



MEDICATION ADMINISTRATION

Policy & Procedure No.

HS04

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Reference to

HS01 Health and Safety
HSO2 First Aid Policy

1. Purpose of this Policy

The purpose of this policy is that Seadown School has a clear Policy that is understood and accepted by staff, parents/carers and pupils. It provides a comprehensive basis for ensuring that pupils with medical needs receive the correct care and support in our school. This policy will be read alongside the DFE Guidance: Supporting pupils at school with medical conditions.

The Head teacher is responsible for implementing this policy and also ensuring that sufficient staff are suitably trained, including cover arrangements in case of staff absence or staff turnover.

2. Prescription medicines

Medicines will only be taken at school when essential; that is where it would be detrimental to a pupil's health if the medicine is not administered during the school day. The school will only accept medicines that have been prescribed by a GP. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of the school day.

The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

3. Non-prescription medicines and Homely Remedies

A homely remedy is a medicinal preparation used to treat minor ailments. It is purchased over the counter and therefore does not require a prescription.

A homely remedy will only be given to a pupil with the permission of the pupil's parent/carer. Signed consent will be held in the pupil's medication file.

The school has a homely remedy stock check form to record the quantity on stock, the details of the medication, and a running record of dates, pupil names and times administered.

When administering a homely remedy this will be recorded on both the pupil's medication administration sheet and on the homely remedy stock check form.

The school will only stock homely remedies that are listed in this policy.

Homely remedies must only be used for a period of up to 48 hours, following this the school will advise the pupils parent/carer to make a GP appointment for advice and treatment if their symptoms persist.

Homely remedies will be kept with the medication cabinet away from prescribed medicines, designated clearly to show they are not pupil specific.

Prior to administering a homely remedy, the school will contact the pupil's parent/carer to ascertain whether they have taken any medication prior to coming into school and what time this was at.

If the pupil is stating that they have a headache they will be encouraged to have a drink before being given a homely remedy to ensure they are not dehydrated. If they are prescribed reading glasses and have not been wearing these, they will be encouraged to do so. Staff will reassess how the pupil is feeling 30 minutes after other remedial options have been explored to ascertain whether they still require the homely remedy.

Each time a homely remedy is given to a pupil their parent/carer will be informed.

The homely remedies kept by the school are as follows:

Symptom	Homely remedy
Pain (mild to moderate)	Calpol Six Plus /5ml oral suspension
Pain (mild to moderate)	Paracetamol 500mg tablets

4. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Legal Framework).

Some may be prescribed as medication for use by pupils. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicine will do so in accordance with the prescriber's instructions. A pupil who has been prescribed a controlled drug may legally have it in their possession. However, Seadown School consider it good practice to have the prescribed controlled drugs stored in safe custody. However, pupils could access them for self-medication if it is agreed that it is appropriate.

5. Supporting Pupils with Long-term Health Needs

Parents/Carers are responsible for providing the school with all necessary information about their child's condition and medication. Parents/Carers are required to put this in writing and signed to enable for staff to appropriately manage the pupil's health needs. This will be facilitated by staff by using the 'Individual Health Care Plan'. At this stage, parents/carers will be asked to complete a 'Parental Agreement to Administer Medicine & First Aid'. This form covers medication, identifies any allergies, first aid and non-prescribed medication.

The information will be updated annually at an agreed time or earlier if medication is altered by the GP or Consultant. It is important to have sufficient information about the medical condition of any pupil with long-term medical needs. If a pupil's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the pupil's educational needs, rather than a medical diagnosis, which must be considered. The school will identify the particular health needs before a pupil is admitted, or when they first

develop a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will also develop an 'Individual Health Care Plan' for such pupils, involving the parents and relevant health professionals. This can include: details of a pupil's condition, special requirement e.g. dietary needs, pre-activity precautions and any side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency, the role the staff can play. The school will aim to minimise any disruption to the pupil's learning as far as possible and work with parents/carers and health professionals to ensure this.

6. Supply of Medicines

Parents/Carers are responsible for supplying the school with adequate information regarding their child's condition and medication. This information will be completed in the school's 'Individual Health care Plan', signed and up to date so that procedures for each individual's medication are known.

All items of medication will be delivered directly to the school office by parents/carers or escorts employed by the Authority. After the first receipt of medication, additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the Headteacher. A list of all medicines prescribed for the individual will be stored in the 'Medication Listing Sheet'.

