

Thurgoland CE Primary

Administering Medication Policy



Approved by:
Headteacher Mr D Jordan
Chair of Governors Mrs Laura Gregory-White
Review date: Autumn 2027

Date: 30.09.2026
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Christian Vision

Loving God,

Bless Thurgoland school and may it be a place of faith and joy.



Children at Thurgoland CE Primary are encouraged to see that everyone is special and unique and, in this way, gain a sense of themselves as a unique individual – that true self, or best self, God has created us to be.

The Church of England states that, when it comes to education, *“The vision is of God-given fullness of life in which each person is both blessed and a blessing” (Church of England Vision for Education p.12)*



As educators we are all passionate about the way children are formed by the environment in which they grow. To become our best selves, we need the environment that enables this.

Our vision is rooted in the Parable of the Mustard Seed (Matthew 13 31-32):

A mustard seed ... *“The kingdom of heaven is like a mustard seed, which a man took and planted in his field. Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches.”*

We are a small school in a valley – but we believe, like the mustard seed, that high standards of education can have far-reaching impact and that our children will grow into those who bless others through their careers, caring and vocations. One tiny seed, just like one small child, carries a world of potential.

Thurgoland CE Primary School is surrounded by beautiful countryside where farming and growing is part of daily life. The parable of the mustard seed provides a link with the historic roots of the school.

With our caring and nurturing ethos firmly embedded in all that we do, every member who joins our school, whether child or adult, like the small mustard seed, is welcomed into a learning environment so that they grow and flourish in its broadest sense—academically, socially, morally, physically and spiritually.

By working and playing together we can love, learn and respect.



Through working and playing together in peace and harmony, Team Thurgoland embodies the concept born from the African philosophy of “ubuntu” — a concept in which your sense of self is shaped by your relationships with other people – underpins how we work together in peace and harmony to become our best self. It’s a way of living that begins with the premise that “I am” only because “we are.”

“I am because we are.”

Our children, our staff, our families and our community – together we are Team Thurgoland.

“It has been said beautifully and profoundly that our God in his most inner mystery is not solitude, but a family.” (John Paul II)

We know you are with us.

Help us to become our best self.



At Thurgoland CE Primary School, everyone is inspired to reach their full potential and become their best self, to make the world a better place.

“Beloved, we are God’s children now; what we will be has not yet been revealed” (1 John 3:2a)

We are committed to promoting a growth mindset. In line with Christian teaching, at Thurgoland CE Primary School there is a big emphasis on everyone striving to move from their former self to a self that has to be found: growth and renewal.

To make the world a better place.



Amen

Administering Medication Policy

Introduction

This policy sets out Thurgoland CE Primary School's arrangements for receiving, storing, administering and recording medication. It should be read alongside the school's Supporting Pupils with Medical Conditions Policy, Allergy Safety Policy, First Aid Policy, Educational Visits Policy and Data Protection Policy.

The policy reflects the Department for Education statutory guidance Supporting pupils at school with medical conditions and Allergy safety in schools, published in July 2026. The governing body is responsible for ensuring that suitable arrangements are in place so that children with medical conditions can access education safely and fully.

The Headteacher is responsible for implementing this policy. Planned administration of medication will be undertaken by the Headteacher, Mrs C Beecroft, Mrs J Warttig or another member of staff who has been authorised and appropriately informed or trained for the individual child. Staff participation in planned administration is voluntary; however, this must not prevent the school from making the arrangements a child needs or delay reasonable life-saving action in an emergency.

Aims

The school will ensure that:

- medicines are administered at school when it would be detrimental to a child's health or attendance not to do so;
- children can access their medication quickly and safely, including during educational visits, clubs and wraparound provision;
- individual healthcare plans and clinical action plans are followed;
- staff receive appropriate information and training;
- medication administration, errors, allergic reactions and relevant incidents are recorded accurately; and
- emergency procedures prioritise immediate treatment and are never delayed by routine recording or authorisation checks.

General principles

- No child under 16 will be given prescription or non-prescription medicine without written parental consent, except where immediate reasonable action is required to save life or prevent serious harm.
- Where clinically possible, medicines should be prescribed in dose frequencies that allow them to be taken outside school hours.
- Prescribed medicines will normally only be accepted when they are in date, clearly labelled and supplied in the original container as dispensed by a pharmacist, with instructions for administration, dosage and storage. Insulin may be supplied in an insulin pen or pump rather than its original container.
- A child under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor.
- Before pain relief is administered, staff will check the maximum dose and when the previous dose was taken.
- When medicine is no longer required, it will be returned to the parent or carer for safe disposal. Used or expired adrenaline auto-injectors will be handed to ambulance staff, returned to a pharmacy or placed in an appropriate sharps bin.

- Parents may choose to attend school to administer medication, but they will not be required to do so because the school has failed to put suitable support arrangements in place.

Short term medication

Staff may administer short-term prescribed medication, such as antibiotics, when the parent or carer has completed the Administering Medication Form. The office team will transfer the information to Medical Tracker.

