Woodlands Secondary School	Administration of Medicines in Schools Policy	

Date	Review Date	Author	Nominated Governors
September 2025	September 2027	Sandra Clarke Lindsey Lucas Jennifer Norman	Headteacher
Website	**Statutory Policy**	**Source**	**Ratification Date**
Yes	No	Luton HR policy (October 2018 @Luton Council 2025)	September 2025

Please read this policy in conjunction with the *Supporting students with medical conditions* policy.

1. Purpose of the Procedure

1.1 The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting students at the school with medical conditions. Students with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

1.2 The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role and achieve their potential.

2. Scope of the Procedure

2.1 The procedure applies to all employees.

2.2 This procedure should be read in conjunction with the relevant statutory guidance; Supporting students at school with medical conditions, DfE, which provides greater detail regarding notification and individual healthcare plans and with the school's Intimate Care Policy.

2.3 *All staff will be expected to have an awareness of those children with medical conditions and how to respond in an emergency, if staff are in doubt they should call 999 and ensure the student is not left unattended.* This policy will form part of the schools induction arrangements.

3. Roles and Responsibilities

3.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of students with medical conditions are met effectively.

3.2 The governing body will ensure that the school develops and implements a policy for supporting students with medical conditions. It will ensure that suitable accommodation for the care of students with medical conditions is available. It will ensure that sufficient staff have received suitable training and are competent

before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to students with medical conditions.

3.3 The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. S/he will ensure that all staff are aware of the policy and understand their role in its implementation. S/he will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. S/he will make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.

3.4 School staff may be asked to provide support to students with medical conditions, including the administering of medicines and intimate care, although they cannot be required to do so unless it is covered within their Job Description. Administration of medicines is included in the job descriptions for Teaching Assistants. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. Any member of staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Training will be provided to all staff. A student taken by ambulance to hospital will be accompanied by a member of staff who will stay with the child until a parent or carer arrives.

Appropriately trained staff (those trained by a member of the medical profession) can use EpiPens and defibrillators, administer injections, dispense prescribed oral medicines and apply splints and topical medicine and other medical support covered for example within a First Aid certificate or where appropriate training has been provided. All medication must be administered as prescribed by a medical professional. School staff may also be asked to provide other support, for example: assisting with feeding, including enteral feeds, or toileting.

3.5 School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide training, advice, and liaison.

3.6 Other healthcare professionals, including GPs and paediatricians notify the school nurse 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.

3.7 Where appropriate, students will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other students in the school will be encouraged to be sensitive to the needs of those with medical conditions.

3.8 Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times. Where possible parents/carers should be encouraged to request that medication is prescribed in dose frequencies which enable it to be taken outside of school hours.

3.9 Local authorities should work with schools to support students with medical conditions to attend full time.

3.10 Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

3.11 Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

3.12 Ofsted – Inspectors consider the needs of students with chronic or long term medical conditions and also those of disabled children and students with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

Staff training and support

4.1 Any member of school staff providing support to a student with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

4.2 Students competent in managing their own health needs will be allowed to carry their own medicines and devices if that does not pose a risk to other students.

4.3 Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

4.4 The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

4.5 Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use EpiPens, defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations staff are covered provided they have followed the Care Plan in place and have had relevant training.

Managing medicines on the school premises

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

5.2 No child under 16 will be given prescription or non-prescription medicines without their parents' written consent

5.3 A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor

5.4 The school will only accept prescribed medicines that have been prescribed by an appropriate practitioner. The medication must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container).

See Appendix 1 – Treatment File and Administration of Medicines Protocol (M1)

5.5 All medicines will be stored safely in school. Children should know where their medicines are at all times and be able to access them immediately. The school will keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. (A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases).

5.6 Staff administering a controlled drug and/or over the counter medication (OTC) must do so in accordance with the prescriber's instructions and/or in accordance with the recommended dosage. The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted..

