

## **Administration of Medicines Policy**

### **Introduction**

The purpose of this policy is to ensure the safe and appropriate administration of medication to pupils with special provision for pupils with medical needs within the school.

The Children and Families Act 2014, Section 100 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. This includes having clear processes in place for the administration of medication.

The Medicines Act 1968 and the Misuse of Drugs Act 1971 provide guidance on the prescription, administration and storage of medications including controlled drugs.

This policy draws also upon the Department for Education guidance Supporting Pupils at School with Medical Conditions (December 2015) and Allergy Safety in Schools (July 2026)

### **Aims**

Heritage School aims to implement and maintain an effective management system for the administration of medicines to all pupils in our care and ensure that we provide support to individual pupils with medical needs.

### **1 Administration of Medicine**

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

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken out of school hours.

Staff at the school will not administer any medicine to a pupil without obtaining prior written consent, by completing an Administration of Medicines Authorisation Form, from his or her parents.

Parents must give written consent for their child to carry their own medication. Conditions such as allergy causing anaphylaxis, asthma and diabetes mean pupils need to carry their own medication whilst at school. However, unless it is deemed medically necessary pupils are generally not allowed to carry their own medication.

Parents have a responsibility to inform the school of any changes to their child's medication and a new Administration of Medicines Authorisation form will need to be completed (available on the school portal).

Where possible children will be encouraged and supported to self-administer their medication. Staff will be made aware of children who may require support with medication. If a child refuses to take their medication, staff will not force them to do so and parents will be notified.

A log of medications kept in school will be maintained and regularly updated.

Medication should be handed into and collected from the School Office.

### **2 Medical Information Form**

When a pupil has ongoing medical needs this will be recorded on an Individual Medical Information Form. A summary of this information will also be available on the Class Information Registers (also known as Class Lists).

An Individual Medical Information Form is not a clinical document. It is a description of how the school will respond to the information and advice concerning a pupil's medical condition, including from the pupil themselves, their parents and any healthcare professionals involved in their care.

The school will not wait for a formal diagnosis before providing support to pupils. Where symptoms have newly emerged or where the process of diagnosis is still underway, arrangements will be put in place based on the best assessment that can be made of the likely risk to the pupil's health, education and wellbeing. Where the support required cannot be safely determined without clinical advice, the school will seek advice from appropriate healthcare professionals.

Arrangements will be put in place prior to a pupil starting at school. When a pupil joins the school mid-term or a new diagnosis is received, every effort will be made to ensure arrangements are put in place within two weeks, where it is appropriate for the school to do so.

Individual Medical Information Forms will be reviewed annually, or earlier if a pupil's needs change, in consultation with parents/carers.

The following will be considered:

- The medical condition, along with its triggers, symptoms, signs and treatments;
- The pupil's resulting needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues e.g. crowded corridors, travel time between lessons;
- The support needed for the pupil's educational, social and emotional needs;
- Arrangements for maintaining educational progress where absence or missed learning occurs due to a medical condition;
- Whether a pupil can self-manage their medication. If a pupil is self-managing their medication, this should be clearly stated, with appropriate arrangements for monitoring;
- Who will provide the necessary support, including details of the expectations of the role, training needs required and cover arrangements.
- Who needs to be made aware of the pupil's condition, considering any confidentiality issues raised by the parents/carers or pupil.
- Arrangements for written permission from parents for medication to be administered by a member of staff or self-administered by the pupil during school hours;
- Arrangements for school trips or other school activities to ensure the pupil can participate. This may include the requirement for a risk assessment and prompts for specific issues which should be considered;
- What to do in an emergency, including who to contact, and contingency arrangements.

Where a pupil has a personalised care and/or action plan issued by a healthcare professional, it will be saved alongside their Individual Medical Information Form. This may include allergy and asthma action plans, diabetes care plans and seizure plans.

Individual Medical Information Forms will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an Emergency Healthcare Plan (EHCP) prepared by their lead clinician, this will be used to inform their Individual Medical Information Form. Where a pupil has SEND but does not have a statement or EHCP, their SEND will be mentioned in their Individual Medical Information Form.