Non-prescription pain relief, such as paracetamol or ibuprofen, may be administered with written parental permission and at the discretion of the Headteacher or authorised person when it would be detrimental to the child's health or attendance not to do so. This may include support following an operation or for a broken limb. Staff must check the child's recorded allergies, the maximum dose and the time of any previous dose.

The school may administer agreed non-prescription medication for a maximum of three days. If the child's condition deteriorates or staff are concerned, the parent or carer will be contacted and asked to collect the child and seek appropriate medical advice. Packets of medicated sweets are unsuitable because safe dosage intervals cannot be reliably monitored.

Long term timed injectable and specialist medication

Long-term, timed, injectable or specialist medication will not be subject to a blanket refusal. The school will assess each child's needs with parents, relevant healthcare professionals and the local authority or school nursing service where appropriate. Arrangements will be documented in an individual healthcare plan and staff will receive any training or competency assessment required before providing planned specialist support.

Injections will normally only be administered where this is set out in an individual healthcare plan and the member of staff has received appropriate training. This restriction does not apply to the emergency administration of adrenaline for suspected anaphylaxis, when anyone may take reasonable action to save a life.

Individual healthcare plans

An individual healthcare plan will be developed where a child's medical condition or allergy has a functional impact, places them at risk of harm or requires arrangements that are additional to or different from those generally available. The plan will be developed with the child, parents or carers and relevant healthcare professionals.

Any current Allergy Action Plan, Asthma Action Plan, medication plan or clinical care plan will be attached or clearly referenced. Plans will identify medication, dosage, storage, access, emergency arrangements, staff responsibilities, consent and review dates. The office team will upload the current documents to Medical Tracker, while staff who may need to act will have appropriate access to the current plan.

Allergy and anaphylaxis

The school's Allergy Safety Policy contains the full arrangements for identifying and supporting children, staff and visitors with allergies, reducing exposure to known allergens and responding to allergic reactions. Dale Jordan is the senior allergy lead and Beth Wise is the deputy allergy lead.

Children prescribed adrenaline devices must have both prescribed devices available at all times. At Thurgoland, the devices and current Allergy Action Plan remain with the child in a clearly labelled insulated medication bag. The bag protects the medication from extremes of

temperature; adrenaline must be stored at room temperature and must not be refrigerated or left in direct sunlight.

The school stocks paired spare adrenaline auto-injectors: two 150 microgram devices and two 300 microgram devices. These are kept with the emergency salbutamol inhaler and spacer in the clearly labelled Medication container in the kitchen. The equipment is accessible during the school day, wraparound provision and out-of-hours school activities. It is unlocked, out of children's reach and can be brought to any person who needs it within five minutes.

Dale Jordan and the office team check prescribed and spare medication, quantities, expiry dates, storage and accessibility at least half-termly and arrange prompt replacement after use or before expiry. Paper allergy plans are available in the kitchen and clinical plans are also held in the emergency backpack in the school office.

Asthma

Children with asthma must have their prescribed reliever inhaler available at school. Children will use their own inhaler whenever they are competent to do so, with staff supervision and recording as appropriate. Parents must complete the Administering Medication Form and provide a current Asthma Action Plan where available.

The school holds an emergency salbutamol inhaler and spacer alongside the spare adrenaline devices. It may only be used for a child who has been prescribed a reliever inhaler, when their own inhaler is unavailable, and where written parental consent has been obtained. Its use will be recorded and parents or carers informed.

Staff and visitor medication and allergies

Staff remain responsible for managing routine medication for their own use and must store it safely so that it is inaccessible to children. Staff must confidentially inform the Headteacher if they have an allergy or medication need that requires workplace support, a reasonable adjustment or emergency action, including whether and where they carry adrenaline. Only information necessary for safety and emergency response will be recorded in a restricted staff medical record, or in a restricted staff area of Medical Tracker where this is available and appropriately controlled.

Relevant emergency information will only be shared with colleagues who genuinely need it to carry out their role. The school will seek information about relevant visitor allergies in advance where appropriate, particularly when food will be served, and agree any necessary emergency arrangements.

Storage and access

- Routine medicines will be stored securely in the designated medication cupboard or refrigerator, as required by the dispensing label, and remain inaccessible to children unless a child's individual plan permits self-management.
- Controlled drugs will normally be stored securely in a non-portable container, with access limited to named staff, while remaining readily accessible in an emergency. A record will be maintained of doses administered and the quantity held.
- Emergency medicines, including inhalers, blood-glucose equipment and adrenaline devices, must never be locked away or stored somewhere that restricts immediate access.
- Children will know where their medication is kept and, where competent and agreed in their plan, may carry and manage it themselves.
- Medication and relevant plans must remain accessible during lessons, breaktimes, lunch, physical education, clubs, wraparound provision, trips and out-of-hours activities.

