Managing Medicine Policy

St Luke's Primary School

'Love God. Love your neighbour as yourself: be the Good Samaritan. Luke 10:25-37

St Luke's Managing Medicines Policy

(Version 1.00 – September 2016)

Reviewed by Monica Dickman September 2025

DOCUMENT CONTROL

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Statement

St Luke's school/Early Years (EYS) is committed to reducing the barriers to sharing in school/nursery life and learning for all its pupils. This policy sets out the steps which the school/EYS will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. This policy has been developed in line with the DfE publication 'Supporting pupils at school with medical conditions December 2015'. Please also refer to the Public Health Agency 'Guidance on infection control in schools and other childcare settings'.

18. Managing prescription medicines which need to be taken during the school day

1.1 Parents/carers should provide full written information about their child's medical needs.

1.2 Parents will bring medication and full written information about their child's medical condition directly to the main school office for children in the Nursery to Year 6. The office staff will inform the Inclusion Manager that the medication and paperwork has arrived and arrange for the medication and paperwork to go to the correct room or class. The Inclusion Manager will ensure that all care plans and medication are in place and up to date. The Inclusion Manager will oversee all care plans, keep full records of all medications and care plans and carry out a two weekly audit and spot check of medications and information.

19. Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual Pupil Health Care Plan.

20. The school/EYS will not accept medicines that have been taken out of the container as originally dispensed in the UK, i.e tablet/capsule blister packs, bottles etc, nor make changes to prescribed dosages, nor accept medicines out of their original boxing or accept medicines where the medicine container i.e tablet/capsule blister packs, bottles, inhalers expiry dates do not match the box expiry dates.

1.5 The school/EYS will not administer medicines that have not been prescribed by a UK doctor, UK dentist, UK nurse prescriber or UK pharmacist prescriber, unless it is done as part of an individual Pupil Health Care Plan. The school will inform parents of this policy.

1.6 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school/EYS will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy. The school will seek to avoid administering controlled drugs during school time and encourage the parent/carer to administer at home unless there are no other options available and the clinician involved in prescribing controlled drugs deems administration during the school day absolutely necessary. See form 6 for guidance and recording.

1.7 Medicines should always be provided in the original container as dispensed by a UK pharmacist. Medicines cannot be accepted from outside the UK. The medicine container i.e. tablet/capsule blister packs, bottles, inhalers expiry dates must match the expiry date on the box that the medicine was dispensed in and should include the UK prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects

1.8 The school/EYS will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips, outings and during sporting activities

2.1 The school/EYS will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

2.2 Controlled drugs prescribed for children (e.g. methylphenidate, known as Ritalin) will be signed out of the controlled drug cabinet by a named senior leader and given to a named member of staff to administer to the child whilst off site on any trip including a residential trip.

The named member of staff will be responsible for administering the controlled drug to the child and for recording all administration of the controlled drug to the child.

The named member of staff administering the controlled drug will be overseen by a second named member of staff on the trip. Both members of staff will ensure that the record of administration for that controlled drug for that pupil is filled in accurately.

The named member of staff will ensure that they return the controlled drug and its related administration record to a named senior leader who will then be responsible for ensuring that the controlled drug and its related record are signed back into the controlled drug cabinet. Use Form 7 stored in the controlled drug cabinet.

If for any reason the controlled drug cannot be administered to the child whilst off site, the named member of staff must call the school and speak to the named senior leader immediately for advice and support.

It is preferable for a parent/carer to attend a trip to give their child the controlled drug. If this is not possible, arrangements must be made by senior leaders to ensure that the child has their medication.

2.3 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the EVOLVE guidance on planning educational visits.

2.4 The school/EYS will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their individual Pupil Health Care Plan.

2.5 Some children may need to take precautionary measures before or during exercise or vigorous playtime activates such as running around depending on their needs and may need access for example, to asthma inhalers. Staff supervising sporting activities, lunchtime activities and playtime activities will be made aware of relevant medical conditions, and will be made aware of all medical plans and risk assessments relating to particular pupils in order to ensure that their medical needs are met.

2.6 The school/EYS must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

3.1 Close co-operation between schools, EYS, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The school/EYS will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines and these members of staff will be directed to the medical register, medicines and care plans.

