



**HYPHE BAY**  
Church of England  
Primary School

## Administration of Medicines Policy

October 2023

Signed	Designation	Date
	Headteacher	
	Chair of Governors	

Anchored by God, we strive to teach children to be confident, connected, and creative through outstanding teaching and care. We show our love, tolerance, forgiveness, and compassion, not just by talking about them but living them each day of our lives.

"We should love people not only with words and talk but by actions and true caring."  
1 John 3: 18

Our vision is to be a Spirit- filled community where every individual flourishes and is respected.

Our Christian values allow us to be an inclusive school which, through our learning, strives to give everyone life in all its fullness.

Within our local and global culture of continuous learning and reflection, we aim to deliver a broad and ambitious curriculum to all children in our care.

## INTRODUCTION

This is based on guidance issued in March 2005 and reviewed in 2017

- Supporting Pupils at School with Medical Conditions (DfE 2015)
- "Managing Medicines in Schools and Early Years Settings" by DCSF and Department of Health.
- "Including Me (Managing Complex Health Needs in Schools and Early Years Settings)" by Jeanne Carlin, published in 2005 by the DCSF and the Council for Disabled Children
- Mencap
- Royal College of Nursing
- Health and Safety Commission "Principles of Sensible Risk Management" 2006 [www.hse.gov.uk](http://www.hse.gov.uk)
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

The guidance gives detailed advice about:

- Developing school policies
- Roles and responsibilities
- Dealing with medicines safely
- Drawing up a Risk Assessment and Health Care Plan.
- The Legal Framework
- Common Conditions
- Example forms
- Useful contacts
- Related documents  
(Ref ISBN 1-84478-459-2)

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. However in cases of confidentiality the Health & Safety of the child must take precedence.

The Policy will be included in school's website document bank. It needs to be understood and accepted by staff, parents, and children. The aim of the Policy is to enable regular attendance at school.

The Local Authority is responsible for all health and safety matters and has produced the template for this policy for schools in close collaboration with Primary Care Trusts and Schools.

For day care providers the Local Authority has a duty to provide advice and training under the Children Act 1989 to deal with the needs of specific children.

## **Sections**

1. Managing medicines during the school day
2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of medicines
4. Children's medical needs - Parental responsibilities
5. Parents' written agreement
6. School policy - Supporting children with complex or long-term health needs
7. Policy on children taking and carrying their own medicines
8. Advice and Guidance to staff
9. Record keeping
10. Storing medicines

## 1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. **They must be in the original container including prescriber's instructions.**

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

a) *Prescription*

- A member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by an appropriate member of staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Ritalin, a prescription drug known as a "controlled drug" needs to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.

b) *Non-prescription*

- Non-prescription medicines (e.g. Paracetamol, Piriton) can only be given to children when parents have given written permission.
- The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.

A second signatory is required who has witnessed and checked the procedure.

## **2. Managing medicines on trips and outings**

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. Further detailed advice is found in "Including Me" by Jeanne Carlin. Best practice would be to translate these documents to the language of the country visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

### Home to school transport

If a pupil's care plan describes emergency procedures, which might occur, on the journey to and from school, then it is recommended that the escorts are trained to carry out the duties and that the care plan should be carried on the vehicle. Parents / carers should liaise with the Local Authority to ensure appropriate arrangements are in place. Further advice is available through the SEN Service, transport and school nurses.

### PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

## **3. Roles and responsibilities of staff managing or supervising the administration of medicines**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Guidance about Risk Management and Insurance is contained in KCC document 'Insurance Provision for Medical Treatment/Procedures' and can be found on Kelsi.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of

taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

#### **4. Children's medical needs – parental responsibilities**

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Children in Care) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 1a). The Headteacher should seek their agreement before passing information to other school staff.

#### **5. Parents' written agreement**

The attached form is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines personally delivered to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed. **Medicines which are not collected by parents must be given to a responsible adult for safe return to the home.**

## **6. Supporting children with complex or long-term health needs**

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment (as advised in Including Me) and a care plan, with the agreement of parents, and advice from health professionals (Appendix 2).

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

*Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice.*

## **7. Policy on children taking and carrying their own medicines**

Secondary age children may legally carry their own prescription drug (eg insulin or epipens).

When administered by staff, drugs will be kept in a locked secure place and only staff will have access. When drugs are administered, the school will keep records in yellow file.

Epipens and inhalers need to be kept with or near the pupils who need them. Where younger pupils have their insulin administered by staff then records will need to be kept.

Asthma medication to be kept in or near children's classrooms until children can use it independently. It must be taken on school trips (see Appendix 9a).

