



# Management of Medicines in School

<b>Approved by:</b>	Academy Committee	<b>Date:</b> 5 <sup>th</sup> November 2024
<b>Last reviewed on:</b>	November 2024	
<b>Next review due by:</b>	November 2027	

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## Policy Statement

Thornden School will undertake to ensure compliance with the relevant legislation and guidance set out in Supporting students at school with medical conditions, December 2015 in regard to procedures for supporting children with medical requirements, including the administration and management of medicines.

Responsibility for administration of all medicines at Thornden School is held by the Headteacher. It is our policy to ensure that all medical information will be treated confidentially by the responsible member of the Senior Leadership Team and staff. All staff have a duty of care to follow and co-operate with the requirements of this policy.

## Aims and Objectives

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of all medications in school.
- Providing clear guidance to all staff on the administration of medicines.
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines.
- Ensuring the above provisions are clear and shared with all who may require them.

- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines.

## Administration

### Overview

The administration of medicines is the overall responsibility of parents/carers. The Head is responsible for ensuring students are supported with their medical needs whilst on site, this may include the management of a student's medication. Reasonable decisions about the level of care required to manage a student's medication will be made in consultation with parents/carers and relevant health professionals as appropriate and documented accordingly. The day-to-day management and administration of medicines will generally be undertaken by the School Nurse who is a Registered Nurse or the School Nurse Assistants.

Management of medication may take the form of:

#### Routine administration of medicines:

- Self-administration of prescribed and non-prescribed medication.
- In the majority of cases Paracetamol does not need to be carried by students as the school is able to supply it; see "School supplied" below.
- Students under 16 years are never to be administered medicines containing aspirin unless prescribed or authorised by a doctor.

### School supplied

If written parental consent has been obtained and documented on Arbor, age-appropriate doses of Paracetamol, as recommended by the *British National Formulary for Children 2024*, may be administered to students when appropriate following Form B "Paracetamol administration flowchart". This should then be documented on Form C "Daily Record of Paracetamol given to students" and on the Student's Tracker; in the absence of their Tracker a Green Card or sticker informing parents/carers of the dose, time and date of administration of Paracetamol will be given to the student. If this occurs in school (rather than on a trip) an email via Arbor will be sent to Primary Guardians providing details of the Paracetamol administration.

Paracetamol, emergency Salbutamol inhalers and EpiPens are the only medications that the school will supply

### Routine Administration

#### Procedure for students carrying medication for self-administration

Due to the safety risks involved; students should not be carrying medication without the school's knowledge and agreement. Therefore, before a student carries prescribed or non-prescribed medication, parents/carers must provide the school with a completed Form A "Parental-School Agreement for the administration of medicines in school". Each form will be considered individually as indicated previously.

Form A will include agreement that:

- The information is correct at the time of writing
- The student will only carry enough medication to cover one school day.
- The medication will be carried in the original packaging, clearly labelled with the student's name and in the case of prescribed medication will have the doctor's directions clearly visible on the pharmacy dispensing label.
- The student has been advised to store the medication safely and informed of the risks of sharing medications

## **Procedure where students require medications to be administered or supervised by staff**

If parents/carers wish the school's staff to administer or supervise the administration of either prescribed or non-prescribed medication to their child, they must provide the school with a completed Form A "Parental-School Agreement for the administration of medicines in school". Each form will be considered individually as indicated previously.

Forms A will include an agreement that:

- The information is correct at the time of writing
- The parent/carer gives consent for a member of school staff to administer the documented medicine in accordance with the school policy.
- The school will be informed immediately, in writing, if there is any change in dosage or frequency of the medication or the medicine is stopped.
- The medication will be provided in the original packaging, clearly labelled with the student's name and in the case of prescribed medication will have the doctor's directions clearly visible on the pharmacy dispensing label.
- The student is responsible for attending the Medical room at the appropriate time to take the medication
- Parents/carers are aware that school staff are not medically qualified.

Each time a student has routine medication supervised or administered by a staff member Appendix 1 "Administration of routine medication guidelines" will be followed. Each time-controlled medication is handled by a staff member the guidelines for the "Management of Controlled Medication/Drugs (CDs)" Appendix 2, will be followed.