See Appendix 2 – Administration of medicines – Student forms – M2 – M10

5.7 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens (Epi pens) should always be readily available to children and **not locked away.** Some students may carry devices and medicines with them. For other students that are onsite but are participating in activities that are not in close proximity to their classrooms, such as during outdoor playtime, their medication will be securely stored in a 'bum bag', which will be carried by a designated member of the class team.

5.8 During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required in a secure rucksack.

5.9 If a student refuses to take medication or carry out a necessary procedure they should not be forced by staff. The procedure agreed in the individual healthcare plan should be followed and the parent/carer informed.

5.10 Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Medication no longer required or out of date should not be allowed to accumulate.

If a child becomes unwell during the day Paracetamol may be given, if parents have signed the consent form as part of the admission pack. Parental consent should be sought prior to administration of Paracetamol however, if parents cannot be contacted then the following guidelines should be followed:

- Paracetamol should not be given before 11.30am in case the student was given some prior to leaving home.
- Family workers/nurses keep a store of liquid and tablets locked in the family room and they will administer the pain relief in school.
- The dosage must be as advised on the packaging.
- The time and amount of pain relief given must be recorded on a medicine sheet and also in the home/school contact book/email.
- Where possible parents should be informed by telephone.

6 Unacceptable Practices

6.1 Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents.
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents or make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. (No parent should have to give up working because the school is failing to support their child's medical needs)
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

7. Recording

7.1 Although there are no legal requirements for schools to keep records of medicines given, and staff involved, it is good practice to do so.
Records offer protection to staff and proof that they have followed agreed procedures. Both staff members should sign the Treatment Sheet using a black pen.

8. Refusal of medicines

8.1 If students refuse to take medicines, 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.

9. Administration of Medicines Errors

9.1 If for any reason the medication is given to the wrong child or an incorrect dose is given, then medical advice should be sought, from NHS Direct or the nearest Accident and Emergency department. Parents should also be informed.
A report should be written as soon as possible after the event and should detail the sequence of events.

10. Review of policy

10.1 This policy is reviewed every two years.

Appendix 1 – Treatment File and Administration of Medicines Protocol

TREATMENT FILE

Each classroom will have a plastic **Treatment File** for all class students who DO NOT have routine medical interventions.

Students who have routine medical interventions will have an individual A4 ring binder.

At the front of all folders there will be a copy of the Administration of Medicines Protocol **(M1)** – See below.

The **Treatment Files** will have a section for each student. Each section will contain the following:

- Signature Page **(M3)–** all staff who administer/check medicines must sign this page (Yellow Paper)
- Treatment Sheet **(M4, M5, M6, M7, M10)** – as required – one sheet for each medicine. (Yellow – all medication, Lilac – delivered by gastrostomy, Orange – delivered by jejunostomy, Blue – Diabetes related)
- Non Routine Medicines Page **(M5)** – Antibiotics or Paracetamol should be recorded on this page (Yellow paper)
- Medication stock check page **(M8, M9 or M9a)**

ADMINISTRATION OF MEDICINES PROTOCOL (M1)

- **Two members of staff should be present *at all times* when checking and administering medicines**

- The pharmacy label on the container should be cross checked against the instructions from the treatment sheet. Any discrepancy should be queried with parents/School nurses. **Parents should confirm any changes of dose and the reason for it in writing and where possible provide a repeat prescription list.**

- For liquid medicines, you will need to ensure a 5ml spoon or an oral/ threaded syringe is available depending on student and route.

A. Confirm the identity of the student – **RIGHT PERSON**

B. Check the treatment sheet and medication pharmacy label; **RIGHT MEDICATION, RIGHT DOSE, RIGHT TIME, RIGHT ROUTE**. Has the medicine been administered by another member of staff?

