



# **Administration of Medication Policy**

**Last Updated: September 2021**

**To Be Reviewed: September 2022**

## Introduction

Most students will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps finishing a course of medication.

Other students have medical conditions that if not properly managed, could limit their access to education. Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal activities. However, school staff may need to take extra care in supervising some activities to make sure that these students and others are not put at risk.

An Individual Health Care Plan can help schools identify the necessary safety measures to support students with medical needs and ensure that they and others are not put at risk. A model Health Care Plan is included within this pack **(Appendix 1)**.

## Support for Students with Medical Needs

Parents or guardians have prime responsibility for their child's health and should provide school with information about their child's medical condition. Wherever possible, self administration of medication should take place or parents should be actively encouraged to administer medicines to their children personally.

**There is no legal duty, requiring school staff to administer medication. This is a voluntary role.**

Staff who provide support for students with medical needs, or who volunteer to administer medication, are supported by the Advanced First Aiders, parents, access to information, training and reassurance about their legal liability.

They will be given information and guidance in the form of:-

- Policy
- Health Care Plans
- Systems of work and reporting procedures
- Access to suitable training
- Clarification of their legal liabilities

## Short Term Medical Needs

Many students will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, to finish a course of antibiotics or apply a lotion. To support students with this will undoubtedly minimise the time they need to be off school. Medication should only be taken in school when absolutely essential.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

This should be referred to the Advanced First Aiders, who should supervise the process.

### **Non Prescription Medicine**

Students sometimes ask for painkillers (analgesics) at school, including aspirin and paracetamol. **Staff should generally not give non-prescribed medication to students.** You may not know whether the student has taken a previous dose or whether the medication may react with other medication being taken. **A child under 12 should never be given aspirin, unless prescribed by a doctor.**

If a student suffers regularly from acute pain such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. **This should be referred to the Advanced First Aiders or the Head Teacher, who should supervise the student taking the medication and notify the parents in writing, on the day the painkillers are taken.**

### **Long Term Medical Needs**

It is important for the school to have sufficient information about the medical condition of any student with long-term medical needs. If a student's medical needs are inadequately supported, this can have a significant impact on a student's academic attainments and/or lead to emotional and behavioural problems.

The school therefore needs to know about any medical needs **before** a child starts school, or immediately should a child develop a condition.

For students who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is at this stage that an individual Health Care Plan for such students should be drawn up **(Appendix 1) by the Advanced First Aider and Head Teacher.**

This should involve the school, parents and relevant health professionals. This can include:

- Details of student's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

## Administering Medication

No student under 16 should be given medication without his parents' consent. Any member of staff giving medicine to a student should check: -

- The student's name
- Written instructions provided by parents/doctor
- Prescribed dose
- Expiry date

This will generally be carried out by the Advanced First Aiders

If in doubt of any of the procedures as outlined within the Policy and Health Care Plan, a member of staff should check with the Advanced First Aider. The Advanced First Aider will check with parents or a health professional before taking further action.

## Self-Management

It is good practice to allow students who can be trusted to do so, to manage their own medication from a relatively early age and schools should encourage this.

If students can take their medicine themselves, Advanced First Aider or the Head Teacher may only have to supervise this.

The school policy states what medications students can carry and administer on their own (e.g. Inhalers).

This **must** to be authorised in writing from the parents to do this, a parental consent form is provided.

## Refusing Medication

If students refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. **If necessary**, the school should call the emergency services.

## Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at school, (**Appendix 1**) and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including: -

- Name of medication
- Dose

- Method of administration
- Other treatment
- Any side effects

## **SPECIAL ARRANGEMENTS FOR STUDENTS WITH MEDICAL NEEDS**

### **School Trips**

It is good practice to encourage students with medical needs to participate in school trips, wherever safety permits.

Sometimes additional safety measures for outside visits may need to be made.

Arrangements for taking any necessary medication will also need to be taken into consideration.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.

Sometimes an additional supervisor or parent might accompany a particular student.

If staff are concerned about whether they can provide for a student's safety, or the safety of others on a trip, they should seek further advice from the Headteacher or the School Office who will liaise with parents, schools Health Service or child's GP.

### **Sporting Activities**

Most students with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all students to follow in ways appropriate to their own abilities.

For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE should be included in their individual Health Care Plan.

Some students may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary (especially medication for Asthma, Anaphylactic - if you are on the sports field you need access to this medication immediately).

Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures. Information is made available via the Medical register or School Office.

### **Dealing with Medicines Safely**

Some medicines may be harmful to anyone for whom they are not prescribed.

Where a school agrees to administer this type of medicine, the employer has a duty to ensure that the risks to the health of others are properly controlled.

This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

### **Storing Medication**

Schools will not store large volumes of medications.

Wherever possible, parents will be asked to bring in the required dose each day rather than a week's supply.

All medicines should be stored in a locked cupboard, or if refrigerated, in an area not accessible to school children. Such medication will be stored by the Office staff with the Advanced First Aiders having access to this.

When the Advanced First Aider and the Head Teacher store medicines, they should ensure that the supplied container is labelled with:

- The name of the student,
- The name and dose of the drug
- The frequency of administration.

Where a student needs two or more prescribed medicines, each should be in a separate container.

### **Non health-care staff should never transfer medicines from their original containers.**

Students should know where their own medication is stored and who holds the key.

A few medicines, such as asthma inhalers, must be readily available to students and must not be locked away. These will be kept by the AFA in a secure area.

If the school locks away medicines that a student might need in an emergency, all staff should know where to obtain keys to the medicine cabinet and be able to do so without delay.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date expired medicines. All medication should be returned to parents when it has expired or is no longer required.

Where parents do not collect medicine for discarding, staff should contact the local pharmacist who will collect the medication.

## **11. Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **12. Emergency Procedures**

- All staff should know how to call the emergency services.
- All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- A student taken to hospital by ambulance should be accompanied by a member of staff who should remain until the student's parents arrive.

- Generally, staff should not take students to hospital in their own car, however, in an emergency it may be the best course of action. This should only be carried out if another member of staff accompanies the casualty and driver, and the car driver holds public liability vehicle insurance.

**Appendix 1**



**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

*Form to be completed by parents if they wish the school to administer medication*

**The school will not give your child medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medication.**

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**DETAILS OF STUDENT**

**Surname:**

**Forename(s):**

Address

Date of Birth:

Form:

**Condition of illness:**

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**MEDICATION**

Name/type of medication (as described on the container)

For how long will your child take this medication:

Date dispensed:

**Full directions for use:**

Dosage and method:

Timing:

Special precautions:

Side effects:

Self administration:

Procedures to take in an emergency:

**CONTACT DETAILS**

Name: Daytime telephone no:

Relationship to student:



Address:

I understand that I must deliver the medicine personally to the HoY  
and accept that this is a service that the school is not obliged to undertake.

Date:

Signature(s):



PLAN NUMBER:

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**HEALTH CARE PLAN FOR A STUDENT WITH MEDICAL NEEDS**

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**Name:**

**Date of Birth:**

**Condition:**

**Form:**

**Date:**

Review Date:

Name of School



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CONTACT INFORMATION

*Family contact 1*

*Family contact 2*

Name:

Name: