



Version 6

Managing Medication in School POLICY ~

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MANAGING MEDICATION IN SCHOOL POLICY

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Next Review	May 2025
Staff Responsibility	Mrs Smith
Governor responsibility	Stephen Reynolds

AIM:

To provide clear advice and guidance on managing medication in school and support for pupils with medical needs.

RATIONALE:

An increasing number of children with disabilities and medical needs are being included in mainstream educational settings. Some of these children may require assistance with personal and technical care. This new duty requires clear guidance in order to avoid anxiety for staff, children and parents.

PURPOSES:

By implementing the policy, we intend to achieve the following objectives:

1. To provide guidance and reassurance to staff.
2. To safeguard the health and well being of children.
3. To assure parents that staff will be knowledgeable and competent as far as possible in the management of their child's care, given that school staff are not health professionals
4. To develop policies related to the administration, storage and management of medicines in school.
5. To put in place effective management systems to support individual pupils with medical needs.
6. To identify roles and responsibilities in the management of medicines and supporting pupils with medical needs.
7. To take account of statutory responsibility.

GUIDANCE:

1. Medicines should only be taken at school when essential; that is where it would be detrimental to a pupil's health if the medicine were not administered during the school day.
2. Medicines that need to be taken 3 times a day will not be administered at school. They should be taken in the morning, after school and at bedtime.
3. School will only accept medicines that have been prescribed by a doctor or dentist. Non-prescribed medication can only be accepted or administered to a pupil by school staff, if the packaging has been unopened.
4. Parents must request in writing that their child be given medication and any subsequent changes must also be in writing.
5. Medicines must always be provided in the original container as dispensed by a pharmacist and not repackaged. Medicines that have been taken out of the container as originally dispensed will not be accepted.
6. The label should include the date, pupil's name and the prescriber's instructions for administration. Instructions must be 'as directed' only and not 'as required'.
7. Staff receiving medication should read the label carefully, ensure the pupil's name is stated, ensure that they understand the instructions and check prescribed dosage and expiry date.
8. Changes to dosage on parental instruction will not be accepted.
9. Medication must be brought in by an adult.
10. Records of all medication received must be kept, even if not subsequently administered.
11. Parents must give written consent. It only requires one parent to agree or request that medicines are administered.
12. Medication can only be returned to an adult.

STORAGE:

1. Only the minimum amount necessary should be provided for the pupil. Large volumes of medication should not be stored.
2. A record should be kept of all medication received, even if it is not subsequently administered. This allows for an audit trail to be constructed.

3. Pupils must not keep their own medicines, other than inhalers.
4. Controlled drugs must be kept in the locked cupboard in the school office. Only named staff to have access.
5. Medicines that require to be refrigerated, must be kept in the fridge in the staff room.
6. Epi-pens and inhalers must be clearly marked and easily accessible in case of emergency.
7. In the event of loss, theft or burglary, the headteacher must be informed immediately.

ADMINISTRATION OF MEDICATION:

1. There is no legal or contractual duty on teachers to administer medication or supervise a pupil taking it or carry out personal care tasks required to support children with medical needs. This is a voluntary role.
2. All staff have common law duty to act as any reasonable parent to make sure that children are healthy and safe in school, therefore staff would be expected to assist in an emergency.
3. Pupils may self administer own inhalers, creams etc; therefore school staff will only need to supervise
4. Medicines must only be administered to the person named on the medication.
5. No-one must be given anyone else's medication under any circumstances. This would be an illegal act.
6. Before administering medication check the packaging for child's name, prescribed dose, expiry date, and pharmacist's instructions. If in doubt about a procedure, staff should not administer the medication but check with parents and/or health professionals, before taking further action.
7. No medication must be accepted for administration if opened. Medication must stay in school once opened and stored securely.
8. Confirm the identity of the pupil to be given the medication.
9. There must be an adult witness present when the medicine is administered.
10. Ensure pupil has actually taken the medication. If a pupil refuses to take medication, they should not be forced to take it. Parents/Carers should be informed as soon as possible.

11. Record sheets must be signed and dated by the person administering and the witness immediately after administering the medication.
12. Where possible ask parents to come in and administer medication.
13. If children require medication 4 times a day, consider if they are well enough to be in school.

DISPOSAL OF MEDICATION:

1. Staff should not dispose of medication.
2. Medicines should not be flushed down the sink or the toilet
3. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Date-expired medication or any medication no longer required should be returned to the parent/carer. This must be given to an adult. The amount of returned medication should be logged.
4. Parents should collect medicines at the end of each term. Medicines should not be stored over holiday periods in school.
5. Sharps boxes should always be used for the disposal of needles e.g. epi-pens. These can be obtained by parents on prescription from a G.P. Collection and disposal of the boxes should be arranged with the Local Authority environmental services.

INDIVIDUAL HEALTH-CARE PLANS:

1. Pupils on regular medication or if the regime is complex should have a care plan e.g. asthma, diabetes, ADHD, epilepsy, mobility difficulties.
2. Pupils who have short term illness which requires significant intervention in school should have a care plan for the duration of their treatment. (Short term illness lasting only a few days would not normally merit a care plan). Review arrangements should be agreed by all contributors.
3. The headteacher in consultation with the class teacher, parents, support staff and health professionals is responsible for drawing up the care plan. This should include: -
 - Details about the child and his/her condition
 - Name and details of medication, including any side-effects
 - Curriculum Access

- Special requirements, e.g. dietary needs, pre-activity precautions, facilities, equipment
 - Role of the staff and training requirements
 - Arrangements for off-site activities
 - Emergency procedures:
 - Who is responsible in an emergency?
 - what constitutes an emergency
 - what to do
 - what not to do
 - who to contact?
4. Care plans will be kept on pupil's files, in the class register and with support staff.

STAFF TRAINING:

Staff training should be provided for those staff who will be administering medication and adults who may be working with pupils requiring the use of an epi-pen and pupils with diabetes. The training should be up-to-date

SCHOOL TRIPS

1. Pupils with medical needs must not be discriminated against and should be encouraged to participate in school trips.
2. A copy of their care plan should be taken.
3. Staff should be made fully aware of medical needs of pupil and procedures for administration of medication and relevant safety procedures.

CONFIDENTIALITY:

1. This policy should be used in conjunction with the school's confidentiality and equal opportunities policies
2. Pupils have a right to privacy and medical information should be treated as confidential. Medical information should be shared with the minimum number of people possible that would ensure the pupils safety
3. Parental agreement should be sought about passing health information to staff. Sharing information is important if staff

and parents are to ensure the best care for the pupil. However, if information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but act otherwise in good faith.

SPORTING ACTIVITIES:

1. Most pupils with medical conditions can participate in PE.
2. Some pupils may need to take precautionary measures before or during exercise and may need immediate access to their medication.
3. Staff supervising sporting activities should be aware of the relevant medical conditions, medication requirements and emergency procedures.
4. Any restrictions should be appropriately recorded in the pupil's individual Health Care Plan.

HYGIENE AND INFECTION CONTROL:

1. Basic hygiene precautions for avoiding infection should be followed, such as washing and drying hands before and after the administration of medication.
2. Disposable gloves should be used as appropriate and extra care taken when dealing with blood or other bodily fluids and when disposing of dressings or equipment.

EMERGENCY PROCEDURES:

1. Where possible first aiders should provide essential first aid treatment and make an assessment of the situation.
2. Where necessary the ambulance service should be called. Staff should not take pupils to hospital in their own car in an emergency. This can hinder emergency treatment. An ambulance should always be called.
3. Parents should be informed immediately.
4. Any pupil taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent/carer arrives. Health professionals are responsible for any decision on medical treatment when parents are not available. Staff should not make any decisions.

CONTACTING EMERGENCY SERVICES:

Request for an ambulance

On the telephone dial 9 (to get an outside line) then dial 999, ask for an ambulance and be ready with the following information:

- Telephone number (School - 01952 388450)
- Give the location:
Teagues Bridge Primary School
Teagues Crescent,
Trench,
Telford
TF2 6RE
- Give exact location of the school and where ambulance should come (Half way down the crescent, after turning into the road by the Co-op. Report to office, come to bottom playground, come through carpark where a member of staff will direct you.
- Give your name
- Give the name of the child and a brief description of the symptoms.
- Inform the Ambulance of the best entrance and who will meet the crew.

Please speak slowly and clearly and be ready to repeat information, if asked but a completed copy of this form by the telephone.

Complete the form with the date and time the conversation started with emergency services and the time the conversation ended.

Ensure that the time is logged when the ambulance arrives.