C. Check the name of the medicine on the container against the name on the treatment chart and the route - orally/ via gastrostomy. (amended Jan 2018)

D. Check the expiry date/use by date on the medication (added Jan 2018)

E. Check the dose e.g. 1 or 2 tablets, 5 or 10mls, or 2 puffs.

F. Measure the dose requested on the treatment sheet using appropriate equipment without handling the medicine. If it is soluble or a dispersible tablet, add a small quantity of water and wait for it to dissolve or disperse. Put the medication away.

G. Once all of the above has been second checked, check you have the correct student again before giving the medicine to the student and watch him/her take it. Give the student a glass of water to 'wash' the medicine into the stomach if required. Check mouth is clear and medication has been swallowed if needed. (amended Jan 2018)

H. Document medication given including dose given, time given, and sign to say medication given by and witnessed by. Fill out controlled drugs sheet if applicable. (Added Jan 2018)

I. Wash the spoon or oral dose dispenser, if used, with hot soapy water and return to the Medical cupboard with students Medication. (Label syringe/ spoon with students name). (Amended Jan 2018)

J. Repeat steps A-I again if another medication/procedure is required.

K. Check the storage area is locked.

L. Check all medication weekly using the stock check form **(M8).** Where possible ensure there is 7 days' notice for parents to obtain and send in a further supply of medication. All expired medication must be sent home in a cable tied bag for parents to dispose of correctly. (Added Jan 2018)

ADMINISTRATION OF MEDICINES – SIGNATURE SHEET (M3)

STUDENT NAME:	DOB:
ALLERGIES:	

DATE	NAME	ORGANISATION	SIGNATURE 1 Trained staff only (include date of competency training by nurses)	SIGNATURE 2	INITIALS

ADMINISTRATION OF MEDICINES – Routine Medication (M4)

STUDENT NAME:	DOB:

MEDICATION NAME AND STRENGTH : DOSE:		PROCEDURE:
AMENDMENT:		
TIME:	VENUE: classroom	
FLUSH:		
DETAILS COMPLETED BY: SIGNED: DATE:		DETAILS VERIFIED BY: SIGNED: DATE:

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All staff: Record administration of a drug/feed by initialling the box. When a drug/feed is not administered, record the appropriate letter from below:

A = Absent **N** = no medication from parents **O** = omit **R** = Refused **T** = Trip **X** = School closed **NS** = Not in school.

ADMINISTRATION OF MEDICINES – NON ROUTINE MEDICINES (M5)

STUDENT NAME:	**DOB:**

MEDICATION NAME AND STRENGTH : **DOSE:**		**PROCEDURE:**
TIME:	**VENUE:**	
Route:		**START DATE:**
FLUSH:		**FINISH DATE:**
DETAILS COMPLETED BY: **SIGNED:** **DATE:**		**DETAILS VERIFIED BY:** **SIGNED:** **DATE:**

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All staff: Record administration of a drug/feed by initialling the box. When a drug/feed is not administered, record the appropriate letter from below:

A = Absent **N** = no medication from parents **O** = omit **R** = Refused **T** = Trip **X** = School closed **NS** = Not in school.

FEED AND FLUSHES – TREATMENT SHEET (M6)

STUDENT NAME:	**DOB:**

FEED: **Dose:**	**PROCEDURE:**
AMENDMENT:	
TIME: **VENUE:**	**RUN RATE**:
FLUSH:	
DETAILS COMPLETED BY: **SIGNED:** **DATE:**	**DETAILS VERIFIED BY:** **SIGNED:** **DATE:**

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All staff: Record administration of a drug/feed by initialling the box.
When a drug/feed is not administered, record the appropriate letter from below. **A** = Absent **N** = no medication from parents **O** = omit **R** = Refused **T** = Trip **X** = School closed **NS** = Not in school.

