



Medication in Schools Policy 2023

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Next review: Spring 2024

The Moorlands Primary Federation comprises seven schools:
Manifold C E Academy, The Valley Primary School, Great Wood Primary School,
Dilthorne Endowed C. E. Primary School, Hollinsclough C E Academy,
Bishop Rawle C. E. Primary School and St. Werburgh's C. E. Primary School.

This policy is drawn up based on guidelines from the DfE publication "Supporting pupils at school with medical conditions". Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to decide for supporting pupils at their school with medical conditions.

In meeting the duty, the Trust Board must have regard to guidance issued by the Secretary of State under this section. This guidance came into effect on 1 September 2014.

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The Trust Board must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The Trust Board should ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- Consideration must be given that many medical conditions which require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Trust Board should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Trust Board should ensure that their arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- All arrangements put in place must meet the Trust Board's statutory responsibilities, including properly and effectively implementing policies, plans and procedures.
- This policy must be reviewed on an annual basis and be readily accessible to parents/carers and school staff.

Implementation

It is the decision of each School Leader, as to whether school staff are asked to administer medication to a pupil in school. Staff have the right to personally refuse to administer certain medicines. In this instance, other staff can be asked to administer. School Leaders are responsible for:

- ensuring that sufficient suitably trained staff are available to administer medicine;
- ensuring all staff and volunteers are briefed with children's medical conditions as appropriate;

- ensuring that risk assessments for school visits and other school activities outside of the normal timetable are in place;
- ensuring that individual healthcare plans are in place, shared as appropriate, fit for purpose and monitored.

Although administering medicines is not part of teachers' professional duties, or a member of staff's identified duties, they should take into account the needs of pupils with medical conditions that they teach or support.

Individual Health Care Plans

A child will require a Care Plan if they have complex medical needs. A Care Plan must be formulated in collaboration with parents/carers and any relevant professional body i.e. hospital and school nurse/paediatric teams. Care Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, minimising disruption. An up-to-date Care Plan should ideally be in place for a child with complex medical needs before they are admitted to school and staff are requested to administer medication.

It is the parents'/carers' responsibility to ensure there is sufficient, in-date medication in school. Staff should avoid administering medicine that has passed beyond its usage date unless advised to by the emergency services. Medication must always be provided in its original container with the pharmacist's original label and clearly stating directions for use. A parental consent form for the Administration of Medicines in School must also be completed (see Appendix B).

Please see Appendix A (Flow Chart for identifying and agreeing the support a child needs and developing an individual Care Plan).

Care Plans must be reviewed annually, or earlier if evidence is presented that the child's needs have changed.

Information regarding a child's medical needs is kept securely in a medical folder in the school office. A summary is also stored on the Trust's online Management Information System (MIS). While it is essential for staff to be fully acquainted with individual medical needs, this information must only be shared with relevant members of staff as appropriate to the condition.

The Trust Board should consider the following when deciding what information should be recorded on care plans:

- a) the medical condition, its triggers, signs, symptoms and treatment;
- b) the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- c) specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time in tests, use of rest periods, or additional support in catching up with lessons or counselling sessions;
- d) the level of support needed (some children are capable of taking responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

- e) who will provide support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are not available;
- f) which school staff need to be aware of the child's condition and support required;
- g) arrangements for written permission from parents/carers and the School Leader for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- h) separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- i) where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- j) what to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual care plan.

Roles and responsibilities

When caring for a sick child in school, the child should never be left alone. Supporting a child with a medical condition is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parents/carers and pupils will be critical. It is important that parents/carers provide school with sufficient and up-to-date information about their child's medical needs.

Each school, and the Trust Board, must make arrangements to support pupils with medical conditions in school to enable the fullest participation possible in all aspects of school life.

Staff training and support

ONLY trained staff should administer medicine, unless this is not possible in unavoidable circumstances (see below).

Any member of staff providing support to a pupil with medical needs should have received relevant training from a suitably qualified person/organisation.

All teaching and learning staff within the TMPF receive annual asthma training and any other relevant training according to the needs of each individual school (i.e. epilepsy training and anaphylaxis training, if appropriate).

Unavoidable circumstances

Should medication be required at residential/ off-site events/ educational visits (or in the event of all trained staff not being present in school) and no trained colleagues are available; at least two colleagues should be present at the administration of medication, with both reading dosage and instructions and agreeing what is administered and how.