Any member of staff accompanying a child in the ambulance will need to take the following:

- A mobile phone
- The child's Admission form
- Health care plan
- Any other medical information



Telford & Wrekin
COUNCIL

Form MED1
School:
Address:

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

DETAILS OF PUPIL (<i>Capitals please</i>)					
Name		M/F	Date of Birth	/ /	Base
Condition or illness (<i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i>):					
DOCTOR'S DETAILS					
Doctor's Name		Medical Practice		Telephone Number	
MEDICATION AND ADMINISTRATION					
Name of medication (<i>give full details given on the container label issued by the pharmacist</i>)					
Type of Medication (<i>eg tablets, mixture, inhaler, Epipen, other (please specify)</i>)					
Date Dispensed:	Dosage and method:				
Times to be Taken in School:	Is precise timing critical? Yes/ No				
Time of last dosage?					
For how long will your child need to take this medication?					
For medication that need not be administered at pre-set times please indicate when it should be given: (<i>eg before exercise, onset of asthma attack, onset of migraine etc</i>)					
The medication needs to be administered by a member of staff				Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff				Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary				Yes	No
The medication needs to be readily accessible in case of emergency				Yes	No
ADDITIONAL INFORMATION					
Precautions or Side Effects:					
What to do in an emergency:					

(Please read the notes on the reverse of this form carefully If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the

Form to be completed when requesting emergency services, this must be completed by the person making the call.

Contact Form for EMERGENCY SERVICES

Name of child:	
Year group/Base:	
Date of Birth:	
Presented Symptoms:	
Where is the child located in the school:	
Time Emergency services contacted:	
Time call ended:	
Time ambulance arrived:	
Signed: Person making the call	



Teagues Bridge Primary School Medical Incident Form

Child's name: _____ Class: _____ Date: _____

Information	Notes
Where the incident took place	
When the incident took place/Time	
Who was involved adults	
Type of incident/ Description of symptoms	
Action taken	
Ambulance telephoned/Time	
Parents' involved/Emergency contact	
Other agency involvement	
Signed:	

TEAGUES BRIDGE PRIMARY SCHOOL
HEALTH CARE PLAN
MEDIUM/LONG TERM

Could you please complete this form and return it to school as soon as possible.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

Address: _____ M/F:

_____ Date of Birth:

_____ Class:

Medical Condition _____

Give details of child's symptoms/reactions

Daily care requirements (e.g. medication type/administration details)

Describe what constitutes an emergency for the child and action to take if this occurs

CONTACT DETAILS

Name: _____ Daytime Telephone No _____

Relationship to Pupil _____

Address: _____

CLINIC/HOSPITAL CONTACT

Name _____ Phone No _____

GP

Name _____ Phone No _____

I give permission for my child's photograph to be taken and brought to the attention of staff with details of medical condition and action to be taken.

Date: _____ Signature: _____

Relationship to pupil: _____

RECORD OF MEDICATION GIVEN

Class:

Date	Child's name	Medication	Signature	Relationship	Observed/Given by	Amount	Time

TEAGUES BRIDGE PRIMARY SCHOOL
 ASTHMA REGISTER SHEET

We note from your child's emergency form that your child suffers from Asthma. Could you please complete this form and return it to school as soon as possible.

DETAILS OF PUPIL

Surname: _____
 Forename(s): _____
 Address: _____ M/F: _____
 _____ Date of Birth: _____
 _____ Class: _____

MEDICATION

Name/Type of Medication (as described on the container)

For how long your child will take this medication: _____

Date dispensed: _____

Full directions for use:

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in Emergency: _____

Details of Medication taken at home: _____

CONTACT DETAILS

Name: _____ Daytime Telephone No _____

Relationship to Pupil _____

Address: _____

I understand that I must deliver the medicine personally to the school office or Head Teacher.

The doctor named above has advised that it is necessary for my child to receive his/her medication during the school day. I understand that school staff have no obligation to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under the supervision of a member of staff, who may not have had any first aid or medical training. The school, the Hedteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than injury, death or damage which arises because the school or any members of its staff have been negligent.

I shall arrange to collect ad dispose of ay unused, expired medicine at the end of each term.

Date: _____ Signature: _____

Relationship to pupil: _____



TEAGUES BRIDGE PRIMARY SCHOOL
 ASTHMA HEALTH CARE PLAN

Record of medication administered to individual children.

Fill in the child's details in section 1 and then one in section 2 each time medicine is given in school.

Section 1

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 _____

Section 2

Date _____

Time given _____

Name of staff _____

Member _____

Staff _____

signature _____

Date _____

Time given _____

Name of staff _____

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