



Administering Medication Policy

Responsibility: Hannah McFarlane / Julie Spencer

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Statement of intent

Oakfield will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

***NOTE**

The administration of Calpol/ibuprofen/paracetamol is covered under this policy. The school has a supply for use in an emergency, but **will never administer any medication – even paracetamol** – without the prior consent of a parent/guardian to ensure there has not been any prior consumption unless directed by a medical professional such as a paramedic.

1. Legal framework

- 1.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:
- Children and Families Act 2014
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

2. Definitions

- 2.1. Oakfield defines "medication" as any prescribed or over the counter medicine.
- 2.2. The school defines "prescription medication" as any drug or device prescribed by a doctor.
- 2.3. The school defines a "staff member" as any member of staff employed at the school, including teachers.
- 2.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.
- 2.5. The school defines a "controlled drug" as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

3. Key roles and responsibilities

- 3.1. The local governing body is responsible for:
- The implementation of this policy and procedures.
 - Ensuring that this policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.
 - Handling complaints regarding this policy, as outlined in the school's Complaints Procedures Policy.
 - Ensuring the correct level of insurance is in place for the administration of medication.
 - Ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.
 - Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.

- Managing any complaints or concerns regarding the support provided or administration of medicine using the school's Complaints Procedures Policy.

3.2. The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in the case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

3.3. All staff are responsible for:

- Adhering to this policy and ensuring pupils do so also.
- Carrying out their duties that arise from this policy fairly and consistently.

3.4. Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing a medication administration form ([appendix A](#)) prior to bringing any medication into school.
- Discussing medications with their child prior to requesting that a staff member administers the medication.

3.5. It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with other members of staff.

4. Training of staff

- 4.1. Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.
- 4.2. The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication.

- 4.3. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff.
- 4.4. Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice.
- 4.5. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g. the school nurse.
- 4.6. Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:
 - The timing of the medication's administration is crucial to the health of the child
 - Some technical or medical knowledge is required to administer the medication
 - Intimate contact with the pupil is necessary
- 4.7. Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; hence, staff members will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

5. Receiving and storing medication – permanent conditions

- 5.1. The parents of pupils who need medication administered at school on a permanent basis will meet with office staff. Medicine will be recorded on Medical Tracker (including expiry date) and an alarm will be set for each dose.
- 5.2. Consent obtained from parents will be renewed whenever there are changes to the medication being provided.
- 5.3. **The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.**
- 5.4. The school will only allow prescribed medications.
- 5.5. Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of

some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

- 5.6. The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils. This is almost always in the medical cabinet in the office.
- 5.7. Medication will be stored according to the following stipulations:
 - In the original container alongside the instructions
 - Clearly labelled with the name of the pupil and the name and correct dosage of the drug
- 5.8. Medication that does not meet these criteria will not be administered.
- 5.9. Medication that may be required in emergency circumstances, e.g. asthma inhalers and EpiPens, will be not be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to pupils who may need them and can self-administer and staff members who will need to administer them in emergency situations.
- 5.10. The school will not store surplus or out-of-date medication and parents will be given containers for delivery back to the chemist.
- 5.11. The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils.
- 5.12. Needles and sharp objects will always be disposed of in a safe manner, e.g. the use of 'sharp boxes'.

6. Receiving and storing medication – temporary conditions

- 6.1. The parents of pupils who need medication administered at school on a temporary basis will fill in a medication administration consent form; the signed consent form will be kept with the medication for staff to administer it to pupils under the age of 16.
- 6.2. The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.**
- 6.3. The school will only allow prescribed medications.
- 6.4. Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of

some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

- 6.5. The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils. This is almost always in the medical cabinet in the office.
- 6.6. Medication will be stored according to the following stipulations:
 - In the original container alongside the instructions
 - Clearly labelled with the name of the pupil and the name and correct dosage of the drug
- 6.7. Medication that does not meet these criteria will not be administered.
- 6.8. The school will not store surplus or out-of-date medication and parents will be given containers for delivery back to the chemist.

7. Administering medication

- 7.1. Medication will only be administered at school if it would be detrimental to the pupil not to do so.
- 7.2. Staff will check the expiry date of each medication being administered to the pupil each time it is administered.
- 7.3. Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.
- 7.4. Before administering medication, the responsible member of staff should check:
 - The pupil's identity.
 - That the school possesses written consent from a parent.
 - That the medication name and strength and dose instructions match the details on the consent form.
 - That the name on the medication label is the name of the pupil who is being given the medication.
 - That the medication to be given is within its expiry date.
 - That the child has not already been given the medication within the accepted timeframe.
- 7.5. If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

- 7.6. If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.
- 7.7. If a pupil refuses to take their medication, staff will not force them to do so but will contact parents immediately.
- 7.8. The school will not be held responsible for any side effects that occur when medication is taken correctly.
- 7.9. All information is held on Medical Tracker. This includes the date and time that medication was administered and the name of the staff member responsible.