Managing and administering medicines on school premises

Medication must be brought into school in its original packaging and be 'in date'. Should medicine have been decanted into another bottle, or not be in its original packaging, then school may refuse to accept this. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Short-term antibiotic medication

Wherever possible, GPs will prescribe antibiotic medication in such a way that it can be given outside school hours. If antibiotic medication has been prescribed 4 times daily and the child is well enough to attend school then the medication will be issued by trained school staff, only with written permission from parents/carers (please see Appendix A). School will only accept medicines which are in-date, labelled, provided in the original container as dispensed by a pharmacist or doctor, and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Non-prescription medication

Non-prescription medication will not normally be administered. It will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Written consent is required from parents/carers and each case will be decided on an individual basis at the discretion of the School Leader or Executive Principal. Parents/carers must also confirm that the child has taken this medicine before and experienced no negative side effects.

A child under the age of 16 years should never be given medicine containing aspirin unless prescribed by a doctor. Primary aged children must never be given Paracetamol of 500mg or above.

Storage of medicines

All medicines must be stored safely, in a sealed box, in a dry, cool place. Any medicines requiring refrigeration must be isolated from other foods and clearly identifiable as medicine with the pupil's name features. All medicines should be stored out of reach of children, unless stated otherwise on a care plan e.g. a blue reliever inhaler.

Any emergency medication must be easily accessible as identified in a care plan and the whereabouts known to relevant staff.

Controlled medication must be stored securely within a locked cupboard in a locked room, and form Appendix C **MUST** be completed upon receipt from parents/carers into school. With controlled medicine, two staff signatures **MUST** be obtained for all administration. Any controlled medication must be stored in a lockable cabinet which is secured to either the wall or floor. This cabinet must be within another lockable room/area (medicine secured behind two locks) with only certain relevant staff having access.

All medicines must be passed to school staff upon arrival into the building and returned to a parent/carer/ adult collecting the child when the child is collected, or at the end of the course of antibiotics etc if this is to remain in school throughout. This includes medication for motion/travel sickness. Blue asthma reliever inhalers, adrenaline pens, or emergency medication may remain in school for a longer period of time and should be passed to staff for

safe-keeping, Older pupils may take responsibility for asthma inhalers in the event of after-school activities including on and off-site sporting fixtures/ performing arts events etc.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. school trips/ educational visits.

Refusal of medication

Should a child refuse to take the medication, school should then note this and advise parents/carers so that alternative arrangements can be made.

Self-Administration

Where the child is recognised by a qualified person (i.e. parent/carer or medical staff) as being competent to self-administer, e.g. using an asthma inhaler, it will be specified on the school consent form and school asthma care plan.

Medication format

Staff should not change the format in which the medicine is prescribed or detailed on the packaging e.g. if a medicine is prescribed to be taken as a capsule or tablet, then medication must be administered in that way and not crushed or opened. Drugs are designed and manufactured to be taken in the manner stated to have the appropriate effect.

Information sharing with visiting/ specialist staff

All relevant staff should be aware of which children require regular medication and emergency medication. Supply staff and sports coaches (should they not be accompanied by a member of staff at all times) must also be aware of which children may require an adrenaline pen, or blue reliever inhaler and where these are situated for the lesson/s or activities.

School Leaders will ensure that a system is in place in school, with identified staff, to check care plans and the date of medication.

Asthma and anaphylaxis medication

Asthma – inhalers

Blue 'reliever' inhaler

A blue reliever inhaler for the treatment and management of asthma, should only be used by children with a care plan detailing this. In the event of an emergency situation, staff should administer in-line with the necessary procedures.

In the event of a fire drill, staff should endeavour to take any blue reliever inhalers outside to the muster point. These inhalers must also accompany children in educational visits, off-site activities and when outside for PE etc.

Parents/carers are responsible for ensuring that their child has at least one blue reliever inhaler in school and that this is always within the expiration date. Any use of this inhaler must be recorded and parents/carers notified.

Schools may have a school blue reliever inhaler for emergency use.

Spacers

Parents/carers must provide a spacer for the administration of an asthma inhaler to those children who need this. Schools may also have disposable spacers, or spacers which are thoroughly washed after-use should a child's spacer be broken or otherwise unavailable.

Brown 'preventer' inhaler

Children who have been prescribed a brown preventer inhaler should use these at home and not in school hours. However, in the event of a residential visit, the inhaler should be passed by the parent/carer to a member of staff (as directed in the pre-trip meeting/documentation) and clarification of its use shared. Staff will return this to parents/carers, or a responsible adult collecting.