When a pupil is returning from a period of hospital education, alternative provision or home tuition, the school will work with appropriate agencies to ensure that the pupil's Individual Medical Information Form identifies the support the pupil will need to reintegrate.

### 3 Risk Assessments

When a parent notifies the school that their child has a medical condition that requires significant support in school, a meeting will be arranged to discuss needs and the creation of an Individual Pupil Risk Assessment alongside an Individual Medical Information Form.

Individual Pupil Risk Assessments are created for any pupil whose specific needs put them at higher risk (such as anaphylaxis, diabetes) and / or their needs create additional risks that are not covered by existing generic risk assessments. The decision to write an individual risk assessment will be made on a case-by-case basis. Risk assessments will be reviewed annually, or earlier if a pupil's needs change, in consultation with parents/carers.

### 4 Prescription Medication

All medicines supplies must be labelled, in-date, in the original packaging as dispensed by the pharmacist and include the instructions for administration, dosage and storage.

Insulin must be in-date but may be provided in pens or pumps for administration and appropriately labelled.

The School will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupil.

### 5 Non-prescription Medication

As a general rule, medicines or controlled substances which have not been prescribed by a medical practitioner will **not** be administered in school.

Staff may only administer non-prescription medication such as pain and fever relief if the parents have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so. Parents will be asked to confirm that the pupil has not suffered an adverse reaction to the medication in the past. Non-prescription medicines should be provided in their original packaging and include information for administration.

The School will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupil.

### 6 Emergency Medication

Prescribed emergency medication such as epipens, reliever inhalers will be kept with the pupil at all times, including during off-site trips and sporting activities. Any spares provided by parents will be stored securely in the School Office.

The school keeps school emergency inhalers in accordance with 'Guidance on the use of emergency inhalers in schools' (March 2015). Emergency inhalers are stored in the School Office, Panton Hall and PE First Aid Bag. These will **only** be used for pupils with a prescription for the medication. Parents must provide written consent for the use of the emergency inhaler.

In addition, the school holds 4 spare auto-adrenaline injectors (AIs) to be used in accordance with government guidance. The school "spare" pens are readily accessible at all times and clearly signposted in the following locations:

- Hallway (No.17) (2 x 300 micrograms, suitable for individuals over 6 years of age)
- Inf/Jun Toilets (2 x 150 micrograms, suitable for children under age 6 years)

"Spare" adrenaline pens can be used by pupils who have been prescribed AIs or as directed by a healthcare professional. Parents must provide written consent for the use of the "spare" pens.

As clarified by the Medicines and Healthcare products Regulatory Agency (MHRA) a legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's

“spare” pens to be used for the purpose of saving a life of a person not known to the school to be at risk of anaphylaxis (ie. who does not have medical authorisation/consent in place for the spare device). This provision is reserved for exceptional circumstances only that could not have been foreseen.

A record of any emergency medications kept in school will be maintained and regularly updated.

For further information, please refer to the school’s Allergy Safety and Asthma Policies

## **7 Paracetamol and Antihistamine - Residential Trips**

If a pupil becomes unwell during a residential trip, it may be appropriate to administer paracetamol occasionally to control specific pain such as a headache/migraine or period pain and/or antihistamine to treat allergy symptoms, reactions to insect bites or stings.

Paracetamol and antihistamine will only be administered where prior written parental consent has been given.

### **7.1 Paracetamol**

The trip Medical Officer will be wary of giving paracetamol to children. Paracetamol can be very dangerous if taken inappropriately and pupils will be made aware that paracetamol should only be taken when absolutely necessary. Pupils will be encouraged to get some fresh air / have a drink / something to eat / rest (as appropriate). Administering paracetamol will only be considered if these actions do not work.

Only standard paracetamol tablets or suspension will be administered. Dosage will strictly adhere to the instructions on the packaging: 250mg/5ml for children aged 6-8 years, 250mg/7.5ml for children aged 8-10 years, one 500mg tablet for children who are aged 10-15 years. A dose can be administered once every 4-6 hours. Should up to two doses of paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil’s condition, they will contact parents and/or seek professional medical attention. Further doses will not be administered without consultation. As per guidelines, a maximum of 4 doses of paracetamol can be administered within any 24 hour period.