It is the responsibility of parents to ensure that medicines are personally delivered to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed. **Medicines which are not collected by parents must be given to a responsible adult for safe return to the home.**

## **8 Advice and Guidance to Staff**

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

## **9. Record keeping**

Sample forms and records, which are available from the school office include:

- 1a. Health Care / Emergency Plan
2. Risk assessment forms
3. Parental agreement for the administration of medicines
4. Record of medicine administered
5. Record of advice and support to School
6. Authorisation for the administration of rectal diazepam
7. Buccal Midazolam or Insulin : Agreed individual care plan

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition

## **10. Storing medicines**

The school will keep medicines in a locked secure place, (not asthma pumps or epipens) with access only by staff. Where refrigeration is needed, a 'medical fridge is available.

## **11. Emergency procedures**

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

## **12. Risk assessment and arrangement procedures (Care Plans)**

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed. Samples are available from the Health Needs Education Service and Specialist Nurses

## **13. Procedure for the Administering of medication**

All staff have been trained in current school procedures (5.9.17) and a copy is attached as an appendix.

Approved by Resources Committee on 30<sup>th</sup> October 2023

Next Review Date: October 2024



## **Related Documents**

- Including Me by Jeanne Carlin
- Managing Complex Health Needs in Schools and Early Years settings.
- Department of Education and Skills Council for Disabled Children  
ISBN 1-904787-60-6
- Managing Medicines in Schools and Early Years Settings
- Department for Education and Skills/Department of Health  
March 2005 ISBN 1-844178-459-2
- Health and Safety Commission "Principles of Sensible Risk Management" 2006  
[www.hse.gov.uk](http://www.hse.gov.uk)
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action
- Supporting Pupils with Medical Conditions Policy

## Hythe Bay Church of England Primary School

### Procedure for Administering Medication

#### **Administering prescription drugs during the school day**

Procedure following a parent/carer request for administering medicines

1. Admin staff must ask parents to complete an authorisation form.
2. Admin staff will sign to say they have received medication from parents.
3. Admin staff will arrange for a member of staff known to the child to administer the medicine. All staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.
4. Staff administering medicines must check the following on the authorisation form.
  - Name of child on medication
  - Name of medicine
  - Dosage is specified
  - Written instructions provided by prescriber
  - Expiry date
  - Any special administering instructions

**No dosage instructions can be accepted from the parent/carer. It must be the dose specified on the medication.**

5. Ensure a member of office staff witnesses the entire procedure.
6. Ensure the staff member administering the medication then completes the record of medicine given section on the authorisation form.
7. Ensure the office staff witness countersigns the authorisation form
8. Ensure medication is kept in the locked cupboard or medications fridge after each dose
9. Parents are responsible for collecting medicines from school and will be expected to sign to say they have taken medicines away.

**Procedure for administering non –prescription medication in school – Calpol, throat lozengers, cough mixture etc**

Following a parent/carer request for administering medicines

1. Admin staff must ask parents to complete an authorisation form.
2. Admin staff will sign to say they have received medication from parents.
3. Admin staff will arrange for a member of staff known to the child to administer the medicine. All staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.
4. Staff administering medicines must check the following on the authorisation form.
  - Name of child on medication
  - Name of medicine
  - Dosage is specified
  - Written instructions provided by prescriber
  - Expiry date
  - Any special administering instructions

**No dosage instructions can be accepted from the parent/carer. It must be the dose specified on the medication.**

5. Ensure a member of office staff witnesses the entire procedure
6. Ensure the staff member administering the medication then completes the record of medicine given section on the authorisation form and an 'ad hoc' medication slip which must be sent home with the child
7. Ensure the office staff witness countersigns the authorisation form
8. Ensure medication is kept in the locked cupboard or medications fridge after each dose
9. Parents are responsible for collecting medicines from school and will be expected to sign to say they have taken medicines away.

## **Procedures for administering medicine during school/residential trips**

Following a parent/carer request for administering medicines

1. Admin staff must ask parents to complete an authorisation form.
2. Admin staff will sign to say they have received medication from parents.
3. Admin staff will arrange for a member of staff known to the child to administer the medicine. All staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.
4. Staff administering medicines must check the following on the authorisation form.
  - Name of child on medication
  - Name of medicine
  - Dosage is specified
  - Written instructions provided by prescriber
  - Expiry date
  - Any special administering instructions

**No dosage can be accepted from the parent/carer. It must be the dose specified on the medication.**

5. Ensure an additional member of staff witnesses the entire procedure.
6. Ensure the staff member administering the medication then completes the record of medicine given section on the authorisation form and an 'ad hoc' medication slip, which must be sent home with the child.
7. Ensure the additional member of staff witness countersigns the authorisation form
8. Ensure medication is kept securely with a member of staff until return to school
9. Parents are responsible for collecting medicines from class teacher and will be expected to sign to say they have taken medicines away.