Routine administration procedure

Before and after administering routine medication, staff will:

- wash their hands and use suitable protective equipment where required, taking account of any known latex allergy;
- check Medical Tracker and the written permission and administration record;
- confirm the child's identity;
- check that the medicine name, child's name, dose, route, timing, expiry date, storage requirements and instructions match the pharmacy label and authorisation;
- check the child's recorded allergies and when any previous dose was given;
- administer the medicine exactly as instructed;
- record medication administered, withheld or refused, including the dose, time and person administering it;
- notify parents or carers through Medical Tracker as appropriate; and
- monitor the child and report any side effects or concerns immediately.

If a child refuses medication, staff will not force or coerce them. The refusal will be recorded, the individual healthcare plan followed and parents informed on the same day. If the refusal results in an emergency, the emergency procedure will be followed.

Routine checks on Medical Tracker or written consent must never delay emergency adrenaline or other reasonable life-saving action.

Emergency response to anaphylaxis

Anaphylaxis is a life-threatening emergency affecting the airway, breathing or circulation. If in doubt, treat the reaction as anaphylaxis. Staff must act immediately even if the person has no previously recorded allergy.

1. Stay with the child or adult. Do not send them to the office or leave them alone. Call for help and ask someone to bring the prescribed and spare adrenaline devices to them.
2. Lay the person flat with their legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not allow them to stand or walk.
3. Administer the person's prescribed adrenaline device immediately. If it is unavailable, cannot be used or misfires, use an appropriate spare adrenaline auto-injector. Do not delay treatment to check electronic records or prior consent.
4. Immediately call 999, state 'anaphylaxis' and request an ambulance. Give the school's full address and send an adult to open the large emergency gate on the large yard and guide the emergency crew.
5. If there is no improvement after five minutes, administer a second adrenaline device.
6. Begin CPR and use the AED if the person becomes unresponsive and is not breathing normally.
7. Contact the parent or emergency contact directly after adrenaline has been administered and an ambulance called. Do not cancel the ambulance if symptoms improve.
8. Give used devices and relevant plans to the ambulance crew, record the incident and replenish emergency stock promptly.

For a mild or moderate allergic reaction that does not affect airway, breathing or circulation, staff will follow the person's current action plan, administer authorised medication, contact the parent or emergency contact and supervise the person closely for at least 60 minutes. If symptoms worsen or any airway, breathing or circulation symptom develops, staff will follow the anaphylaxis procedure immediately.

Educational visits clubs and wraparound provision

Risk assessments for educational visits and off-site activities will consider each child's medical needs and allergy risks. Before departure, the named adult and a backup adult will physically check that the child's prescribed medication, both adrenaline devices and current action plan are present, in date and immediately accessible. A suitably trained member of staff will accompany the child.

Where appropriate, spare adrenaline devices may accompany a visit, provided this does not leave the school without the required paired spare stock. During breakfast club, after-school provision and other handovers, staff will check the child's labelled medication bag, current plan and any changes communicated by parents or school staff.

Training

Staff undertaking planned administration will receive information and training appropriate to the medication and the individual child's needs. The school will maintain sufficient trained staff to provide safe cover across the school day and agreed activities.

All staff present when children are on site, including permanent, temporary, supply, peripatetic, agency, catering, wraparound and relevant volunteer staff, will receive allergy awareness and emergency-response training at least annually. At Thurgoland this includes the National College Certificate in Allergy and Anaphylaxis Awareness, annual refreshers, practical familiarisation with the devices held by school and knowledge of the Allergy Safety Policy. First-aid training alone is not sufficient. Training dates and certificates will be retained.

The school will practise its medical-emergency response at least annually, including access to medication, communication, ambulance access and staff roles.

Recording incidents and near misses

All medication administered, withheld or refused will be recorded on Medical Tracker. Medication errors, allergic reactions, suspected allergen exposures, use of emergency medication, serious incidents and near misses will be recorded promptly on Medical Tracker and in the appropriate accident record.

Incidents and near misses will be reported to Dale Jordan or Beth Wise and communicated to parents or carers promptly. Serious incidents and significant near misses will be investigated in a no-blame spirit, reported to governors and used to review the relevant policy, individual healthcare plan, training or working arrangements. Statutory reporting, including under RIDDOR 2013, will be completed where the relevant criteria are met.

Confidentiality and data protection

Medical information is confidential health information. It will be recorded accurately, stored securely, kept only for as long as required and shared only with people who need it to keep the child or adult safe or fulfil a legal responsibility. Emergency information and current action plans will remain appropriately accessible to staff who may need to respond.

Monitoring and review

The Headteacher will monitor implementation of this policy and invite staff to identify concerns or training needs. The policy will be reviewed annually, following any significant incident or near miss, or sooner if statutory guidance or local arrangements change.

Related guidance

- Department for Education, Allergy safety in schools, July 2026:
<https://www.gov.uk/government/publications/allergy-safety-in-schools>

- Department for Education, Supporting pupils at school with medical conditions: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>