



# ***Managing Medication in School Policy***

## **Introduction**

Parents/carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition, obtaining details from the GP or paediatrician if needed.

There is no legal duty that requires school staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent.

## **Medical Conditions**

When a child has a medical condition, for example, asthma or an allergy, all staff are made aware of this during Staff Briefings and appropriate training is given where necessary.

## **The Administration and Storage of Medicine**

In accordance with the local authority's recommendations, Dorin Park follows the guidance which has been drawn up in accordance with the DfE guide '**Supporting pupils at school with medical conditions**' and in consultation with the School Nurse.

Based on the guidance outlined in the above Document, School staff will only administer controlled prescribed medication such as ADHD, Epilepsy medication or Baclofen that needs to be given at set times during the school day. Dorin Park school reserves the right to refuse non-essential, prescribed medication and will take advice from our school nurse prior to taking this decision. Antibiotics will only be administered in school if the prescription is for a '4 times daily' dose.

**Any Request to administer non-prescribed medications must be made to the school office, in person during school hours. This decision will come into practice in school from 1<sup>st</sup> January 2025**

The guidance states:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents' written consent.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.

Some children will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy, Adrenal crisis medication or Baclofen etc. School has their own Piriton in case of emergencies when needed within the school setting. Consent



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forms for all children will be sent home when needed. Children with severe asthma may have a need for inhalers or additional doses during an attack.

Ideally, it is preferable for parents/carers, or their nominee, to administer medicines to their children. When this is not possible and parents/carers would like staff to give medicine to their child at school in regards to prescribed medication, they must also fully complete, sign and date the appropriate form giving written permission for staff to do so. Staff will ensure that the supplied container is clearly labelled with a pharmacy label giving details of the name of the child, name and dosage of the medicine and frequency of administration and that all this information corresponds to the completed Administration Request form. Each request for medicine to be administered to a pupil in school will be considered on an individual basis. Parents and Carers should supply school with enough syringes and replenish when needed so medications that require them to be syringed, school will not be responsible for supplying these.

More rigid control measures are put in place for specific medication when required, e.g., where prescription medication is administered on a daily basis. When medication dose is tablet form and states using half a tablet per dose, make sure the tablet cutter is used so the dose is separated equally. With the left-over tablet, make sure it is placed in an airtight container in the pupil's box with the medication box clearly labelled. This can then be safely administered the next day instead of discarding, to cut down on unnecessary waste of medication. If for some reason the half tablet breaks or a half gets sent in from home for some reason, discard immediately, record and cut a new one to administer.

Medicines are stored strictly in accordance with the product instructions and in the original container in which dispensed. They are kept in a locked cupboard in the designated Medical Room (clearly labelled) as appropriate. The designated medical room now has a combination lock on the door as an extra safety precaution. The combination for the medical room and the keys for the medicine storage will be known by and kept on the designated persons in charge. Maple class has a lockable cupboard in class now that stores all their medication for the pupils that need to have it throughout the school day. Staff responsible for the safety of getting the cupboard locked and having access to this includes NHS package staff, Continence staff and class Teacher and TA'S.

Willow class have their medication administered in class by the Continence staff due to difficulties with transitions and behavior's, their medication is mixed in the meds room and is witness by another member of staff and recorded accordingly before being administered to pupil with constant supervision from the Continence member on Meds that day.

A child's inhaler, kept in school in the unlikely event of need or when given as preventative treatment at specified times, is stored in the school Office in a labelled yellow bag with the pupil's name clearly visible. When a child is likely to need their inhaler at times in the day, the



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inhaler is kept in the child's classroom in a safe place, known to all staff, out of the reach of the children. School now has access to their own inhalers in case a pupil with asthma has forgotten their inhaler. Consent forms for all pupils with asthma are sent out for use of school inhalers when needed. All medicines and creams are marked with the child's name.

### **Diabetics**

Due to the need to have immediate access to diabetes medication/glucose, a pupil with diabetes may carry their medication on their person as long as they are always supervised by a member of staff. A medical sharps bin will be provided in the medical **room and will be locked away safely in the medical cupboard for safety** purposes and staff will have full access when needed, the door will be closed when not in use to prevent other pupils getting into the medical room for their own safety. The medical room door has a combination lock so can only be accessed by those that know the code. Diabetic Emergency Medication will be kept in the medical room in a lockable fridge. The appropriate staff will have access to the keys to the fridge and they will be kept in the appropriate class the pupil will be in. Regular staff training will be kept up to date for staff dealing with pupils with Diabetes.

### **Record Keeping**

Medication will be administered by a trained designated member of the Contenance team and is witnessed by another responsible adult. Arrangements will be made within school to relieve the appropriate member(s) of staff from other duties while preparing or administering doses to avoid the risk of interruption before the procedure is completed. A record of medication administered is kept in the Medical Room. Maple class will have their own record of administration being kept in the designated area for staff to access during administration times throughout the day. These records help demonstrate that staff have followed agreed procedures and will show:

For medication provided

- Child's name, DOB, address
- Date brought to school
- Who brought to school
- Medication name
- Medication amount
- Expiry date
- Dosage regime

This will be checked by Office staff and signed in before being given to a member of the Contenance team to check over and countersign them in.

