



Managing Medicines in Schools

Aim: This document is intended to provide schools with supplementary information on managing medication in line with the trust supporting pupils with medical conditions policy to inform schools local medical conditions policies

ESSENTIAL MANAGEMENT POLICY FOR:

Heads of Schools, Qualified first aiders, SENCO, Visit Leaders and Organisers, Staff

Date issued: 1 September 2018 by C Lloyd, Health and Safety Officer

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Next review: May 2026

Revision History

Issue Date:	Version:	Comments
September 2018	1.0	New Policy distributed to Headteachers, first aiders, SENCO, Visit Leaders and Organisers, staff
September 2021	2.0	Reviewed: reference to training for those administering medication
August 2022	3.0	Reviewed no changes required
August 2023	4.0	Sub section numbering added. All changes in blue text
May 2024	5.0	2.2. change of training provider. Mod to 9.2
May 2025	6.0	2.2 and 13 modified see highlighted text

1. INTRODUCTION

1.1 Since September 2014 there has been a statutory duty for Governing bodies to support pupils at school with medical conditions. This model policy together with the trust Supporting Pupils with Medical Conditions Policy, SET Emergency Salbutamol Inhaler in School Policy and the SET Allergies and Anaphylaxis Policy provide guidance for Headteachers to enable them to prepare or update their local school Managing Medical Conditions policies in line with DFE requirements.

1.2 Some children with medical needs are protected from discrimination under the Equalities Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. Thus, 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.

2. TRAINING

2.1 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 health care plans (IHCP) and/or education health and care plan (EHC).

2.2 As a minimum, those staff responsible for administering medication either at school or on school trips are required to complete the **Opus Pharmserve Medicines awareness foundation e-course** with such refresher training as is required thereafter. If staff have already undertaken the **National College administering medicines course**, when the certificate expires they will be required to undertake the **Opus Pharmserve course**.

Course Content:

Introduction

Module 1 – Types of medication

Module 2 – Legal obligations

Module 3 – Storing medication

Module 4 – Administering medication

Module 5 – Final exam

It is the Headteacher's responsibility to ensure this training is undertaken together with any other specific training needs identified in the healthcare plan (e.g. in relation to asthma, diabetes, anaphylaxis etc.) The HSO can provide links to relevant specialist courses via our approved online training providers.

2.3 To continue to meet the care needs of individual pupil's 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.

2.4 All Trust schools are covered under the government's Risk Protection Arrangements (RPA) which replaces traditional commercial insurance; therefore, trained staff would be covered for 'common' treatments such as the administration of oral medication, inhalers, epi-pens, pre-packaged doses via injection etc. For pupils with significant medical needs further advice regarding the extent of the cover provided under the RPA can be found [here](#).

Please note: A first aid certificate does not constitute appropriate training in supporting children with medical conditions OR administering medication.

3. ADMINISTRATION OF MEDICINE

Definition:

Administering medication: providing the patient with a substance prescribed and intended for the diagnosis, treatment, or prevention of a medical illness or condition.

3.1 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.

3.2 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 to administer medication or provide other medical support.

3.3 Medication will only be administered by schools when it would be detrimental to a child's health or school attendance not to do so.

3.4 Those staff members responsible for administering medication must undergo the training as detailed in section 2.2 above before they are permitted to do so.

3.5 A documented record of all medication administered (both prescribed and non-prescribed) should be kept.

3.6 No child under 16 should be given any medication without their parent's written consent, except in exceptional circumstances.

3.7 Pupils with an IHCP 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 IHCP.

3.8 Schools should have a robust system to inform and update staff of the relevant content of pupil's IHCPs (triggers, risks, emergency actions etc.) and local arrangements should be captured in the school's local medical conditions policy.

3.9 Templates for an IHCP, consent forms and administration records are as part of the DFE's guidance. A template IHCP is included in the SET Supporting Pupils with Medical Conditions Policy

3.10 Refusing medication

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.

If a pupil misuses their medication, or anyone else's, their parent/carers must be informed as soon as possible, and the school's disciplinary procedures are followed.

4. PRESCRIBED MEDICATION

4.1 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.

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

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
- Medication is in the original container as dispensed by the pharmacist
- Dosage
- Written instructions (frequency of administration, likely side effects)
- Expiry date

The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

4.3 Controlled Drugs

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.

Keep the number of controlled drugs stored on site to a minimum and ensure a record is kept of the amount held.

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. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

5. STORAGE

5.1 Medication kept at the school should be stored safely and arrangements made for it to be readily accessible when required. Large volumes of medication should not be stored.

5.2 Pupils should, at all times, know where their own medication is stored and how to obtain it.

5.3 Under no circumstances should medicines be kept in first-aid boxes.

5.4 Staff should review expiry dates of medication and notify parents/carers when further supplies are required.

5.5 All emergency medicines (asthma inhalers, adrenaline 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.

6. SELF MEDICATION

6.1 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 IHCP in agreement with parents/carers.

6.2 Children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.

6.3 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. The decision for this rests with the head teacher based on the findings of the First Aid Needs Assessment.

7. NON-PRESCRIBED MEDICATION

7.1 Where non-prescription 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.

7.2 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.

7.3 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)

8. DISPOSAL

8.1 Any unused medication should be recorded as being returned to the parent/carer when no longer required. If this is not possible it should be returned to a pharmacist for safe disposal.

8.2 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.

9. RECORD KEEPING

9.1 Template forms for IHCPs, parental consent, administration etc. are available via <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

9.2 Schools should keep an accurate record of all medication administered, including the dose, time, date, member of staff supervising and parental permission. It is recommended that schools also keep a central log/register of healthcare plans.

10. OFFSITE VISITS AND PE

10.1 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.

10.2 Where necessary individual risk assessments should be conducted as part of the trip planning process.

10.3 It should be ensured that a trained member of staff is available to administer any specific medication (e.g., adrenaline pen etc.) with the written consent of the parents/guardian and that the appropriate medication is taken on the visit.

10.4 Medicines should be kept in their original containers (an envelope may be acceptable for a single dose- provided this is very clearly labelled).

10.5 Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) [guidance doc 4.4d](#) covering medication.

10.6 Any restrictions on a child's ability to participate in activities such as PE should be recorded in their healthcare plan. 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.

10.7 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.

11. EMERGENCY ASTHMA INHALERS

11.1 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.

11.2 Written parental consent for the use of an emergency inhaler must still be obtained. Detailed protocols on the use of emergency inhalers can be found in the [SET Use of Emergency Salbutamol Inhaler in School Policy](#).

11.3 As with other emergency medication this must not be locked away but should be under the control of staff.

12. EMERGENCY ADRENALINE AUTO INJECTORS (AAI's)

12.1 Schools are not required to hold AAI(s) – this is a discretionary change to legislation enabling schools to do this if they wish. Those schools choosing to hold spare AAI(s) should establish a policy or protocol for their use in line with the [SET Allergies and Anaphylaxis Policy](#).

12.2 Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. As with other emergency medication this must not be locked away but should be under the control of staff.

13. ADDITIONAL INFORMATION

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

Advice on medical issues which includes guidance on communicable diseases should be sought from the designated school nurse or medical centre (if applicable), the Trust Infection Control Policy, the schools local [Health Protection Team \(HPT\)](#) or [NHS 111](#).