Adrenaline pens (sometimes known as epi-pens)

Any child with known allergies which can cause an anaphylactic reaction should have a care plan in place and if necessary an adrenaline pen which is easily accessible to them. All staff need to know which children have allergies which may cause a reaction which requires an adrenaline pen and where the pen/s is/are stored. If pens are stored in a cupboard, then this ought to be labelled on the outside.

Instructions for the usage of the pen are contained on the pen's labelling. Schools may have this printed on a larger scale in the container with the pen.

Adrenaline pens ought to be taken out of class in the event of a fire drill, or to the field/playground etc in the event of a PE lesson. Pens must be easily accessible at break and lunchtimes in particular and should accompany the child to the dining room or picnic area at lunchtime.

School may hold a spare school-purchased adrenaline pen should they have any children who may require this due to an identified allergy. This should not be administered to anyone unless they have a care plan indicating that this is OK, or its use is advised by medical specialists (e.g. 999 call handler, doctor etc). This advised use should be recorded.

Record keeping

Written records are kept of all medicines administered to children. If a child has had to use their blue reliever inhaler, parents are notified, and a record is maintained in the asthma audit system within schools. If too little, or too much, dosage is administered, this must also be recorded and parents/carers notified. If a child refuses to take the medication, again, staff should record this and advise parents/carers.

Disposal of medicine

Schools should return used or out-of-date medicine to parents or carers. If this is not possible, medicine must be taken to a pharmacist for correct disposal. Records should be kept of any medication returned to a parent/carer even if it is no longer needed or out-of-date. Labels containing personal information should be removed for data protection purposes.

Should school still have possession of any medicine which has been prescribed to pupils who are no longer at the school, then contact should be made with parents/carers to collect this from school. If parents/carers are uncontactable, or do not wish to receive the medication, or do not return to receive this in a timely manner stated, then labels which identify the pupil's

name ought to be removed and the medication then passed to a pharmacy for disposal. Records of this disposal should be kept.

Used adrenaline pens can be passed to any staff attending on an ambulance or emergency call out in relation to the incident, or may be returned to a pharmacist with clear advice that it is an item which contains a needle (sharps).

After-school clubs and wraparound care

Should children be attending any after-school or wraparound provision led by a private organisation, any necessary medicines should be collected by a member of staff from the organisation, who may then pass to parents/carers if this needs to be taken home. Staff from the organisation should sign to acknowledge receipt of the medication from school.

Emergency situations

See Form 1. The list of qualified First Aiders is displayed throughout the school.

When administering medicine trained staff must follow the **'five rights'**.

1. Right patient;
2. Right dosage;
3. Right time (of administration);
4. Right medicine;
5. Right route.

Emergency medication

Specific guidelines are in place within a child's individual Care Plan. A copy of this Care Plan is stored in the medical folder in the school office, parents/carers also have a copy. Children (age appropriate) should know where their own medicines are stored and who can give access if necessary. School Leaders are responsible for directing staff to make sure that medicines are stored safely. All emergency medicines, such as asthma reliever (blue) inhalers and adrenaline pens, should be readily available to children and should not be locked away – but stored safely.

School trip/off-site activities

Each member of staff leading a group of children on an off-site activity will carry a medical first aid kit equipped with basic medical equipment, a method to record accidents, a list of any children who have a medical condition/and or Care Plan, inhalers, adrenaline pens where relevant and parent/carer contact details (or easy access to these). A child undertaking an off-site activity who has been prescribed emergency medication **must have a named trained person on the activity who will ensure that such medication accompanies the child at all times and is returned to the designated storage area in school.** In the event that this is not possible, or this person is not trained in administering medication, then two members of staff must be present who can administer the medication, both of whom must read and check the details carefully. The group leaders will also each take a mobile telephone.

Pupils with medical conditions will be actively supported to participate in educational visits, wherever possible.

The above also applies when taking children to more remote areas of a school site, for example: Forest School sessions, Farm School sessions, activities on the school field etc.

Unacceptable practice

It is generally deemed as unacceptable practice to:

- prevent children (age appropriate) from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or parents/carers, or ignore medical evidence or opinion (although this may be challenged);
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are directly related to their medical condition (e.g. hospital appointments);
- prevent children from drinking, eating or taking toilet breaks (or other breaks) whenever they need to, in order to manage their medical condition effectively;
- prevent children from participating in, or create unnecessary barriers to children participating in any aspect of school life;
- create unnecessary barriers to children participating in any aspect of school life (including educational visits) by insisting parents/carers accompany to provide support with the administration of medication;
- require parents/carers to attend school to administer medication, or provide medical support to their child, including with toileting issues (unless this requires medication administered other than orally, via the eye, or by a cream administered to a body part not visible when wearing a PE kit).

