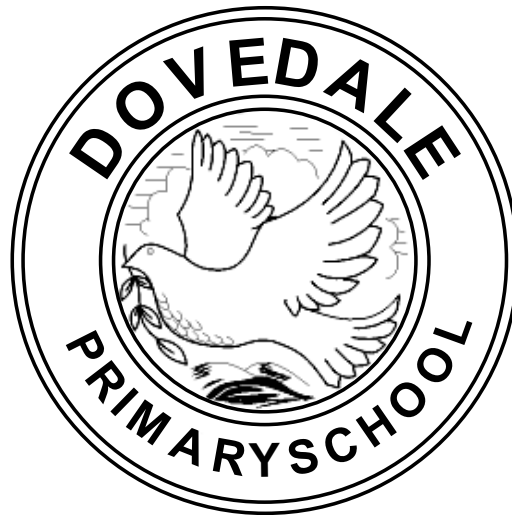


Medication Policy

Dovedale Primary School



Approved by:	Dovedale Governing Body	Date: June 2025
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Last reviewed on:	June 2024
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Next review due by:	June 2026
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Introduction

It is our duty to ensure appropriate and safe arrangements are in place to support children who either require the administration of a medication whilst in school; or who have a documented medical condition requiring management when in school.

Those children with a long-term medical condition may require ongoing support, monitoring or intervention in emergency circumstances.

Some children with a medical condition may be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement of Education, Health, and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN this policy should be read in conjunction with the special educational needs and disability (SEND) code of practice.

Definition

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

It is standard practice for schools to request children's medical information and updates regularly; the onus is on parents/carers to provide relevant and adequate information to schools.

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

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

No child under sixteen should be given any medication without their parent/carer's written/verbal consent, except in exceptional circumstances.

Children with an Education and Healthcare Plan (EHCP) should have these reviewed termly and annually or sooner if the child's needs have changed in the interim. The EHCP will note the medication requirements (dose, side effects and storage).

Our schools ensure robust processes are in place to keep staff informed and updated as to the relevant information regarding individual child's medical needs (triggers, risks, emergency actions etc).

Templates for consent forms and administration records form part of this policy (see appendices).

Aims

This policy aims to:

- ensure that all children with medical conditions or who require medications during the school day are safely and correctly supported.
- extend supporting both children's physical and mental health, thus, enabling them to maximize their academic potential.
- ensure both parents/carers of a child with a medical condition and the child themselves, feel fully and safely supported; by ensuring good communication processes are in place with parents and children re the ongoing monitoring and support required.

- identify and report to the parents/carers any deterioration in a child's condition whilst in school that may lead to increased absences from school, thereby having a detrimental effect on the child's access to education.
- ensure where the child has an identified EHC plan, that good communication processes are in place with the relevant health professionals associated with the EHCP.

Roles and Responsibilities

It is the responsibility of everyone who is accountable for the child's health care and or medication needs to read this policy.

It is the responsibility of the Head Teacher to ensure only those members of staff who have completed the designated training are allowed to administer medications. They should undertake all relevant update training every two years or as otherwise indicated.

It is the responsibility of the Head Teacher to ensure any other training requirements noted on an EHCP is organised for the nominated care staff or teachers, i.e. EpiPen, administration of ADHD prescriptions, asthma medication or emergency medication for seizure disorder.

A record of the training undertaken will always be kept (on the school's training matrix) and available for inspection. It is the responsibility of the individual school's management team and the individuals who support children to take responsibility for ensuring their training is always within date.

It is the responsibility of the Head Teacher and those individuals responsible for supporting children, to ensure they are fully aware of the child's medical conditions or medication needs.

Cover arrangements must be always in place, thereby ensuring someone is always available to support the children.

It is the responsibility of the senior leadership team to ensure written consent is obtained from the child's parent/carers or those who are deemed to have legal parental rights. This consent must extend to the administration of non-prescribed drugs i.e., Paracetamol.

It is the responsibility of the Head Teacher to ensure robust communication processes are in place with school staff, health professionals and social care authorities maximising the support given to children with a health or medical condition. Every effort should be in place to accommodate a child with medical needs hence the importance of effective communication process.

It is the responsibility of the Head Teacher to clearly identify any risks that may affect the child's access to education and work with the appropriate healthcare professional to seek solutions.

Under no circumstances should an untrained member of staff administer any medication.

Insurance

In accordance with this policy those undertaking the care of children with a medical condition or medication requirement will be covered by the school's insurance policy.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Training

The Head Teacher of the school will ensure the appropriate training is undertaken and will include storage, administration, recording and disposal.

Storage

- All drugs/medications will be always stored in a secure locked cupboard/fridge and keys to be kept locked away when not in use.
- All those responsible for the administration of medications should always know where the keys to medication cupboard are kept.
- The cupboard should be checked at the end of each term and medication no longer required should be returned or disposed of safely.
- Any expired drugs should be returned to parent/carers or disposed of safely.
- Those drugs/medications which may require urgent access and administration, such as EpiPens, Asthma inhalers as good practice will be kept with the children. Spares where appropriate will be stored within the medicine's storage cupboard.
- Drugs that require storage in a fridge should be stored in accordance with the manufacturer's instruction. The fridge should be in a secure location which cannot be accessed by the children directly.