The information about regular prescribed medicines will be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

7. Receiving Medicines

Seadown School will only accept prescribed medicines in a labelled container as originally dispensed by a pharmacist and must include the prescriber's instructions for administration.

The designated person receiving the medication must check the following:

- Pupil's name
- Date of dispensing
- Name and strength of medicine
- Dose and frequency of medication
- Route of administration
- Provided in its original container as dispensed by a pharmacist
- Storage instructions
- Expiry date

Medicines will only be administered according to the instructions on the pharmacy label.

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 in its original container.

- Once the above procedure has been followed which has met the criteria, the medication received must be signed in the following forms as applicable:
 - 'Record of Medication Received'

- 'Medication Listing Sheet'
- 'Controlled Drug Recording Book'
- 'Medical Administration Recording Sheet'
- 'PRN & Homely Remedies Recording Sheet'
- Two members of staff will carry out the procedure at all times.
- If there are any discrepancies, inform the Headteacher and contact the parent/carer immediately. A report will be placed on Arbor under the student's files (all sections / medical / add / medical event) and a copy placed in the file in the medical cabinet clearly stating the pupils name and the situation that has occurred.

It is the parents'/carers' responsibility to replace medication which has been used or expired. Staff will inform parents when there is 10 days' worth of medication left to allow plenty of time for a repeat prescription to be fulfilled.

8. Storage of Medicines

All medicines will be stored in a secure cupboard. Medicines for external use will be stored separately from those for internal use. Enough storage space will be allowed so that medicines will be neatly arranged and identified.

Medicines requiring cool temperature storage will be kept separate in a designated refrigerator. The term 'cool place' means one with a temperature of not more than 15°C (but above freezing point) and 'room temperature' means a range from 15 - 25°C.

The school maintains a separate secure storage area for the sole use of controlled drugs; they will not be stored with normal prescription medication. When administering controlled drugs this must be witnessed and countersigned by another designated staff member. A separate record will be maintained by the school in the 'Controlled Drugs Recording Book' which includes details of their receipt, administration, disposal and will contain the balance remaining and a separate page for each pupil. This is kept in a locked, non-portable container where only named staff will have access. A record of will be kept for monthly audit and safety purposes.

9. EpiPen's and another emergency medication

All staff will be given appropriate training in the administration of emergency medication where necessary in conjunction with a community or specialist nurse.

Arrangements will be made for immediate access to any emergency medications for example:

- EpiPen's will be kept with or near pupils who need them at all times
- Asthma medication will be kept in its original packaging in the pupil's classroom

Emergency medication will always be taken with the class if the child goes out on a trip. In all cases, these procedures will be individually Risk Assessed.

10. Medication Administration

Medication will be managed efficiently to facilitate quick and easy administration of medication to the pupil and recorded in the 'Medical Administration Record Sheet'. This procedure will be undertaken by two staff. These members of staff will be appropriately trained and assessed as competent in the administration of medication.

The administering staff will:

- Ensure the office door is closed, make colleagues aware that medication is being administered
- Open the medication file, manage one pupil's medication at a time
- Refer to the pupil's 'Medical Administration Record Sheet' to identify the medication to be administered
- Identify the pupil you are intending to administer medication to
- Check that the label on the medication matches the name of the pupil, strength, dose, frequency and route corresponds to that on the 'Medical Administration Record Sheet'
- Remove the required medicines from its container, into a clean medicine pot or syringe and never directly into the pupil's or your hands
- Administer the medication to the identified pupil and observe the pupil consume the medication, monitoring them in line with their 'Individual Health Care Plan'
- Record the administration/refusal of the medication on the 'Medical Administration Record Sheet' without delay, if the pupil is absent please ensure the correct code is entered to the reason to why this could not be administered.

11. Self-Management

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicine from a relatively early age. The age at which they are ready to take care of and be responsible for their own medicines would vary. As children grow and develop, they should be encouraged to participate in decisions about their medicines.

Older pupils with a long-term illness should, whenever possible, assume complete responsibility under the supervision of a nominated member of staff. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This will be borne in mind when making a decision about transferring responsibility to a pupil. There is no set age when this transition should be made.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents/carers and children, the appropriate time to make this transition. If a pupil can take their medicines themselves, staff may only need to supervise. At Seadown School a pupil may administer (where appropriate) but not usually carry their own medicines, bearing in mind the safety of other pupils and medical advice from the prescriber, in respect of the individual pupil. Where pupils have been prescribed controlled drugs, staff will keep these in safe custody.