8. Out of school activities and trips

- 8.1. In the event of a school trip or activity which involves leaving the school premises, medication and devices such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- 8.2. If the medication is not one that should be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they need assistance with taking the medication, the medication will be carried by a designated staff member for the duration of the trip or activity.
- 8.3. There will be at least one staff member who is trained to administer medication on every out-of-school trip or activity which pupils with medical conditions will attend if required. In the rare circumstance that a member of trained staff is unable to attend, parents will be required to provide clear instructions to the supervising adult.
- 8.4. Staff members will ensure that they are aware of any pupil who will need medication administered during the trip or activity and will make certain that they are aware of the correct timings that medication will need to be administered.
- 8.5. If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, the school will ensure that there is a record of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record should be kept by a designated trained staff member who is present on the trip and can manage the administering of medication.
- 8.6. All staff members, volunteers and other adults present on out-of-school trips or activities will be made aware what should be done in the case of a medical emergency with regard to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

9. Care plans

- 9.1. For chronic or long-term conditions and disabilities, a care plan will be developed in liaison with the pupil, their parents, the headteacher, the SENCO and any relevant medical professionals.
- 9.2. When deciding what information should be recorded on a care plan, the local governing body will consider the following:
 - The medical condition, as well as its triggers, signs, symptoms and treatments
 - The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, equipment and dietary requirements
 - The specific support needed for the pupil's educational, social and emotional needs
 - The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
 - The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
 - Which staff members need to be aware of the pupil's condition
 - Arrangements for receiving parental consent to administer medication
 - Separate arrangements which may be required for out-of-school trips and external activities
 - Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
 - What to do in an emergency, including whom to contact and contingency arrangements
 - What is defined as an emergency, including the signs and symptoms that staff members should look out for
- 9.3. The local governing body will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by Hannah McFarlane & Julie Spencer.

10. Adrenaline auto-injectors (AAs)

- 10.1. The school has obtained a supply of spare AAs from a pharmaceutical supplier that can be used in the case of a medical emergency for pupils who are at risk of anaphylaxis, but whose devices are not available or not working.

- 10.2. The headteacher will ensure that all relevant staff members are aware of how to submit a request to the pharmaceutical supplier to purchase these AAI's and the need to include in the request:
 - The name of the school.
 - The purposes for which the product is required.
 - The total quantity required.
- 10.3. The headteacher will decide which brands of AAI to purchase.
- 10.4. Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.
- 10.5. The school will purchase AAI's in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the school adheres to the correct dosage requirements. These are as follows:
 - For pupils under age 6: 0.15 milligrams of adrenaline
 - For pupils aged 6-12: 0.3 milligrams of adrenaline
- 10.6. Spare AAI's are stored as part of an emergency anaphylaxis kit, which includes the following:
 - One or more AAI's
 - Instructions on how to use the device(s)
 - A list of pupils who currently have an AAI in school.
- 10.7. The school will arrange specialist training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis.
- 10.8. Designated staff members who are suitably trained and confident in their ability to do so will be appointed as the administrators of AAI's.
- 10.9. As part of their training, all staff members will be made aware of:
 - How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
 - Where to find AAI's in the case of an emergency.
 - How to respond appropriately to a request for help from another member of staff.
 - How to recognise when emergency action is necessary.
 - How to administer an AAI safely and effectively.

- How to make appropriate records of allergic reactions.

10.10. There will be a sufficient number of staff who are trained, and consent, to administer AAls on site at all times.

11. Medical emergencies

- 11.1. Medical emergencies will be handled in line with the First Aid Policy.
- 11.2. The school will ensure that emergency medication is always readily accessible and never locked away, whilst remaining secure and out of reach of other pupils.
- 11.3. The headteacher will ensure that there is a sufficient number of staff who have been trained in administering emergency medication by an appropriate healthcare professional.

Appendix A – Parental Agreement Form

Record of medicine administered to an individual child – Oakfield Primary School

Name of child:

Year:

Date medicine provided by parent:

Name and strength of medication:

Expiry date:

Quantity received:

Quantity returned:

Dose and frequency of medication:

Storage requirements (please circle): Refrigeration Medicine cupboard

Is the child on any other medication (please detail)?

Staff signature:

Parent signature:

Date					
Time given					
Dose given					
Staff initials					
If refrigeration required, minimum temp whilst stored					
If refrigeration required, maximum temp whilst stored					