When **any** medication is administered to a student a record will be kept on file. This record may take the form of:

- Form C "Daily record of Paracetamol given to students"
- Form D "Record of medicines given to a student in school"
- Form E "Record of Controlled medicines given to a student in school"

In addition if this occurs in school (rather than on a trip) an email via Arbor will be sent to Primary Guardians providing details of the Medication administration.

If a child refuses to take regular medication this will be documented and the parent/carer informed at the earliest available opportunity.

Individual Healthcare Plans (IHCP); Form F, will be completed for students when deemed appropriate in discussion with the parents/carers and relevant health professionals where appropriate and possible and reviewed periodically to ensure their continuous suitability. More information is available in the school's policy "*Supporting students with medical conditions*" September 2024.

## **Non-Routine Administration**

### **Unusual administration route**

Occasionally students may require medication or treatment to be administered via an unusual route; this will require discussion between the parents/carers and the School Nurse and/or Headteacher. If it is thought appropriate that a staff member should be involved in such medication administration then Form A will be completed, and an accompanying IHCP will be developed and kept on file. In all cases professional training and guidance from a competent source will be received before commitment to such administration is accepted.

## Medication administration in an emergency

Where there is the possibility that a student may require the administration of medication in an emergency the School Nurse or Headteacher will need to be consulted prior to the completion of Form A. An IHCP or Action Plan/Card should accompany the Form A and be kept on file.

Examples of emergency medication include:

- Auto-injector of adrenaline for anaphylaxis
- Buccal (Oro mucosal) Midazolam in major epileptic seizures
- Hydrocortisone for adrenal crisis

In line with the Dept of Health document “*Guidance on the use of adrenaline auto-injectors in schools*” 2017, the school holds Emergency Adrenaline Auto-injector kits which include EpiPens 300mcg and can be used if a student is suffering a severe allergic/anaphylactic reaction **and** they have an Allergy Action Plan with written parent/carer consent. Further information regarding care of students at risk of anaphylaxis can be found in the school’s Anaphylaxis Guidance.

In line with the Dept of Health document “*Guidance on the use of emergency salbutamol inhalers in schools*” 2015, the school holds Emergency Asthma kits which include Salbutamol inhalers and can be used if a student is having an asthma attack **and** there is written parent/carer consent. Further information can be found in the school’s Asthma Guidance.

## Contacting parents/carers and emergency services

When a medical condition and/or injury causes a student to become acutely unwell and requires emergency administration of medicine then parents/carers will be contacted, and an ambulance will be summoned at the earliest opportunity following the “Contacting emergency services guidelines”. Appendix 3. An ambulance may not be required following the administration of emergency salbutamol inhaler.

## Medical Accommodation

The medical room will be used for medicine administration/treatment purposes.

## Training

Whenever possible the administration of medication will be carried out by the School Nurse or School Nurse Assistants. In their absence, on trips or where medical needs dictate other staff who have received appropriate training from a competent source will administer medication as per the school policy.

Where staff are required to carry out non-routine, more specialised administration of medicines or emergency treatment to students, appropriate professional training from a competent source will be sought before commitment to such administration is accepted.

A record of staff training will be kept on file.

## Receiving and Storage

The receiving and storage of medicines is the overall responsibility of the Headteacher who will ensure that arrangements are in place to document and store medicines safely.

Received medicines must be provided in the original packaging, clearly labelled with the student’s name and in the case of prescribed medication will have the doctor’s directions clearly visible on the pharmacy dispensing label. This information will be checked by the School Nurse, School Nurse Assistant or

Headteacher against the instructions documented on the completed Form A “Parental- School Agreement on the administration of medications”

It is the responsibility of the parents to provide medicine that is in date. Parents should also note the expiry date of medications and supply a replacement in good time. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities. The School Nurse or School Nurse Assistant will do regular checks to ensure that all stored medication is in date; a prompt will be given to parents if this is not the case.

The storage of medicines will be undertaken in accordance with product instructions.

