



Essendon C of E Primary School

Managing Medicines in School Policy

Review annually

Date Approved: September 2026

Review Date: September 2027

Vision



*Encouraging everyone's
light to shine!*

Matthew 5:16

All the policies of Essendon C of E Primary School reflect the school's values, vision and aims.

Our Core Values

The school's Going for Gold values underpin the learning behaviours which we aim to develop and nurture. These enable us to ensure that every member of the school community is able to realise the vision.



Mission Statement

It is our duty to provide equal opportunities for every person in our care and a safe and fully equipped learning environment that enables all but respects every child as an individual. We are committed to inclusion within the school curriculum and enabling pupil participation in all aspects of school life. We provide an exciting, creative and effective learning environment, recognising and responding to the individual needs, abilities and interests of all pupils. We adopt a whole school approach to Special Educational Needs and Disabilities (SEND), providing high quality first teaching and having high expectations for all pupils. With provision firmly grounded in evidence-based educational research and reflective and collaborate practice, Essendon is committed to ensuring that pupils with SEND fulfil their greatest potential and achieve their most optimal educational outcomes during their time with us, and when they move on in the future ready to let their light shine!

Introduction

1. Since September 2014 there has been a statutory duty for Governing bodies to make arrangements to support pupils at school with medical conditions. See <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions--3>
To that end a [model policy](#) based on the DfE requirements is available for schools to adapt and adopt.
2. Some children with medical needs are protected from discrimination under the Equality Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. 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.

Training

3. 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 healthcare plans (IHP).
4. 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 first instance.
5. 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.
6. It should be ensured that an appropriate level of insurance and liability cover is in place. For schools covered by HCC's insurance trained staff would be covered for 'common' treatments such as the administration of oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.
7. For pupils with significant medical needs contact insurance@hertfordshire.gov.uk for further advice and to ensure coverage.
8. Where schools are not covered by HCC's insurance they should check cover arrangements with their own insurers.

Administration of medication

9. 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.
10. 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.

11. Medication will only be administered by schools when it would be detrimental to a child's health or school attendance not to do so. An administration of medicine form (appendix 3) needs to be completed as part of a meeting with parents.
12. A documented record of **all** medication administered (both prescribed and non-prescribed) should be kept.
13. No child under 16 should be given any medication without their parent's written consent, except in exceptional circumstances.
14. 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 guidance [Supporting Pupils with medical Conditions in school](#)
15. Where the child has a special educational need identified in an Education, Health and Care (EHC) plan, the individual healthcare plan should be linked to or become part of that EHC plan.
16. Schools should have a robust system to inform and update staff of the relevant content of pupil's IHPs (triggers, risks, emergency actions etc.).

Refusing medication

17. 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.
18. 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 followed.

Prescribed Medication

19. 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.
20. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
21. 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

- 22. 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.
- 23. Keep the amount of controlled drugs stored on site to a minimum and ensure a record is kept of the quantity held.
- 24. Pupils can carry controlled drugs if they are deemed competent to do so, otherwise controlled drugs should be stored in a locked, non portable container, such as a safe, 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.
- 25. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Storage

- 26. 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.
- 27. Pupils should, at all times, know where their own medication is stored and how to obtain it.
- 28. Under no circumstances should medicines be kept in first-aid boxes.
- 29. Staff should review expiry dates of medication and notify parents/carers when further supplies are required.
- 30. All emergency medicines (asthma inhalers, adreneline 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.

Self-medication

- 31. 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.
- 32. Children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.
- 33. For emergency medication (e.g. asthma inhaler, adrenaline pen etc.) then it would be recommended that the school also holds a 'spare' centrally in case the original is mislaid.

Non-prescription medication

- 34. Where non-prescription (over the counter) 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.

- 35. 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.
- 36. Non-prescription medication does **not** need a GP signature / authorisation in order for a school to give it. Staff should check that the medicine has been administered without adverse effect in the past and that parents have confirmed that this is the case.
- 37. **A child under 16 should never be given aspirin containing medicine , 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)

See also Herts Valleys CCG [FAQ's on over the counter medicines in schools](#)

Disposal

- 38. 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.
- 39. UN approved sharps containers should always be used for the disposal of needles or other sharps, these should be kept securely at school (e.g., within first aid /medical room) 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

- 40. Template forms for IHPs, parental consent, administration etc. are available as part of the DfE guidance [Supporting Pupils with medical Conditions in school](#)
- 41. Schools should keep an accurate record of all medication administered, including the dose, time, date and member of staff supervising.

