REED FIRST SCHOOL

"Learning Together, Learning for Life"

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Managing Medication in Schools

Approved by:	Full Governing Body	**Date:**	15/7/25
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Introduction

Since September 2014 there has been a statutory duty for Governing bodies to make
arrangements to support pupils at school with medical conditions. See https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions--3
Some children with medical needs are protected from discrimination under the Equality Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. Reasonable adjustments and support must be provided to ensure pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child.

Training

1. Staff must not administer medication or undertake healthcare procedures without appropriate instruction, information and training, this should be proportionate to risk and in line with any specific requirements detailed in pupil's individual health care plans (IHP).

2. If any specific training need is identified as a result of the IHP (e.g. in relation to diabetes, anaphylaxis etc.) then the School Nursing service should be contacted for advice and provision in the 1st instance.

3. In order to continue to meet the care needs of individual pupils, schools should consider cover arrangements and the potential impact of staff absence, offsite visits, extra-curricular activities etc. when determining the numbers of staff to be trained.

4. It should be ensured that an appropriate level of insurance and liability cover is in place. For schools covered by HCC's insurance trained staff would be covered for 'common' treatments such as the administration of oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.

5. For pupils with significant medical needs contact insurance@hertfordshire.gov.uk for further advice and to ensure coverage.

Administration of medication

6. It is standard practice for schools to request pupil medical information and updates regularly, the onus is on parents/ carers to provide relevant and adequate information to schools.

7. Whilst as far as is reasonable parents/carers should be encouraged to provide support and assistance in helping the school accommodate pupils with healthcare needs, it is not generally acceptable to require parents/carers to attend school in order to administer medication or provide other medical support.

8. Medication will only be administered by schools when it would be detrimental to a child's health or school attendance not to do so.

9. A documented record of **all** medication administered (both prescribed and non-prescribed) should be kept.

10. No child under 16 should be given any medication without their parent's written consent, except in exceptional circumstances.

11. Pupils with an IHP should have these reviewed annually, or sooner if the child's needs have changed in the interim. Details of medication requirements (dose, side effects and storage) should be detailed in the IHP. Templates for an IHP, consent forms and administration records are as part of the DfE guidance Supporting Pupils with medical Conditions in school. https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

12. Schools should have a robust system to inform and update staff of the relevant content of pupil's IHPs (triggers, risks, emergency actions etc.).

Refusing medication

13. If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents/carers as soon as possible.

14. If a pupil misuses their medication, or anyone else's, their parent/carer must be informed as soon as possible and the school's disciplinary procedures are followed.

Prescribed Medication

15. It is helpful, where possible if medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents/carers should be encouraged to ask the prescriber about this.

16. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

17. Schools should never accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction. In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions (frequency of administration, likely side effects)
- Expiry date

Controlled Drugs

18. Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act 1971. Therefore, it is imperative these are strictly managed between the school and parents/carers.

19. Keep the amount of controlled drugs stored on site to a minimum and ensure a record is kept of the amount held.

20. Pupils can carry controlled drugs if they are deemed competent to do so, otherwise controlled drugs should be stored in a locked, non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

21. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Storage

22. Medication kept at the establishment should be stored safely and arrangements made for it to be readily accessible when required. Large volumes of medication should not be stored.

23. Pupils should, at all times, know where their own medication is stored and how to obtain it.

24. Under no circumstances should medicines be kept in first-aid boxes.

25. Staff should review expiry dates of medication and notify parents/carers when further supplies are required.

26. All emergency medicines (asthma inhalers, adreneline pens etc.) must be readily available whenever the child is in the school and **not locked away**. Protocols should also be in place to ensure that pupils continue to have access to emergency medication in situations such as a fire evacuation etc.

Self-medication

27. As children get older and more mature they should be encouraged to take responsibility for and manage their own medication. Those pupils deemed capable to carry their own medication /devices will be identified and recorded through the pupil's IHP in agreement with parents/carers.

28. Children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.

29. For emergency medication (e.g. asthma inhaler, adrenaline pen etc.) the school also holds a 'spare' centrally in case the original is mislaid.

Non-prescription medication

30. Where non-prescription (over the counter) medicines are administered e.g. for pain relief, written consent must still be obtained from parents / carers. A member of staff should supervise the pupil taking the medication and inform parents/carers where pain relief medication has been administered.
31. The administration of non-prescribed medication should be recorded in the same manner as for prescribed. Staff must also check the maximum dosage and when any previous dose was given.
32. Non-prescription medication does not need a GP signature / authorisation in order for a school to give it. Staff should check that the medicine has been administered without adverse effect in the past and that parents have confirmed that this is the case.
33. A child under 16 should never be given aspirin containing medicine, unless prescribed by a doctor. (there are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain)

    See also Herts Valleys CCG FAQ's on over the counter medicines in schools
    https://thegrid.org.uk/assets/schools-otc-qa-guide.pdf

Disposal

34. Any unused medication should be recorded as being returned back to the parent/carer when no longer required. If this is not possible it should be returned to a pharmacist for safe disposal.

35. UN approved sharps containers should always be used for the disposal of needles or other sharps, these should be kept securely at school (e.g. within first aid /medical room) and if necessary provision made for off-site visits. All sharps boxes to be collected and disposed of by a dedicated collection service in line with local authority procedures.

Record keeping

36. Template forms for IHPs, parental consent, administration etc. are available as part CS Education Health and Safety Policy and Procedures Page 5 of 6 June 2022 Issue 6 of the DfE guidance Supporting Pupils with medical Conditions in school.

37. Schools should keep an accurate record of all medication administered, including the dose, time, date and member of staff supervising.

Offsite visits and PE

38. It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures.

39. Where necessary individual risk assessments should be conducted as part of the trip planning process.

40. It should be ensured that a trained member of staff is available to administer any specific medication (e.g. adrenaline pen etc.) and that the appropriate medication is taken on the visit.

41. Medicines should be kept in their original containers (an envelope may be acceptable for a single dose- provided this is very clearly labelled).

42. Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc 4.4d covering medication.

43. Any restrictions on a child's ability to participate in activities such as PE should be recorded in their IHP.

44. If any adjustments to activities or additional controls are required these should be detailed via an individual risk assessment or in daily use texts such as schemes of work / lesson plans to reflect differentiation / changes to lesson delivery.

45. Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

Emergency asthma inhalers

46. Since 1st October 2014 schools have been able to voluntarily hold Salbutamol asthma inhalers for emergency use i.e. in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable.

47. Written parental consent for the use of an emergency inhaler must still be obtained . Detailed protocols including template consent and notification of use forms are available from the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

48. As with other emergency medication this must not be locked away but should be under the control of staff.

Additional information

- Department of Health Guidance on the use of emergency salbutamol inhalers in schools.
- Defibrillators in schools
- DFE Statutory Guidance Supporting Pupils with medical conditions at school

Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.

Data Protection

Records and details of medication administered will be kept securely in a locked cabinet in the office for the duration of the time of the pupil is at the school. After this time, they will be destroyed securely in line with our Data Protection policy.

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date

_____

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			