The trip Medical Officer will witness the pupil taking the paracetamol and record date, time and dosage given.

If a pupil complains of pain as soon as they arrive at the initial departure location, the trip Medical Officer will contact parents to confirm that the pupil has not previously been given a dose of paracetamol for a period of at least 4 hours.

### **7.2 Antihistamine**

The trip Medical Officer will only administer antihistamine where it is deemed medically necessary.

Only non-drowsy antihistamine will be administered. Dosage will strictly adhere to the instructions on the packaging: one tablet once a day for children aged 12 years and above, half a tablet once a day for children aged 6 to 12 years. Should a dose of antihistamine fail to alleviate symptoms and/or should staff have any concerns about a pupil’s condition, they will contact parents and/or seek professional medical attention. Further doses will not be administered without consultation.

The trip Medical Officer will witness the pupil taking the antihistamine and record date, time and dosage given.

Should a pupil need to take antihistamine during the initial 24 hours from departure, the trip Medical Officer will contact parents to confirm that the pupil has not previously been given a dose of antihistamine in the preceding 24 hours.

### **8 Storage and Disposal of Medicine**

The school will keep medication securely either in a lockable cupboard with controlled access or where medicines have to be refrigerated they will be stored in a lockable fridge, where a thermometer will be available so temperature can be recorded.

Medicines and devices which may be required in an emergency situation e.g. asthma inhalers, auto-adrenaline injectors, insulin pumps, will always be readily available and never locked away.

All relevant staff will be advised on how to access medication when required.

Parents will be notified to collect medication when it is no longer required, out of date or at the end of each academic year. Parents have a responsibility to ensure that the school has the appropriate amount of medication in school and that any unused or expired medication is collected and/or replaced. Medication not collected within a month of notification will be taken to a local pharmacy for safe disposal.

### **9 Record Keeping**

Where parents have provided consent for medication to be administered a digital record will be kept. Staff will record date, time and dosage given, method of administration and temperature at time of administration if applicable.

If staff are in any doubt over the procedure to be followed, parents will be contacted before action is taken.

If a pupil refuses their medication, the staff will record this and contact the parents as soon as possible.

### **10 Serious Incidents and Near Misses**

Mistakes in responding to a medical condition can have very serious consequences which can result in a short-or long-term deterioration in health, hospitalisation or, in very rare cases, death. The school seeks to actively manage the risks associated with medical conditions and allergy, whilst acknowledging that it is not possible to entirely remove the risk of a serious incident.

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A **“near miss”** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, e.g. where an error, omission or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

“Near misses” are as important as actual incidents, since they may highlight weaknesses in policy, procedure, training and/or communication.

There is a legal requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requiring employers to report certain accidents, diseases and dangerous occurrences (near misses) arising out of or in connection with work to the HSE. This applies regardless of whether an accident happens to a pupil, member of staff or visitor. Schools are required to report incidents which arose directly from the way they undertook a work activity and which resulted in death or being taken directly to hospital. If a staff member is uncertain whether or not an incident meets these criteria, they should contact the Compliance Officer.

### **10.1 Incident Reporting**

Following any serious incident or “near miss” involving a pupil, member of staff or visitor with a medical condition or allergy, the school will record what happened, report as appropriate and consider what lessons can be learned. The following will be recorded:

- Who was affected
- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff / pupils responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

Parents or carers will be notified of the incident or “near miss” as soon as possible.

Not all serious incidents and “near misses” will result in an immediate emergency situation. In some cases the impact may be delayed - consequences in some cases might not be seen for several days. The pupil, their parents or others (e.g. healthcare professionals) may be the ones to identify that there has been an incident.

### **10.2 Learning lessons from serious incidents and “near misses”**

The school approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

The report should be submitted to the designated senior leader responsible for medical conditions. The designated senior leader and any staff involved in supporting the pupil with their allergy should consider:

- Could the school have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy and/or a care/action plan which set out how to respond to an incident of this nature?
- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should policies be changed as a consequence?