For medication administered:

- Date
- Name of Medication
- Amount given



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- Amount left
- Time given
- Administered by
- Comments/action/side effect
- Countersigned by Contenance staff and TA.

The amount supplied, the amount administered, and the amount left must tally exactly. This is essential in establishing a clear audit trail for medications.

If a child refuses to take medicine after being offered twice, they will not be forced to do so. Staff will note this in the records and follow agreed procedures. Parents/carers will be informed of the refusal on the same day by email or telephone call from Contenance Line manager or class staff.

### **Prescribed Medicines in conjunction with the controlled drugs misuse act 1971**

The school will only accept medicines that have been prescribed by a doctor, dentist or nurse. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers' instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's/carer's instructions.

**Buccal Midazolam:** It is essential that parents/carers notify us if Buccal Midazolam has been administered within 12 hours of arrival at school this can be via parent comms or a phone call to the school office. If we are not made aware, we will administer in school, if necessary, as per a child's medical care plan. Parents will be notified when their child has been given Buccal midazolam via class Teacher/TA.

### **Over the Counter Medicines (OTC)-**

Taken from the BNFC (British national formulary for Children) the below table on paracetamol and Ibuprofen

#### **Paracetamol Guidelines**

Child 4–5 years - 240 mg, every 4–6 hours; maximum 4 doses per day. (Over a 24-hour period)

Child 6–7 years - 240–250 mg, every 4–6 hours; maximum 4 doses per day. (Over a 24-hour period)

Child 8–9 years - 360–375 mg, every 4–6 hours; maximum 4 doses per day. (Over a 24-hour Period)

Child 10–11 years - 480–500 mg, every 4–6 hours; maximum 4 doses per day. (Over a 24-hour period)

Child 12–15 years - 480–750 mg, every 4–6 hours; maximum 4 doses per day. (Over a 24-hour Period)



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Child 16–17 years - 0.5–1 g, every 4–6 hours; maximum 4 doses per day. (Over a 24-hour period)

### **Ibuprofen Guidelines**

Child 4–6 years - 150 mg 3 times a day, maximum daily dose to be given in 3–4 divided doses; maximum 30 mg/kg per day. (Over a 24-hour period)

Child 7–9 years - 200 mg 3 times a day, maximum daily dose to be given in 3–4 divided doses; maximum 30 mg/kg per day; maximum 2.4 g per day. (Over a 24-hour period)

Child 10–11 years - 300 mg 3 times a day, maximum daily dose to be given in 3–4 divided doses; maximum 30 mg/kg per day; maximum 2.4 g per day. (Over a 24-hour period)

Child 12–17 years - Initially 300–400 mg 3–4 times a day; maintenance 200–400 mg 3 times a day, increased, if necessary, up to 600 mg 4 times a day. (Over a period of 24-hour period)

### **Pain Relief**

Ibuprofen should not be administered to a child under the age of 12 no more than a 6-hour window between doses. Aspirin should not be administered to a child under the age of 16 unless instructed by the Doctor. The above tables support advice sought from the Community paediatrician that doses need to be calculated by parents over a 24-hour period max 4 doses.

### **Return and Disposal of Medications**

All controlled drugs will be returned to the parent/carer when no longer required, for the parents/carers to arrange for safe disposal.

All medicines in school are returned to the parents/carers at the end of the Summer Term. Any which are not returned will be taken to a local pharmacy for safe disposal.

All medications which expire while in the school will be taken to the local pharmacy for disposal. These will not be returned.

### **Educational Visits and the Management of Medicines**

Reasonable adjustments will be made to ensure any child with additional medical needs is able to participate fully and safely on visits, i.e., review existing policy and procedures and ensure risk assessments cover arrangements for each identified child. Arrangements for taking any necessary medicines will be taken into consideration. Staff supervising such trips will be aware of the medical needs and relevant emergency procedures. A copy of the child's Health Care Plan will be taken on the visit as this would prove useful in the event of an emergency. When going out on schools trips the designated minibuss driver will be the person responsible for the administering medications to pupils when offsite, they will also access the National college course of Administering medications 24/25 to be up to date with the correct training and following the correct guidelines for administering medications for Dorin park school.



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## ***Prescribed Medicines – Educational Visits***

The appropriate amount of medication needed for the duration of the visit will be the responsibility of a designated member of Staff.

## ***Over the Counter Medicines (OTC) – Educational Visits***

Any Educational Visit involving a residential or overnight stay (when a parent/carer is unlikely to be available to administer pain relief to their child) an appropriate pain relief may be administered so long as the parent/carer has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form provided before the trip takes place.