3.4 The school/EYS will always designate a minimum of two people to be responsible for the administering of medicine to a child. These designated staff will record their names against the medicine administration record for individual children so that there is clarity around key people for key children.

3.5 Staff should never give a non-prescribed medicine to a child unless this is part of an individual Pupil Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 6 (can be found in the Form Sets) and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's UK GP.

3.6 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a UK doctor.' The school/EYS will inform parents of this policy.

3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school/EYS's normal emergency procedures will be followed.

3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

N.B. The DfE guidance document gives a full description of roles and responsibilities.

4. Parental responsibilities in respect of their child's medical needs

4.1 It is the parents/carers' responsibility to provide the Head teacher with sufficient written information about their child's medical needs if treatment or special care is needed.

4.2 Parents are expected to work with the Head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

4.3 The Head teacher should have written parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.

4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either their UK family GP, school nurse or the health visitor, as appropriate.

4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.

4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or EYS has day-to-day contact.

4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See Form sets).

5. Assisting children with long-term or complex medical needs

5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, an Individual Pupil Health Care Plan (IHCP) should be completed, using:

Form 2 Pupil Health Care Plan

(which can be found in Form sets) and involving both the parents/carers and relevant health professionals.

5.2 A Pupil Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.

5.3 The school/EYS will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

5.4 The school/EYS will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.

5.5 Developing a Pupil Health Care Plan should be a straightforward process and each plan will contain different levels of detail according to the needs of the individual child.

5.6 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- Head teacher
- Parent or carer
- Child (if appropriate)

- Early Years Practitioner/Class Teacher – Primary schools/Form Tutor/Head of Year – secondary schools
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

5.7 The school/EYS will consult the DfE publication 'Supporting pupils at school with medical conditions December 2015' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

5.8 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 (can be found in Form sets) may be used for this purpose. Two adults must be present for such treatment. In all cases, the dignity of the child must be protected as far as possible.

6. Off-site Education

6.1 The school has responsibility for an overall risk assessment of any off-site activity.

6.2 The school is also responsible for pupils with medical needs who, are educated off-site through another provider.

7. Children carrying and taking their prescribed medicines themselves

(An example of this would be a child with asthma using an inhaler)

7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. For example, where appropriate, an older child can carry their own medicines, eg a child with Type 1 diabetes. If such medicines are taken under supervision, this should be recorded.

7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7 (can be found in Form sets).

7.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate.

8. Staff support and training in dealing with medical needs

8.1 The school/EYS will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

8.2 Staff administering medicines to a child should have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

8.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines and they cannot be directed to do this. Agreement to do so, would be voluntary for Teachers.

8.4 The school/EYS will ensure that staff receive proper support and training where necessary, in line with the contractual duty on head teachers to ensure that their staff receive the training. The Head teacher or teacher in charge of an EYS will agree when and how such training takes place, in their capacity as a line manager. The head of the school or EYS will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.

8.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention. This information will be provided by the Inclusion Manager.

8.6 The child's parents/carers and health professionals should provide the information specified above.

8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. At the beginning of the school year the Inclusion Manager will organise a practice when children are not in school such as on the first INSET day. See 13.4 also.

8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

8.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training, advice and know how to access medication and health care plans for children.

9. Record keeping

9.1 Parents/carers should tell the school or EYS about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a UK medical professional.

9.2 The school will use Form 1 (can be found in form sets) to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a UK paediatrician or UK specialist nurse, are consistent with the instructions on the container.

9.3 The school will use Form 1 (can be found in form sets) to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a UK paediatrician or UK specialist nurse, are consistent with the instructions on the container.

9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/EYS. It is not the school's /EYS's responsibility.

9.5 (For Early Years EYSs) This EYS will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. (All Early Years EYSs must do this).

9.6 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Forms 6 (can be found in form sets) provide example record sheets. This school will keep a logbook of medicines given.

10. Safe storage of medicines

10.1 The school/EYS will only store, supervise and administer medicine that has been prescribed for an individual child.

10.2 Medicines will be stored strictly in accordance with product instructions – paying particular note to temperature and in the original container in which dispensed.

10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date. The expiry date on the medication container i.e tablet/capsule blister packs, bottles, inhalers must match the expiry date on the box. Medicines will not be accepted if box expiry dates not match medicine container expiry dates.

10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

10.5 Non-healthcare staff will never transfer medicines from their original containers.

10.6 Children will be informed where their own medicines are stored and who holds the key.

10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.