The pupil, pupil's parents or the individual involved, in a serious incident or significant “near miss” will be given the opportunity to discuss what happened and to contribute their views to the lessons learned review. Pupils and their parents will be involved in amending Individual Medical Information Forms, where necessary, to ensure they are robust and appropriate. The school will confirm the outcome of the review with the pupil, pupil's parents or individual involved, outlining any actions taken as a result.

The designated senior leader responsible for medical conditions and allergy will consider whether the serious incident or “near miss” indicates that any statutory duties may have been breached, or at significant risk of being breached, and whether there were weaknesses in the relevant policies, the Individual Medical Information Form and/or any care or action plan. If so, they will ensure steps are taken to review and where necessary amend the relevant policies or practice.

Where there is a serious incident or “near miss” relating to the delivery of a care plan or action plan issued by a healthcare professional, the school will notify the relevant healthcare professional or team, providing a copy of the report. The healthcare professional may provide further information, instructions or review the care plan.

The school will consider the impact of any serious incident on those involved in responding and any pupils who may have witnessed it. Any learning will be shared appropriately with staff/pupils so they can act on them, reducing the chance of an incident reoccurring.

### **11 Medical Conditions and safeguarding**

The primary focus of Keeping Children Safe in Education (KCSIE) is to provide guidance on responding to incidents or neglect, abuse and the exploitation of children posed by intra or extra familial harms rather than health and safety or the management of child medical conditions.

An incident relating to the management of a pupil's medical condition (including allergies) would not in and of itself warrant a referral to local safeguarding partners. A safeguarding referral would only be indicated where an incident highlights an increased risk of a pupil being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to school or where they are repeatedly sent without essential medication, thereby putting the pupil at risk.

### **12 Unacceptable Practice**

The school will not:

- prevent pupils from easily accessing their medication e.g. auto-adrenaline devices, asthma inhalers;
- assume that pupils with the same condition require the same treatment/support;
- ignore the views of the pupil or their parents/carers;
- ignore medical evidence or the opinion and advice of healthcare professionals;
- assume that older children and young people do not require support related to their medical condition, even if they are able to take increasing responsibility for its management;
- assume a pupil does not have a medical condition because they do not yet have a diagnosis;
- send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunchtimes, unless this is specified in their Individual Medical Information Form;
- send an unwell pupil to the school office without suitable supervision;
- penalise pupils with medical conditions for their attendance record, where the absences relate to their condition;
- refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition;
- impede pupil's ability to manage chronic pain or fatigue. Pupils will not be denied necessary rest periods or automatically excluded from taking part in physical activity.
- make parents/carers feel pressured to visit the school day-to-day to administer medication or provide medical support, including for toilet issues. The school is dedicated to maintaining an inclusive environment where working parents are fully supported.
- create barriers to pupils participating in school life, including school trips.

### **13 Staff Training**

Awareness training on relevant medical conditions will be provided annually to all staff. In the event that a pupil has a specific medical condition, relevant staff will undertake further training to ensure the individual pupil's needs can be managed successfully.

### **14 Complaints**

Should parents/carers or pupils be dissatisfied with the support provided, they should follow the School's Complaints Procedure as outlined in the Complaints Procedure Policy which is available on the school website.

### **15 Data Protection**

Information concerning a pupil's medical conditions can be deeply personal. Nevertheless, schools need to hold use and share this information in order to ensure the pupil receives the support they need to stay safe and be included in education.

A pupil's health information is considered special category data under UK GDPR which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary. All staff have a responsibility to handle the personal data which they come into contact with fairly, lawfully, responsibly and securely and in accordance with the Code of Conduct for Staff. Please refer to the Data Protection Policy and Parents, Pupils, Alumni and Friends Data Privacy Notice for further information.

## **16 Related Policies and Procedures**

This policy should be read alongside our organisational policies and procedures, including:

- Asthma Policy
- Allergy Safety Policy
- First Aid Policy
- Data Protection Policy
- Parent, Pupils, Alumni and Friends Data Privacy Notice

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