Incident Reporting

Adverse reactions or errors in administration of medication must be reported to the School Leader/Executive Principal and CEO.

The incident report must cover:

- a. The facts of the incident;
- b. Persons involved;
- c. Reason for the incident;
- d. Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the appropriate bodies);
- e. Witness Statement;
- f. Details of any persons informed as appropriate (e.g. parents/carers, Pharmacist, GP, NHS Direct, Trust Board, Elite, LA, DfE, Ofsted),
- g. Corrective and remedial action taken;
- h. Outcome of Investigation by senior leader.

Liability and indemnity

TMPF is a member of the Department for Education's (DfE) Risk Protection Arrangements (RPA) which provides appropriate cover in the form of unlimited indemnity cover for professional indemnity as well as unlimited third-party public liability and employer's liability. The insurance policies are readily accessible to members of staff.

Complaints

Please refer to TMPF Complaints Policy. In the case of parents or pupils being dissatisfied with the support provided in respect of medical conditions, contact should be made in writing to the CEO. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

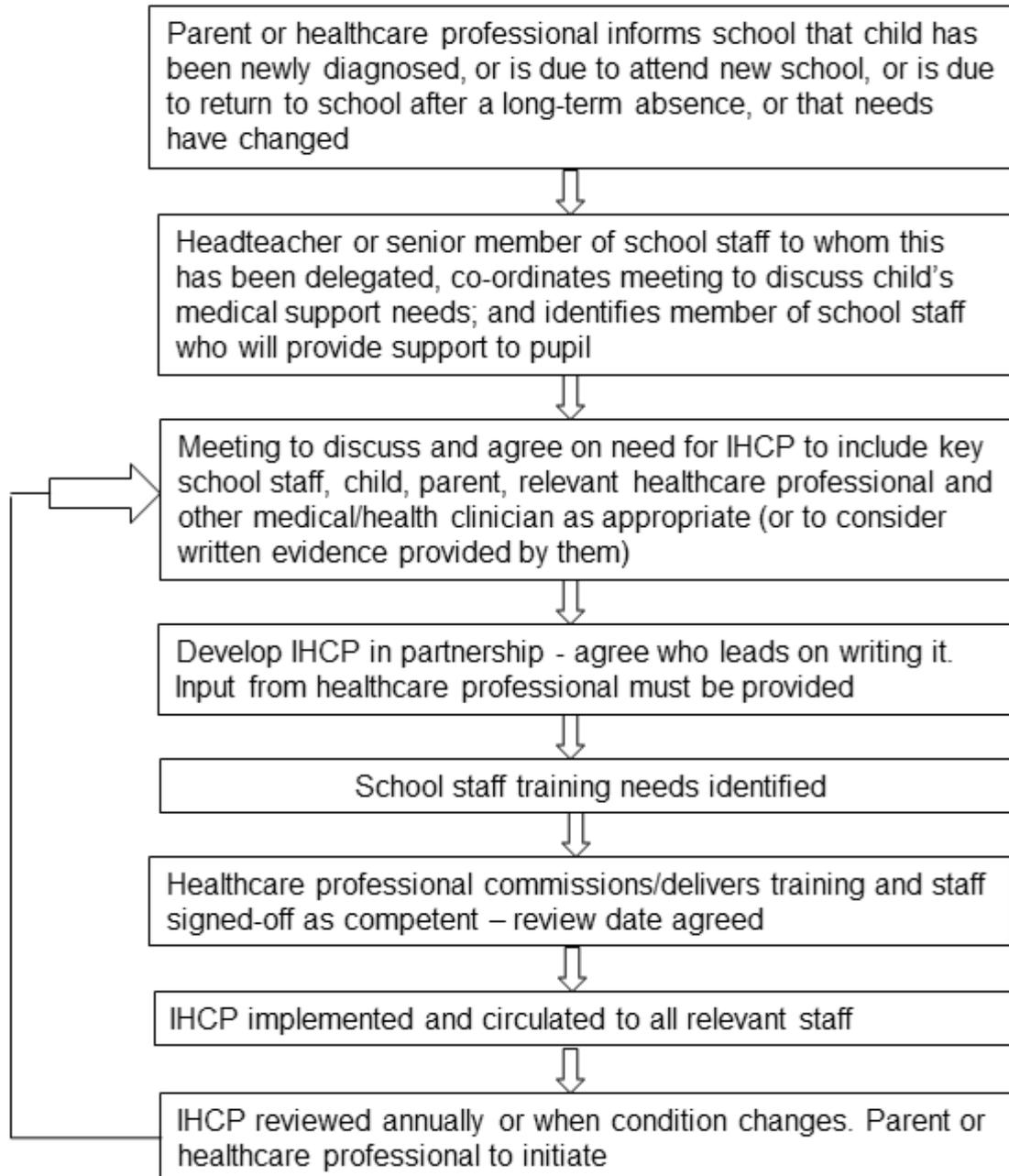
References

Department for Education "Supporting pupils at school with medical conditions" 2014
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Appendices

- Appendix A (Flow Chart for identifying and agreeing the support a child needs and developing an individual healthcare plan).
- Appendix B Parental consent to administer medication in school
- Appendix C Record of Controlled medicine administered to an individual child

APPENDIX A



APPENDIX B

Form B1 - Parental/carer agreement for setting to administer medicine

(This form should be used in association with either Form B2 or B3 as appropriate.)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff are able to administer medicine.

Name of school/setting

Name of child

Date of birth

Address

Doctor's name

Group/class/form

Medical condition or illness

Medicine - prescribed

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method/route

Required dates and times of
administration (must not exceed advised dosages)

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

Medicine non-prescribed

My child requires the following medicine and has taken this previously with no negative side effects:

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method/route

Required dates and times of
administration (must not exceed advised dosages)

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Procedures to take in an emergency

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

Parent/carer name: _____ Signature: _____ Date: _____

Form B2 - Prescribed Medicine – administration

(to be used in association with the B1 - 'Parental Agreement to Administer Medication')

