

## ADMINISTRATION OF PRESCRIBED MEDICINES IN SCHOOL


### Policy Issues and Updates

<i>Pages</i>	<i>Issue Number</i>	<i>Date</i>
Whole Document – New	1	September 2023
<b>1 - Added</b> information around Aspirin Added statutory guidance <b>2 -</b> Action on when a child is sick <b>3 -</b> Added unacceptable practice and emergency procedure	2	September 2024
<b>1 -</b> Emergency salbutamol inhaler <b>2 -</b> Adrenaline pen <b>3 -</b> Parental generic consent form <b>4 -</b> Administration of medication form	3	March 2025

This policy has been approved by the SLT.

The policy will be reviewed annually unless circumstances arise requiring an early review.

Approved: September 2024

Signature: 

Planned Review Date: September 2026

## NOTES FOR PARENTS, STAFF AND STUDENTS.

Medicines include all oral or injected medicines; eye drops and inhalers.

- Only essential prescription medicines should be sent into school. These should be handed in to staff. by a responsible adult This must be prior agreed with the provision.
- All medicines must be in the original labelled pharmacy bottle, with no amendments/defects to the prescription labelling as this provides proof of prescription.
- All medication administered by the staff is done on a voluntary basis, parents must be aware that staff are not medically trained. Staff will do their best in the situation but are not accountable for the medication forgotten, mislaid, or given inappropriately. Staff also have the right to refuse giving medication if they do not feel comfortable.
- When a child has begun taking a newly prescribed medication, they are required to wait 48 hours before returning to school in case of any reaction or side effects to the medication/s.
- Medication will only be given if parents complete the appropriate parental/carer consent form, clearly stating the required dose, time and route of administration. Where possible this should coincide with school breaks times. Verbal consent to administer a medication or over the telephone/emails in school or on educational visit is not acceptable and staff will not be able to administer your child's medication.
- Salbutamol Inhalers and spacers should be clearly labelled with the child's name and dosage required. A written individual health care plan will be stored alongside to support the administration for staff to follow in the event of an emergency, this will be agreed and signed with parents and discussed with each child.
- All unused or out of date medicine should be collected. Any medication left for a long period of time will be disposed of.
- It is the responsibility of the parents to ensure medication is within its expiry date and to replace any medication once the expiry date is reached. Where possible school staff will do their best to send a reminder of this to parents but are not accountable for reminding parents to replace medication.
- No staff without the required training is allowed to administer any type of medication to a

child (prescribed and non-prescribed).

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- If a child refuses to take medicine or carry out the necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.
- All prescribed medication should be stored safely in a secured locked medicine cabinet. Children should know where their medicines are stored. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

### **Emergency procedures**

- For children with an individual healthcare plan, the plan will clearly outline emergency protocols, including specific symptoms and procedures, to ensure all staff are informed. Pupils should also be aware of general emergency procedures, such as immediately notifying a teacher if assistance is required.
- Should a child require hospitalisation, a staff member must remain with them until a parent arrives or accompany them if transported by ambulance. Schools are responsible for understanding local emergency service provisions and providing accurate information for navigation systems.

### **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their own medication when and where necessary;
- assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged where appropriate);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to manage their medical condition effectively;
- Schools should not obligate or pressure parents to come to school to administer medication or provide medical support, including for toileting needs. No parent should have to sacrifice their employment because the school is not adequately supporting their child's medical requirements.
- 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.

Links to statutory guidance

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

[Misuse of Drugs Act 1971](#)

<http://www.legislation.gov.uk/ukpga/1968/67/contents>