10.8 Schools allow children to carry their own inhalers in Y6.

10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.

10.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

10.11 Access to Medicines – Children need to have immediate access to their medicines when required. The school/EYS will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines. An emergency Epi pen and inhaler is kept in a box on top of the safe in the office.

11. Disposal of Medicines

11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents should be documented.

11.2 Parents/carers should also collect medicines held at the end of every academic year on the last day of term at the end of the school day. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process will be documented by the Inclusion Manager on whole school medical register.

11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

12. Hygiene and Infection Control

12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

12.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

12.3 OFSTED guidance provides an extensive list of issues that early years providers should consider in making sure EYS are hygienic.

12.4 The School Premises Regulations 2012 and the Education (Independent School Standards) Regulations 2010 as amended January 2013 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

13. Access to the school/EYS's emergency procedures

13.1 As part of general risk management processes the school/EYS must have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision and will be offered to all staff as in-house training at the start of the year.

13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.

13.3 All staff should know how to call the emergency services.

13.4 All staff should respond to emergency procedures in the event of need as follows:

1. The nearest person must act immediately by implementing the child's agreed care plan instructions including, getting a message to a first aider immediately if they are not present. Medication and procedures must be administered without any delay at all.

2. Alert the main school office by phone, or nearest member of staff for help to call an ambulance and alert parents if needed.

3. Stay with the child and place in recovery position if needed.

4. Reassure the child.

5. A member of SLT will call the parent immediately.

6. If a defibrillator is needed for cardiac arrest either for a child or an adult, this is located in the medical room. The instructions for use must be followed and the defibrillator will talk you through instructions. Staff will receive defibrillator awareness training.

13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

13.8 The national standards require early year's EYSs to ensure that contingency arrangements are in place to cover such emergencies.

13.9 Individual Pupil Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

14. Risk assessment and management procedures

14.1 This policy will operate within the context of the school/EYS's Health and Safety Policy.

14.2 The school/EYS will ensure that risks to the health of others are properly controlled.

14.3 The school/EYS will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

14.4 The school/EYS will be aware of the health and safety issues relating to dangerous substances and infection.

15. Home to School Transport

15.1 The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.

15.2 Prior to transport commencing, transport staff need to be fully briefed about the medical needs of pupils being transported. Briefing will be given by a nurse in school, or by another appropriately informed member of staff.

15.3 There should be regular reviews of the situation, so that drivers and escorts have up-to-date information.

15.4 Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

16. Use of Emergency Salbutamol Inhalers (see Guidance on the use of emergency salbutamol inhalers in school)

16.1 From 1st October 2014 the Human medicines Regulations were amended to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

16.2 The inhalers must only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

16.3 The inhaler will only be used if the pupil's prescribed inhaler is not available.

16.4 The school has emergency inhalers located in the medical room. The asthma policy details the use of emergency inhalers.

21. Reporting, Reflecting and Safe Working Practice Development

The school makes every possible effort to ensure that its systems work in order to protect and keep our children safe at all times. We encourage the open reporting of errors so that we can look at our systems and identify where they need development in order to close down and minimize error margins as much as is humanly possible. This process also supports all staff in carrying out their roles and supports our children and families too.

The school will reflect on all events involving a medical emergency in the setting, to make the necessary checks and balances of our actions and ensure that they have been as robust and prompt as they can possibly be both now and in the future. When an emergency occurs in any part of the school setting, full de-briefs with staff will lead to safer working practices in the future. Training days will involve 'dry runs' of medical emergencies in school, to support the safe working practice development in supporting medical needs of pupils.

Issue Control

This Safe Working Arrangement is issued and managed by Corporate Health and Safety.

New Issue		Revision	By whom
Version No.	Issue Date	Amendments on	
Version 1.00	Sept 2016		DL
Version 1.00	Sept 2016	November 2017	MD
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Review Schedule

Review conducted		Review next due	
Date	**By whom**	**Date**	**By whom**
Nov 2017	MD	Sept 2018	MD
Nov 2019	MD	Nov 2020	MD
May 2020	MD	May 2021	MD
` Nov 2021	MD	Sept 2022	MD
Sept 2022	MD	Sept 2023	MD
Sept 2023	MD	Sept 2024	MD
Sept 2024	MD	Sept 2025	MD
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