Child's Name: _____

Name of medicine: _____

Date					
Time given					
Dose given					
Staff signed initials (x2)					

Date					
Time given					
Dose given					
Staff signed initials (x2)					

Date					
Time given					
Dose given					
Staff signed initials (x2)					

Notes (including any refusals to take the medicine or spillages etc):

.....

.....

Medicine returned for disposal/ passed to other organisation e.g. after-school care:

.....

.....

Signature of parent/carer:

Date

Staff signature:

Date

Form B3 - Non-prescribed Medicine - administration

(to be used in association with the B1 - 'Parental Agreement to Administer Medication')

Child's Name: _____ **Name of medicine:** _____

*Agreed/*not agreed by *CEO/ *Executive Principal/*School Leader
(delete as appropriate)

Name: _____ **Signature:** _____ **Date:** _____

Date			
Time given			
Dose given			
Name of staff			
Staff signed initials (x2)			

Notes (including any refusals to take the medicine or spillages etc):

.....
.....

Medicine returned for disposal/ passed to other organisation e.g. after-school care (and signature of recipient):

.....
.....

Signature of parent/carer:

Date

Staff signature:

Date

APPENDIX C

Record of Controlled Medicine administered to an individual child

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

Staff signature _____ (one)*

Staff signature _____ (two) * **TWO SIGNATURES REQUIRED**

Name of parent/carer: _____ signature: _____

Date			
Time given			
Dose given			
Name of members of staff (x2)			
Staff signed initials (x2)			

Date			
Time given			
Dose given			
Name of member of staff (x2)			
Staff signed initials (x2)			

C: Record of controlled medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff (x2)			
Staff signed initials (x2)			

Date			
Time given			
Dose given			
Name of member of staff (x2)			
Staff signed initials (x2)			

Date			
Time given			
Dose given			
Name of member of staff (x2)			
Staff signed initials (x2)			

Date			
Time given			
Dose given			
Name of member of staff (x2)			
Staff signed initials (x2)			

Medicine returned for disposal:

.....

Signature of parent/carer:

Date

Staff signature:

Date

Form 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number;
2. Give your location as follows: (insert school/setting address);
3. State the postcode;
4. Give exact location in the school/setting (insert brief description) (optional knowledge of 'What 3 Words' reference is helpful);
5. Give your name;
6. Give name of child and a brief description of child's symptoms and any known medical conditions which may be relevant;
7. Inform Ambulance Control of the best entrance and state that efforts will be made to meet the crew upon arrival (if possible).

Speak clearly and slowly and be ready to repeat information if asked.

Put a completed copy of this form by the telephone.