



Managing Medication In School

Person responsible: Headteacher

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This version is based on the HCC Health and Safety Guidance dated June 2022

Introduction

Since September 2014 there has been a statutory duty for Governing bodies to make arrangements to support pupils at school with medical conditions.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Some children with medical needs are protected from discrimination under the Equalities Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. Thus, 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.

At Alban City School, we will ensure that all staff are trained in administering medication including auto-injectors (EpiPens) and Asthma inhalers.

Training

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).

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.

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.

It should be ensured that an appropriate level of insurance and liability cover is in place. Trained staff at Alban City School are covered under the Risk Protection Arrangement for 'common' treatments such as the administration of oral medication, inhalers, auto-injectors, pre-packaged doses via injection etc. provided that the school's policy complies with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance.

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

Administration of Medicines

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.

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.

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

A documented record of **all** medication administered (both prescribed and non-prescribed) should be kept. Parents are required to complete a medication form before staff will administer medicines. This form asks for the child's name, name of medicine, dosage, written instructions provided by prescriber and expiry date. These forms are filled out at and kept safe in the school office.

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

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's guidance](#).

Schools should have a robust system to inform and update staff of the relevant content of pupil's IHPs (triggers, risks, emergency actions etc.). IHPs are displayed in the staff room and in individual classrooms where the child spends the majority of their day and staff are emailed and a message is displayed in the staff room to alert them to any changes.

Refusing medication

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.

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

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.

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

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

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.

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

Controlled drugs are stored in a locked box in the school office, 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.

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

Storage

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.

Pupils should, at all times, know where their own medication is stored and how to obtain it. Prescribed and non-prescribed medication is kept in a fridge in the school office.

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

Parents are responsible for ensuring their child's medication is in date, although school staff will support with this.

All emergency medicines (asthma inhalers, Epi-Pen/auto-injector 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. To facilitate this, the school's generic Epi-pen and asthma pump are taken to the playground by office staff during a fire evacuation.

Auto-injectors are kept in clear storage boxes with IHP and any other information. These are kept in the classes/shared area, where the child spends most of their time. Asthma inhalers are kept in the shared area closest to the child's classroom.

Alban City School holds an emergency EpiPen/auto-injector pen and an emergency asthma inhaler in the School office. All staff are trained and kept up to date with where these emergency medications are. Parents who have given consent for these medications to be used in an emergency are on a list with the medications.

Self-Medication

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.

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

Non-Prescription Medication

Where non-prescription 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.

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.

A child under 16 should never be given medicine containing aspirin, 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)

Disposal

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.

UN approved sharps containers should always be used for the disposal of needles or other sharps, these should be kept securely at school 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

Template forms for IHCPs, parental consent, administration etc. are available via <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

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

Offsite Visits and P.E

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.

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

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.

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

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

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

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.

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

1. 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.
2. 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.
3. As with other emergency medication this must not be locked away but should be under the control of staff.