12. Missing Doses

Missing a dose can be a problem only if you are taking the drug as part of a regular course of treatment. It may sometimes induce a recurrence of the symptoms or a change in the action of the drug. If a dose is missed of a regular drug, the member of staff will inform the Headteacher, parent/carer, consult with NHS Direct and possibly consult with Local Authority Designated Officer (LADO) immediately.

13. What to do if an error occurs

The staff member will inform the Headteacher immediately for guidance. They will inform parents/carers and seek medical advice, if deemed necessary due to over medication, from the pupil's GP or NHS Direct if out of hours. Staff will ensure that they are clear about the advice that has been given and what action to take, staff will make a record of this; if possible, staff will obtain this in writing or by email directly from source. Staff will follow the instructions given and observe the pupil for any ill effects.

Staff will record details of any instructions given on Arbor under the child's 'Communication System'. An 'Incident Report' will be completed; this may also be notifiable to LADO and Multi-Agency Safeguarding Hub (MASH) where the incident is considered to be of a serious nature.

14. What to do if a tablet is lost or missing

The staff member will inform the Headteacher immediately for guidance. They will inform parents/carers and explain the circumstances of the missing drug.

The Headteacher will do a fact-finding investigation to decide how best to proceed. If the drug is a controlled substance, then separate interviews in the presence of the Headteacher and the HR Manager will be conducted with any member of staff involved and minutes taken. As a result of these interviews staff involved may have to undertake additional training, they will have to re-read the Medical Administration Procedure (this document, and there may be disciplinary action required.

Staff will record details of any instructions given on Arbor under the child's 'Communication System'. An 'Incident Report' will be completed; this may also be notifiable to LADO and Multi-Agency Safeguarding Hub (MASH) where the incident is considered to be of a serious nature.

15. How to use the recording system

- Staff will enter their initials onto the relevant pupil's 'Medical Administration Record Sheet', using the correct column for each medication identifying the box for the correct administration time to indicate that the medication has been administered to the child.
- Where the medication is prescribed daily and it has been refused or if there is another reason to why it was not administered, the correct letter code will be recorded (please refer to the relevant codes printed on the 'Medical Administration Record Sheet' and further information recorded in the 'Refused Medication Recording Sheet'.
- Where the medication is prescribed as a PRN, staff will only record on the 'PRN & Homely Remedies Recording Sheet'
- Controlled drugs will be recorded in the 'Controlled Drugs Recording Book'.

16. Changes

In the event of a parent/carer notifying us of changing medicine mid-cycle:

The new prescription will be received, and the designated staff member will make appropriate changes to the 'Medication Listing Sheet' and the 'Medical Administration Record Sheet'. Where the sheets are mid-cycle, details of the new medication will need to be added onto a second sheet and indicate the expected start date. Any

handwritten changes for a new entry on a 'Medical Administration Record Sheet' sheet must be signed by two members of staff.

17. Discontinued or Return of Medication

Medication will be returned to the pupil's parent/carer whenever:

- The course of treatment is complete
- Labels become detached or unreadable. (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer.)
- Instructions are changed
- If the expiry date has been reached
- Discontinued by GP

The following procedure will be followed:

- Draw a line on the pupil's 'Medical Administration Record Sheet', through to the end of the month and write 'DISCONTINUED'.
- Remove the medication from the medication system and write 'DISCONTINUED' on the label of the medication.
- Any medication that is discontinued will not be held in stock and will be returned to the parent/carer to arrange for safe disposal, if this is not possible; this will be returned pharmacy, a receipt of destruction will be obtained. This will be recorded in the 'Record of Medication for Disposal/No longer Required'
- The pupil's 'Individual health Care Plan' will be amended accordingly.

18. Information Source

The school has an up to date copy of the BNF for Children and is available for staff to refer to when administering medicines.

19. Regular medication reviews

In line with being an appropriate corporate parent, the staff team will ensure that the pupil's prescribed medication(s) are reviewed by the prescribing GP on a regular basis, ideally at intervals no greater than every year.