Emergency medications are stored on open shelving within the Medical Room Office; the code to unlock the office if the Medical Team are not present is kept at Reception and available on the Staff Bulletin; staff are encouraged to make a note of it. Other non-emergency medications are stored securely in the Medical Room Office.

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act '71 and Misuse of Drug Regulation 2001. Some controlled drugs may be prescribed as medication for students; these medicines will be stored securely within the Medical Room Office. Each time controlled medication is handled by staff, the guidelines for the “Management of Controlled Medication/Drugs (CDs)” Appendix 2, will be followed.

All medicines stored in school will be documented on the master Medication in School Storage Record. Controlled medication will also be documented on Form H: Record of controlled medicines stored in school.

## **Disposal**

It is not the school’s responsibility to dispose of medicines. Medication no longer required or expired will be returned to parents/carer or students. It is the responsibility of the parents/carers to ensure that these medicines are returned to a pharmacy for safe disposal.

‘Sharps boxes’ will be used for the disposal of sharps in the medical room. Collection and disposal of the boxes will be locally arranged as appropriate.

## Appendix 1-Administration of routine medication guidelines

Check you have the right person with the right medication and the right Form A “Parental – School Agreement on the administration of medicines in school”

- Ask the pupil their name and date of birth and compare to Form A and the name on the medication.
- Check the Pharmacy label for medication name, dose and frequency/time against Form A.
- If ‘as required’ check Form A/Individual healthcare plan for appropriate reason to give medication.
- If ‘as required’ check that pupil has not had a previous dose that day. Contact parents before a second dose is given unless it states otherwise on Form A.
- Check the expiry date. Check on the foil blister pack if present, not the box.
- Measure out the prescribed dose; for liquids parents should provide measuring spoons.
- Administer medication and observe it being taken.
- Complete and sign Form D “Record of medicines given to a pupil in school” when the child has taken the medicine.
- If uncertain or the pupil refuses, do not give the medicine and check with the child’s parent or doctor.

## Appendix 2-Management of Controlled Medication/Drugs (CDs)

Two staff will be involved in the receiving, administration and returning of all CDs. **Both staff should witness and sign each time CDs are handled.**

### Receiving

- Any new CDs brought into school must be in the original packaging with the Pharmacy dispensing label attached as per School policy and details should be checked against the current Form A “Parental – School Agreement on the administration of medicines in school”
- It should be counted in, documented and signed by both staff on Form H: “Record of controlled medicines stored in school” and on the master “Medication in School Storage Record”
- If the school has already administered some of the same medication to the student the new medication amount should also be added to the existing number documented on the existing Form E “Record of controlled medicines given to a student in school”.

### Storage

- CDs should be stored securely within the Medical Room Office.
- On school trips CDs should be kept securely in the possession of an appropriately trained member of staff.

### Administering

- Check you have the right student with the right medication and the right Form A; ask the student their name and date of birth and compare to Form A and the name on the medication.
- Check the Pharmacy label for medication name, dose and frequency/time against Form A.
- Check the expiry date; check on the foil blister pack if present, not the box.
- If ‘as required’ check Form A/Individual Healthcare plan for appropriate reason to give medication.
- If ‘as required’ check that student has not had a previous dose that day. Contact parents before a second dose is given unless it states otherwise on Form A
- Count the number of tablets present is the same as the number recorded on Form H (if first time to be administered) or in “Amount remaining” on Form E.
- Inform Head Teacher if tablets are missing.
- Measure out the prescribed dose; administer medication and observe it being taken.
- Both staff to complete and sign Form E when the student has taken the medicine.
- If uncertain or the student refuses, do not give the medicine and check with the student’s parent/carer or Doctor.
- Return remaining medication to secure location in the Medical Room Office.

### Returning

- CDs being returned when no longer required should be counted out by two staff and documented on both Form H: “Record of controlled medicines stored in school” and Form E “Record of controlled medicines given to a student in school”.
- The CDs will be returned directly to the parent/carer who will sign for them on Form G.



## Appendix 3-Contacting emergency services guidelines

The request for an ambulance should preferably be made by the person attending or near the casualty.