Administration

Under good practice, only prescribed drugs should be administered within the school day. However, with the permission of the Head Teacher, schools will allow, where required, children to receive Paracetamol only with the written/verbal consent of the parents. This consent must be renewed on an annual basis and copy of the consent stored with the recording log.

All medication must be in its original container either as prescribed or bought over the counter. No decanted medication may be given.

Those administering medication should ensure that medication being administered is being given to the:

- a) right student.
- b) right time.
- c) right date.
- d) right dose in accordance with the prescription. Expiry date check.
- e) right route i.e., orally. Topically, or eye drops or by EpiPen.
- f) final check the medication has been swallowed.

If there is any doubt, then the person administering the medication should check with another trained colleague or seek the advice of the parent/carers.

It is important that staff administering medication understand the significance of dose timings. How to use eye drops, patches, inhalers, creams etc. Where additional training is required, the Head Teacher will seek to organise the appropriate courses. All staff should have a basic understanding of

dosage instructions, and basic hygiene when administering medicines, and this will be included in the designated training.

Medicines that need to be taken three times a day should be taken in the morning, after school and at bedtime so do not need to be administered in school. Medicines that need to be taken four times a day can be administered once during the school day and must be spaced as evenly as possible over a 24 hour period.

Administration of non-prescription drugs such as Paracetamol may only administered with the written consent of the parent/carer.

To ensure doses are appropriately spaced (i.e., at least four hours apart, no Paracetamol will be administered to a child/learner, prior to 4 hours after the start of the school day, unless it has been demonstrated in writing by the parent/carer that no medication was administered on that morning.

The student should not be given a second dose within the school day without the permission of the parent/carer or unless it is prescribed.

Monitoring of the individual requests from children/learners, for Paracetamol should be undertaken, and where deemed to be frequent, further discussions should take place with the parent/carers. A recommendation to seek medical advice should be given.

Recording

All medications either prescription or non-prescription, must be recorded and kept in the record log stored within the school.

For prescribed drugs/medication, an individual recording log should be maintained.

Non-prescription Paracetamol will be recorded on a generic log. Those administering must always ensure a date and time is recorded.

Disposal

Drugs no longer in use should be returned to parent/carer or disposed of in an appropriate manner.

Self-Administration

Where students have a medical condition such as Asthma, Allergies and diabetes that requires them to carry their medication with them to self-administer, a health Review care plan should be in place. The Health Care Plan must include all the triggers, symptoms, actions required and details of prescribed drugs.

In line with the recording of medications administered prior doses should be recorded. It may not be possible to know if a student has used their inhalers but where the symptoms are not responding to medication, then the staff member must refer to healthcare plan and take the designated action.

Asthma

All staff must be aware of what to do in the event a child suffers an asthma attack, and how to minimise the risk of this occurring. Please refer to the Asthma Policy.

Non-Prescription Medicines

As noted above the only non-prescription drug given in our schools is Paracetamol. No other drug may be administered.

Recording of Medications Administered

The recording of medications administered offers protection and reassurance to staff and children and therefore forms a crucial part of the process.

- All medications administered during the day must be recorded on the individual log that forms part of the child's IHCP or generic log where there is not an IHCP in place.
- The member of staff should only administer the medication in accordance with the prescriber's instruction.
- The record should include the child's name, dose given, how it was given i.e., orally, it be timed, dated, and must be signed together with a printed name.
- Any side effects noted should be recorded and reported to the parent/carers.

Medication Errors

If a medication error occurs, this must be reported immediately to the Head Teacher and recorded.

The parent/carer must also be informed immediately and where indicated medical advice sought as to next steps and actions required.

The Head Teacher will undertake a fact-finding investigation into the error, so lessons may be learnt, and actions initiated. This may take the form of re-training a member of staff or other appropriate action.

Reporting of Refusal, Side Effects and Errors

All refusals by children to take their medication must be recorded in the log and reported to the parent/carer. The same applies to side effects and errors.

Individual Healthcare Plans

For those students with a long-term health or medical condition, which requires ongoing support within school, an Individual Healthcare Plan must be implemented. These plans should be developed with the child's best interest in mind, ensuring the school assesses and manages the risk to the child's education, health and social wellbeing and minimises any potential impact on this.

Education and Healthcare Plans are crucial in the management of conditions, such as anaphylaxis, Asthma, diabetes, Seizure disorder and the management of ADHD where medication forms an integral part of their management.

An EHCP brings clarity to the child's needs and serves to assist the school effectively in supporting the child's needs.

EHCPs should be easily accessible to those who need to refer to them, but it is important to also preserve the confidentiality of the child/learner.

EHCPs should be drawn up in partnership with the parent/carer, healthcare professionals and school, where appropriate.

The EHCP should be reviewed annually or more frequently if the child's condition or medical needs change. The EHCP will be generated as part of the child's statement of special education needs as noted in the SEND documents.