20. What to do if a pupil refuses their medication

Try to find out the reason why the pupil may be refusing their medication, if you are able to explore the reason why. If appropriate you may be able to provide gentle encouragement to take the medication, however, on no account will the child be forced to take the medication.

If a pattern emerges where the child continues to decline to take their medication, this will be highlighted to the Headteacher and advice sought from their prescribing GP at the earliest opportunity.

Where the refusal of a medication could have significant impact on their immediate health and well-being, the Headteacher will be contacted for guidance in what action needs to be taken. The child will be kept under observation if necessary.

The code "R" will be entered on the pupil's 'Medical Administration Record Sheet'

If doses are refused regularly, advise the parent to contact the GP who will be able to review and possibly simplify the treatment schedule. Members of staff will complete the 'Refused Medication Recording Sheet' and note any comments (this will be discussed in section 12).

21. Administration of Medicines Away from the School

The lead member of staff going on the activity will be given the dispensed containers of medicine when going on school trip etc. Appropriate entries in the recording systems will indicate the medication removed, administered or returned by two members of staff.

22. Adverse Drugs Reaction Reporting

Any adverse reaction (ADR) or suspected ADR will be reported to the Headteacher, parent/carer of the pupil and NHS Helpline to identify any medical intervention and discussed prior to further administration of the medication in question. The GP will then advise the parent/carer on any action required who will then inform school staff to carry this out.

Staff will administer Emergency First aid if required

School staff will maintain a record of the incident and stored in the management information system in Arbor.

23. Training of the Staff Team

Particular care will be taken to ensure that the school staff are suitably trained in the use of medication and the school will monitor the competency and identify actions, where additional support, mentoring or repeat training is required.

24. Consent to Medical Treatment

The school has a 'Parental Agreement to Administer Medicine & First Aid' form which includes

- Pupil Information
- GP Information
- Medication details
- Contact information and consent of Parent/Carer

25. Confidentiality

All medical details pertaining to all pupils in the school will be dealt with in strict confidence and we respect the confidentiality as noted in our GDPR Policy.

26. Younger children and consent

Children under 16 are NOT automatically presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16's will be competent to give valid consent to a particular intervention if they have sufficient understanding and intelligence to enable them to understand fully what is proposed (Gillick Competence). They can have confidential advice and treatment if the GP is satisfied they can give valid consent and they cannot be persuaded to inform their parents/carers, however, good practice would suggest that residential workers make every effort to support the child in health meetings and appointments. In other words, there is no specific age when a child becomes competent to consent to treatment - it depends both on the child and on the seriousness and complexity of the treatment being proposed.

'Competence' is not a simple attribute that a child either possesses or does not possess - it is nurtured from an early age by involving them from an early age in decisions and encouraging them to take an increasing part in the decisions about their care.

The extent to which a child may be deemed competent in any given situation may depend to a great extent on the quality of relationships with adults and the extent to which they can help the child to give informed express an informed opinion.

27. Educational Visits

When planning an educational visit, the school will demonstrate that it has taken all reasonable steps and has undertaken reasonable adjustments to try and ensure that the visit is accessible to pupils with disabilities and/or medical needs. Seadown School will also ensure that when included in an outdoor visit a pupil is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs pupil; the inconvenience, indignity or discomfort a disabled/medical needs pupil might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs pupil may make in comparison with their peers who are not disabled or have medical needs. Seadown School has in place an 'Educational Visits and Activities Policy' which was written to comply with Health and Safety at Work law. The document, the accompanying Forms and Appendices, sets out the safety policy for off-site Educational Visits, participation in adventurous outdoor activities, and the arrangements for the implementation of the Policy. If staff are concerned whether they can provide for a pupil's safety, or the safety of other pupils on a visit, they will seek parent's/carer's views and medical advice from the pupil's GP. (See DfES guidance on planning educational visits)

28. Sporting Activities

Most pupils with medical conditions can participate in physical activities and extra-curricular sport. There will be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a pupil's ability to participate in Physical Education will be recorded in their 'Individual Health Care Plan'. All staff will be aware of issues of privacy and dignity for pupils with particular needs. Some pupils may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities will consider whether individual Risk Assessments are necessary for some pupils, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

END

POSITION	Headteacher	NAME	Sam Norton	SIGNATURE	S. Norton	DATE	17/01/2025
POSITION	Governor	NAME	Steve Alexnader	SIGNATURE	S.ALEX	DATE	18/02/25