Dial 999, ask for ambulance service and be ready with the following information:

- School's telephone number: 02380 269722
- If calling from a mobile phone be prepared to give the number for call back purposes
- School's address: Winchester Rd, Chandler's Ford Eastleigh, Hampshire
- School's postcode: SO53 2DW
- Inform ambulance control to enter off Winchester Road and state that the crew will be met at Reception which is at the front of the school
- Your name
- Name of child and D.O.B/age
- Description of the incident and child's symptoms, you will be prompted for further details
- Speak clearly and slowly and be ready to repeat information if asked
- Send someone to inform Reception and member of SLT of your location and actions or use Radio if available.
- Request print out of pupil's Arbor Profile and a staff member to wait outside Reception to direct ambulance crew to your location.

# Form A-Parental-School Agreement for the administration of medicines in school



## Form A: Parental-School Agreement for the administration of medicines in school

Child's name	
Tutor group	
Date of birth	
Medical diagnosis/condition	
Allergies	
Hospital and contact person <i>if applicable</i>	

Please tick all those applicable

### Self-administration

1. My child will be responsible for carrying and the self-administration of medicine/s as documented below.	
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### Staff administration

2. Please supervise or administer (delete as appropriate) medicine/s to my child as documented below.	
3. I will provide the school with a supply of the medicine/s documented below.	
<b>and/or</b>	
4. My child will be carrying the medicine/s documented below	

Name of medicine* (as described on the container)	Dose (mcg/mg/ml) and method**	Timing or 'as required'	The amount provided to	
			Child	School

\*\*If medicine is to taken by any method/route other than oral please describe below:


*Continued overleaf*

Contact Wendy Prince – School Nurse: 02380 246777 if you have any queries

Please provide specific directions if medication is to be taken 'as required' or indicate to refer to an attached Individual Healthcare or Action Plan


Other prescribed medicines being taken at home

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Side effects/special precautions

