staff takes it to the pupil; the pupil is never sent to fetch it.

Asthma inhalers are labelled and kept in the First Aid Cabinet in the school office, which must not be locked. The inhalers for each class are kept in a separate bag (all individually labelled as per school policy) and all the bags are kept in a basket together. Pupils' AAIs are kept, with a copy of their Allergy Action Plan, in individually labelled bags alongside their class inhaler bag.

The school holds a minimum of three spare AAIs, so that there is cover both on site and off site, for use in an emergency where a pupil's own device is unavailable or has expired, in line with the Allergy and Anaphylaxis Policy. The on-site spare AAIs are kept in the First Aid Cabinet in the school office.

The staff member on duty at playtimes, when playtime is on the school field, will take the basket of inhalers and the AAIs of pupils who are outside over to the field with them, and return them to the school office at the end of playtime. Pupils with a known insect sting allergy should wear shoes outside, and food and drink taken outdoors should be kept covered.

When doing PE in the village hall, on the school field or at another school, the class teacher will take the class bag of inhalers and the AAIs of pupils in the group, and return them to the school office on return to school. For fixtures at another school, the lead adult will tell the host school in advance that a pupil with an allergy is attending, and a member of staff trained to give adrenaline will go with the team.

On school trips, whether day trips or residential, the leader of the trip will collect the inhalers and AAIs for the relevant classes, and the spare AAI held for off-site use, and return them to the school office at the end of the trip.

**Expiry dates** – Staff will check and record medicine expiry dates on receipt of any medicine to be kept in school, and will recheck each term, informing parents ahead of expiry. It is the parents' responsibility to ensure that an in-date supply of any required medicine is supplied to the school. Parents and the school are encouraged to register AAIs with the manufacturer for expiry text alerts. The correct AAI dose depends on a pupil's weight, so prescriptions may change as a child grows.

Medicines that have not been collected by the end of each term will be safely disposed of. Expired AAIs are returned to parents for safe disposal; expired spare AAIs are disposed of in a sharps box.

## Emergency Treatment and Medicine Administration

In an emergency, the school will call for medical assistance and the parent/carer or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in a reasonable, good-faith attempt to prevent or manage an emergency situation, regardless of outcome. In general, the risk of taking no action is greater than the risk of trying to help.

**Suspected anaphylaxis** – any member of staff should follow the Allergy and Anaphylaxis Policy and the emergency flowchart displayed in every room and medical bag:

- Lie the pupil flat with legs raised (sit them up only if struggling to breathe); do not stand them up or walk them.
- Give the AAI immediately into the outer thigh muscle – bring it to the pupil.
- Call 999 and say “anaphylaxis”; inform the school office and parents/carers.
- Give a second AAI after 5 minutes if symptoms continue and one is available.
- Never leave the pupil alone. They must always go to hospital, even if they seem to recover.
- Record the incident and review it afterwards.

**First Aid Cover**

A number of staff hold full Paediatric First Aid or Emergency Paediatric First Aid training, and the current list of trained First Aiders is displayed in the staffroom and the school office. All remaining staff are basic first aid trained, and all staff receive annual allergy awareness and practical AAI training.

Headteacher
October 2026

## Appendix – School Illness Guidelines

| | |
|---|---|
| Chickenpox | Until blisters have all crusted over or skin healed, usually 5–7 days from onset of rash |
| Conjunctivitis | Parents/carers to administer relevant creams. Stay off school if unwell. |
| Nausea | Nausea without vomiting. Return to school 24 hours after last felt nauseous. |
| Diarrhoea and/or vomiting | Excluded for 48 hours after last bout – 24 hours after last bout + 24 hours' recovery time. Please check your child understands why they need to wash and dry hands frequently. |
| German measles/rubella | Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member. |
| Hand, foot and mouth disease | Until all blisters have crusted over. No exclusion from school if they only have white spots. If there is an outbreak, the school will contact the UKHSA Health Protection Team. |
| Headlice | No exclusion, but please wet comb thoroughly for first treatment, and then every three days for the next two weeks to remove all lice. |
| Cold sores | Only exclude if unwell. Encourage handwashing to reduce viral spread. |
| Impetigo | Until treated for 2 days and sores have crusted over. |
| Measles | For 5 days after rash appears. |
| Mumps | For 5 days after swelling appears. |
| Ringworm | Until treatment has commenced. |
| Scabies | Return to school once first treatment has been given. Itchiness may continue for 3–4 weeks. All members of household and those in close contact should receive treatment. |
| Scarlatina | For 5 days until rash has disappeared or 5 days of antibiotic course has been completed. |
| Slapped cheek | No exclusion – infectious before rash appears. |
| Threadworms | No exclusion – encourage handwashing and nail scrubbing. |
| Whooping cough | Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days. |
| Antibiotics | First dose must be given at home. Penicillin-based antibiotics must be given by the parent/carer, away from the school premises. Other antibiotics prescribed four times a day may be given by staff with written consent (see Prescribed Medicines). |
| Viral infections | Exclude until child is well and temperature is normal. |