## **Long-Term Medical Needs**

It is important that the school holds sufficient information about the medical condition of any child with long-term medical needs. Where any of these conditions are identified or medication is given on a long-term basis a Health Care Plan will be developed involving parents/carers and any relevant health care professional. This plan will include:

### **Identification details**

- Name of the child
- Date of birth
- Address
- School/setting ID (Class, Year etc.)

### **Medical Details**

- Medical condition
- Treatment regime
- Medication prescribed or otherwise
- Side effects
- Action to be taken in the event of an emergency

### **Contact Details**

- Parents/Carers
- Alternate family contact (persons nominated by parents/carers)
- Doctor/Paediatrician/Pharmacy
- Any other relevant Health Professional

### **Facilities required**

- Equipment and Accommodation
- Staff training/management/administration
- Consent
- Review and update



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## **Emergency Procedures**

In the event of an emergency, protocols are followed by Staff appropriate to the child and their medical needs.

Emergency Packs for seizures for named individuals are kept in the school Office in Orange bags with the child's name and Picture on.

## **Circumstances Requiring Special Caution / Invasive Procedures**

There are certain circumstances which require special attention before accepting responsibility for administering medicine and or invasive procedures. For the protection of both staff and children careful consideration will be given by the Headteacher before procedures are agreed.

## **Review**

Managing Medication in Schools Policy is to be reviewed annually.

<b>Policy Review</b>	
<b>Date</b>	<b>Changes</b>
Autumn 2020	No changes made
Autumn 2021	No changes made
Autumn 2022	Updates: <ul style="list-style-type: none"> <li>• Apple &amp; Maple Classes in 'The Administration and Storage' and 'Record Keeping' sections.</li> <li>• Half tablets in 'The Administration and Storage' section.</li> <li>• 'Person/s responsible' updated to reflect recent staff changes and responsibilities</li> </ul>



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Autumn 2023	<p>Updates:</p> <ul style="list-style-type: none"> <li>• Added a section on pupils that are diabetic. Sharps box kept in the medical room secure away from pupils. Diabetic Emergency meds stored in the fridge that is lockable. The pupil's class will be responsible for keeping the key in class.</li> <li>• Updated Maple class storage for medication as now in a lockable cupboard as pupils needed to have medication daily. Staff and continence staff are responsible for keeping it locked.</li> <li>• Updated: School now has access to their own inhalers which were purchased for school in case of an emergency. Medical Consent forms for all asthma sufferers sent out in case they need to use.</li> <li>• Added paragraphs on administering of Buccal Midazolam and of Pain relief (Paracetamol and Ibuprofen).</li> </ul>
Autumn 2024	<p>Updates:</p> <ul style="list-style-type: none"> <li>• Taken out the early year's foundation guidelines.</li> <li>• Added guidelines from BNFC website for paracetamol and Ibuprofen.</li> <li>• Added EpiPens and school Piraton</li> <li>• Updated guidelines of only controlled drugs to be administered in school from Jan 1<sup>ST</sup> 2025 Non prescribed medication to be given at home, unless a request has been made to the office. School has the right to refuse requests upon discussion.</li> <li>• Updated Training for staff regularly updated for pupils who have diabetes, Asthma.</li> <li>• Added Training will be taken for designated minibus drivers to administer medication when going on offsite school trips and it will be their sole responsibility to administer medication to pupils following taking the administering medication course 24/25 on national college.</li> <li>• Updated Maple class will have a lockable cupboard where class staff and NHS package staff will have sole responsibility of keeping pupils' medication stored safely.</li> <li>• Added Office staff will check medication into school and will check expiry date and batch number and if the medication is sealed. Checked again by Continence coaches and signed in.</li> </ul>
Autumn 2025	<p>In <b>The Administering and Storage of Medicine</b> the following changes have been made:</p>



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	<ul style="list-style-type: none"><li>• Added a paragraph that it will be parent's responsibilities to supply school with the correct syringes for their children's medication to be administered appropriately. School will not be liable to supply syringes for medication.</li><li>• Taken out school EpiPen's under the guidance of Katherine Wagner.</li><li>• Changed inhaler storage from plastic see-thru wallets to yellow bags clearly labelled with pupil's names.</li><li>• Added that Willow class have their meds administered in class due to transition and behaviour problems, have stated that they meds are witnessed by Continenace staff and recorded accordingly, before them going down and staying with the pupil as their meds are taken.</li></ul> <p>In <b>Recordkeeping</b> the following changes have been made:</p> <ul style="list-style-type: none"><li>• Added a section that if pupils refuse medication that has been offered to them twice, that a phone call or email will be made/sent to the parents on the same day by class staff or Continenace Line manager.</li></ul> <p>In <b>Emergency Procedures</b> the following changes have been made:</p> <ul style="list-style-type: none"><li>• Added the emergency packs for seizures are kept in orange bags.</li></ul> <p>Add a section call <b>Return and Disposal of Medications</b></p>
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# ***Managing Medication in School Policy***

This is a  *Policy Document*  *Guidance Document*  *Information  
Document*

Reviewer: SLT

Approver: Full Governing Board

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