FEEDS AND FLUSHES – TREATMENT SHEET WITH DOSE (M7)

STUDENT NAME:	**DOB:**

FEED: **Dose:**		**PROCEDURE:**
AMENDMENT:		
TIME:	**VENUE:**	**RUN RATE**:
FLUSH:		
DETAILS COMPLETED BY: **SIGNED:** **DATE:**		**DETAILS VERIFIED BY:** **SIGNED:** **DATE:**

DAY:	**M**	**TU**	**W**	**TH**	**F**	**M**	**TU**	**W**	**TH**	**F**
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All staff: Record administration of a drug/feed by initialling the box. When a drug/feed is not administered, record the appropriate letter from below.

A = Absent **N** = no medication from parents **O** = omit **R** = Refused **T** = Trip **X** = School closed **NS** = Not in school.

FEEDS AND FLUSHES – TREATMENT SHEET WITH volume given (M7A)

STUDENT NAME:	DOB:

FEED: **Dose:**		**PROCEDURE:** **RUN RATE**:
AMENDMENT:		
TIME:	**VENUE:**	
FLUSH:		
DETAILS COMPLETED BY: **SIGNED:** **DATE:**		**DETAILS VERIFIED BY:** **SIGNED:** **DATE:**

DAY:	**M**	**TU**	**W**	**TH**	**F**	**M**	**TU**	**W**	**TH**	**F**
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TIME:										
INITIALS:										
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Volume given										
TIME:										
INITIALS:										

BLOOD GLUCOSE MONITORING INSULIN (M10)

STUDENT NAME:	**DOB:**

BLOOD GLUCOSE MONITORING:	**PROCEDURE:**
AMENDMENT:	
Time: **Venue:**	
DETAILS COMPLETED BY: **SIGNED:** **DATE:**	**DETAILS VERIFIED BY:** **SIGNED:** **DATE:**

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All staff: Record administration of a drug/feed by initialling the box. When a drug/feed is not administered, record the appropriate letter from below.

A = Absent **N** = no medication from parents **O** = omit **R** = Refused **T** = Trip **X** = School closed **NS** = Not in school.

M8: MEDICATION WEEKLY STOCK CHECK SHEET

TO BE CHECKED WEEKLY BY TWO STAFF.

This check should include all expiry dates, quantity of medication/equipment left in school.

IT IS ADVISED THAT THERE IS ALWAYS A MINIMUM OF 5 DAYS SUPPLY IN SCHOOL.

Name of student:

Medication:

Medication requested on and by whom: *i.e 01/09/23 Baclofen J Norman*	**Date**	**Time**	**Quantity of medication**			**Expiry date /use by date (some medications have a short shelf life once opened)**	**Medication Issued to/ sent home on (Please record medication sent home on Cpoms and why) (Date and 2 staff members signatures)**	**Medication checked by? Initials of two staff**	
			Received *no mls, tablets/ syringes*	**Issued to staff/ Sent home** *(record on Cpoms)*	**Stock Balance** (Total in School) *i.e.2 pre filled syringes, 27 tablets, 180mls*				

CONTROLLED DRUGS STOCK CHECK (M9)

Name of student:	Name and strength of Medication:

Balance carried forward from page **Page number**

Date	Quantity received	Expiry date	ADMINISTERING MEDICATIONS		Given by/checked by Full signature (Staff member must be signed off by school nurses to administer medication)	Witnessed by Full signature	Quantity sent home (record on Cpoms) Issued to staff for trip	Stock Balance in school (number of tablets, mls of medication etc.
			TIME	DOSE				

CONTROLLED DRUGS STOCK CHECK (M9a)

Name of student:	Name and strength of Medication:

Page number:

Date	Time:		Expiry Date	Quantity			Emergency care plan with medication *check with nurses before going out* ***YES*** ***NO***		Issued to staff for trip / **sent home** *(record on Cpoms)*	Checked by/given by Epilepsy rescue medication trained staff) (full staff members signature)	Witnessed by (full staff members signature)
	IN	OUT		Received *no mls, tablets/syringes*	Sent Home / Issued to staff	Stock Balance in School *i.e.2 pre filled syringes, 27 tablets*					