Offsite visits and PE

- 42. 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.
- 43. Where necessary individual risk assessments should be conducted as part of the trip planning process.
- 44. 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.

45. Medicines should be kept in their original containers (an envelope may be acceptable for a single dose- provided this is very clearly labelled).
46. Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc [4.4d](#) covering medication.
47. Any restrictions on a child's ability to participate in activities such as PE should be recorded in their IHCP.
48. 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.
49. 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

50. 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.
51. 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.
52. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf As with other emergency medication this must not be locked away but should be under the control of staff.

Emergency Adrenaline Auto injectors (AAI)

53. Since 1st October 2017 schools have been able to voluntarily hold Emergency AAI devices without prescription. For emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).
54. Written parental consent for their use must still be obtained. Detailed protocols including template consent and notification of use forms are available from the [Department of Health Guidance](#).
55. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf As with other emergency medication, this must not be locked away - e.g. not locked in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

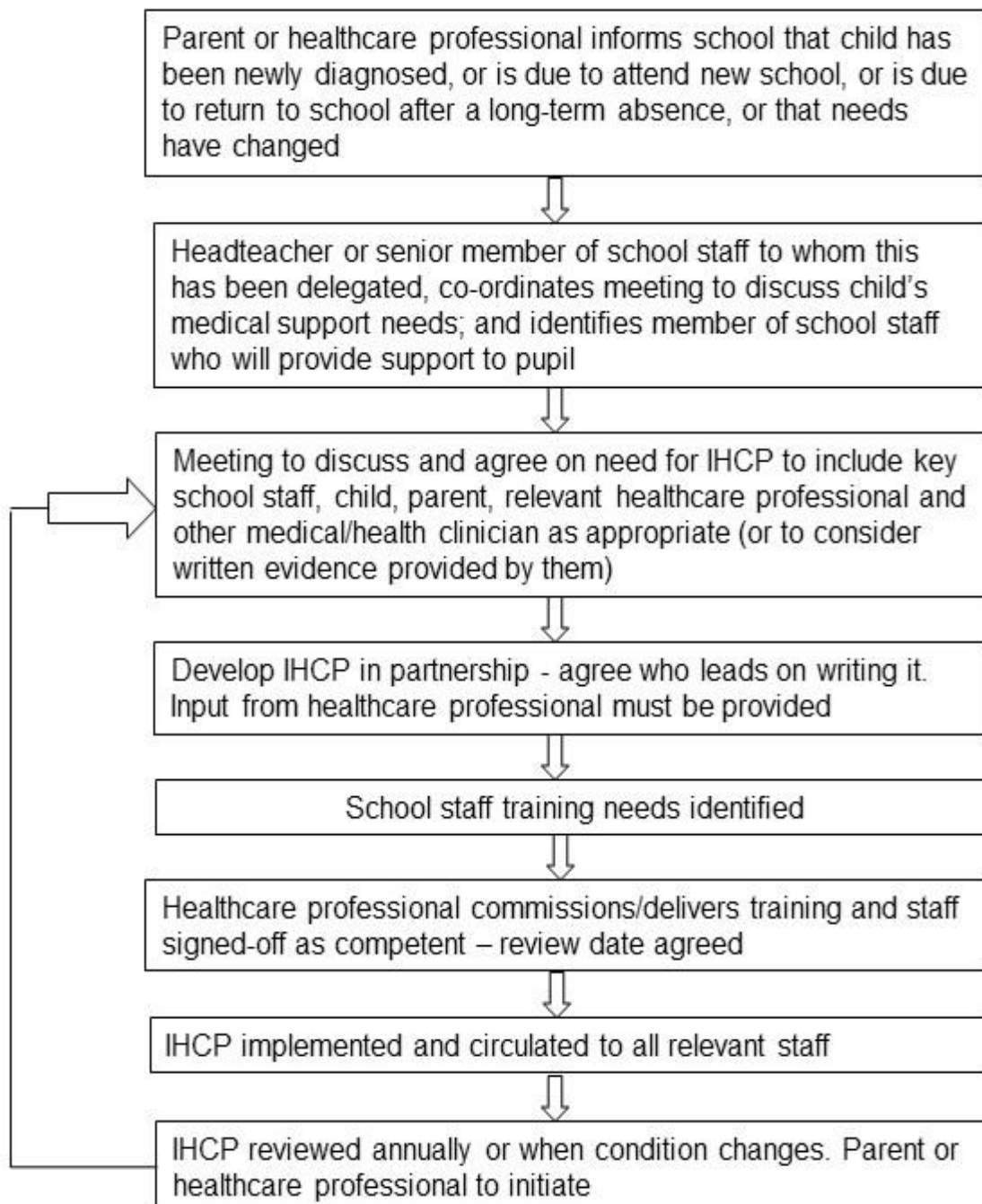
Additional information

- [Department of Health Guidance](#) on the use of emergency salbutamol inhalers in schools.
- [Defibrillators in schools](#)
- [DFE Statutory Guidance Supporting Pupils with medical conditions at school](#) • [Using emergency adrenaline auto-injectors in schools](#)

Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

At Essendon C of E Primary School, the school staff member responsible for this medical condition policy and its implementation is Ellie Moore, Office Manager.

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local

specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3

Administering of Medicine Form



Essendon C of E Primary School

APPENDIX 3: ADMINISTRATION OF TEMPORARY MEDICATION FORM

Parental agreement form giving permission for Essendon School staff to administer temporary medicine. Without this authorisation, the school is unable to administer medication. One form to be completed for each type of medication.

CHILD'S DETAILS	
Name of child	
Child's address including <u>postcode</u>	
Class	
Date of Birth	
Medical condition or illness	
GP Name, <u>address</u> and contact number	
MEDICINE: Medicines must be in original container with label as dispensed by pharmacy plus official information leaflet included which parents must have read and understood.	
Name of medicine (as described on the container)	