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Additional instructions

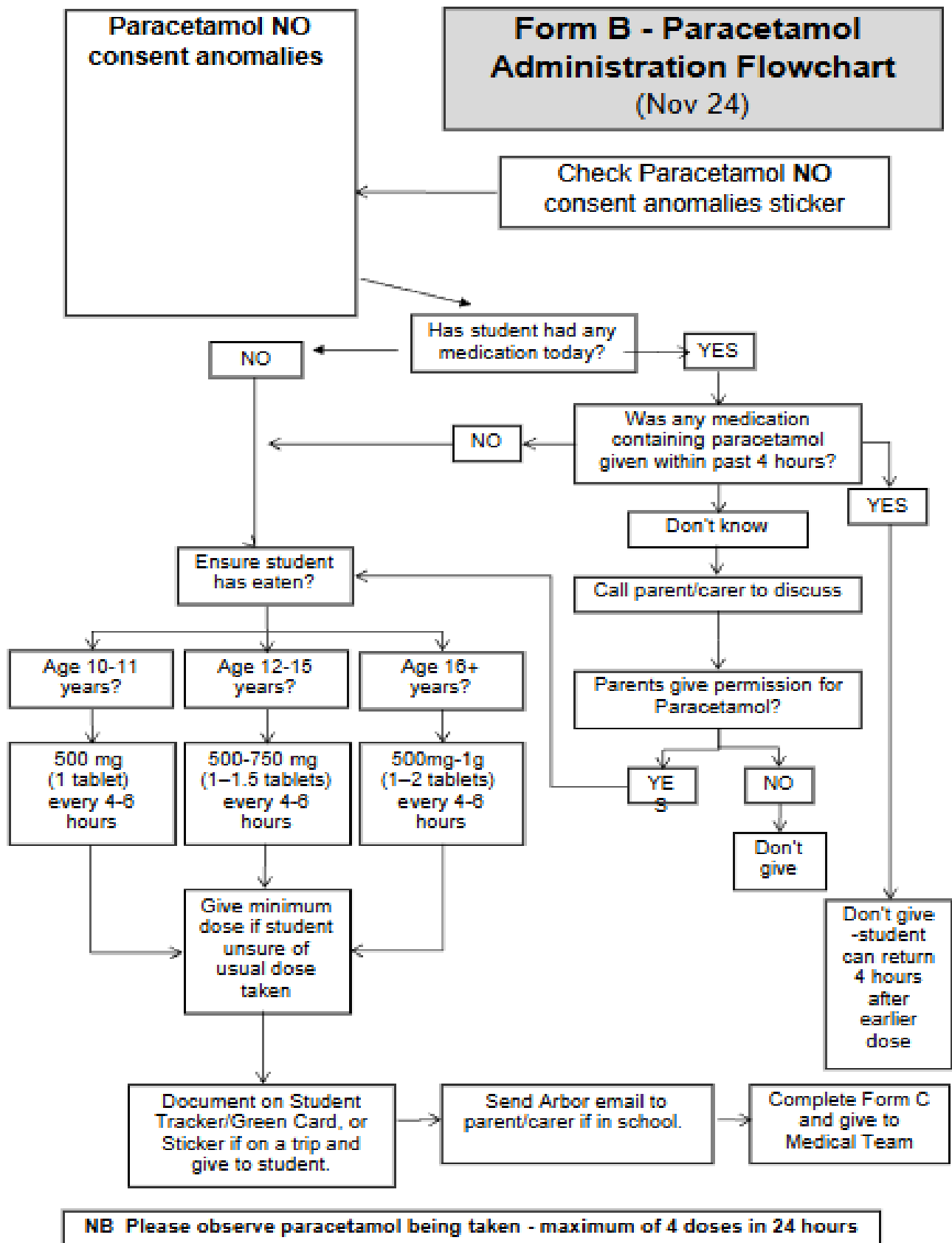

I agree that:

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give consent to school staff administering the above medicine in accordance with this document and the school policy.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- The medication will be provided in the original packaging, clearly labelled with my child's name and in the case of prescribed medication will have the doctor's directions clearly visible on the pharmacy dispensing label.
- I have checked and noted the expiry date of the above medication and will supply a replacement in good time.
- In the case of self administration my child will only carry enough medication to cover one school day at a time. I have advised my child to store the medication safely and informed him/her of the risks of sharing medications.
- In the case of staff administration/supervision my child is responsible for attending the Medical room at the appropriate time to take the medication.
- I am aware that the school strongly recommends that I provide a 'back up' supply of medication that may be required in an emergency.
- I recognise that school staff are not medically qualified.

Signed (parent/carer) \_\_\_\_\_ Date: \_\_\_\_\_

Contact Wendy Prince – School Nurse: 02380 246777 if you have any queries

## Form B-Paracetamol Administration Flowchart









## Form F-Individual Healthcare Plan (IHP)

### Form F : Individual healthcare plan

Child's name	
Tutor	
Medical diagnosis or condition	
Hospital contact	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Daily care requirements, activities to be avoided or require special precautions



Specific support for the pupil's educational, social and emotional needs

Name and dose of any medications being taken.

*Note: Form A Parental-School Agreement of medicines in school to be completed for any medication taken in school*

Arrangements for school visits/trips etc

Describe what constitutes an emergency, and the step by step action to be taken during and after the episode.

Who is responsible in an emergency (state if different for off-site activities)

Other Information or additional instructions

Staff training needed/undertaken

Plan developed with

Signed (parent/guardian) \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_  
(School's representative)

Date \_\_\_\_\_

## Form G-Record of routine medication stored in school

Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature
Date					Amount returned	Signature
Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature
Date					Amount returned	Signature
Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature
Date					Amount returned	Signature
Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature
Date					Amount returned	Signature

## Form H-Record of controlled medicines stored in school

### Form H: Record of controlled medicines stored in school

Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature	Signature
Date					Amount returned	Signature	Signature
Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature	Signature
Date					Amount returned	Signature	Signature
Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature	Signature
Date					Amount returned	Signature	Signature
Date	Pupil name	Tutor	Name and strength of medication	Expiry date	Amount received	Signature	Signature
Date					Amount returned	Signature	Signature