Type of medicine <u>E.g.</u> tablet/capsule/liquid/ Inhaler etc	
Strength of medicine (as described on the container)	
Expiry date of medication	
Date and time first dose given. <u>School will not administer first dose of any medication with the exception of an auto adrenaline injector</u>	
Date of last dose to be administered in <u>school</u>	
Dosage and method	
Time(s) to be <u>given</u>	
Special precautions/other instructions/ storage information	
Are there any side effects that the school should know about?	
Self-administration	Yes/No (delete as appropriate)
Describe what constitutes an emergency for the pupil/procedure to take	
CONTACT DETAILS OF PARENT/GUARDIAN COMPLETING FORM	
Relationship to child	
Name	
Priority telephone number	
Alternative contact number	
Address including postcode if different to child	

DECLARATIONS	
PARENT/GUARDIAN	
Name of child:	Please tick response below to each statement
My child's medication is in its original container with label as dispensed by pharmacy plus official information leaflet included which I have read and understood to the best of my ability.	Yes ☐ No ☐
I understand that I, or a named adult must deliver the medicine safely to the <u>School Office</u> and arrange its collection and safe disposal	Yes ☐ No ☐
I am responsible for supplying in date medication to school and arranging for new medication to be supplied when it has passed its use by date.	Yes ☐ No ☐
I give permission for this information to be circulated to the appropriate members of staff.	Yes ☐ No ☐
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. School will NOT be giving the first dose (<u>with the exception of an auto adrenaline injector</u>).	Yes ☐ No ☐
I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. In the event of any difficulties one of the above contacts can be <u>contacted at all times</u> during the school day on the telephone numbers listed above	Yes ☐ No ☐
I understand that the school will contact me before administering some prescribed medications to ascertain when the last dose was taken. <u>E.g.</u> anti-histamines/paracetamol/ibuprofen	Yes ☐ No ☐
Parent's signature	
Print name	
Date	
SCHOOL	
Key Points to Note:	
- The school will contact parents before administering certain medications <u>e.g.</u> anti-histamines/paracetamol/ibuprofen to ascertain when the last dose was taken. - Office Staff will arrange for medication to be taken with the Staff Trip Lead when a child goes off site as per school <u>policy</u> - If child refuses medication or if anything of note occurs during the administration parents will be informed.	
Date medication received in Office	
Confirmed that the medicine/container is clearly marked with the name of the medicine, pupils name, dosage of the drug, including method of administration and frequency of administration	YES/NO
Special storage requirements noted	YES/NO/N/A
Is Risk Assessment required	YES/NO
Signed (Member of Staff)	
Name	
Job title	
Date	

This is Appendix 3 – this is completed with parents, as part of their request for the school to administer medicine.