Administration of Medication Policy and Procedure

Adopted by Governors 2025

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1.0 Introduction

Many pupils will need to take medication during the day at some time during their time at Hope School and College. This is often for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow pupils to do this minimises the time that they need to be absent. However, medication should only be taken in school when essential i.e. when it would be detrimental to a pupil's health if it were not administered during the school day.

It is of vital importance that we follow an agreed and rigorous procedure when administering medication, both to protect the well-being of our pupils and to ensure that we are not allowing ourselves to be considered culpable in any way. If, at any stage, you are unsure as to how to proceed, please see a member of the school's leadership team.

Definition/Aim

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs at Hope School and College and to provide clear guidance for staff and parents/carers on the administration of medication. This document must be considered in conjunction with all other relevant policies, for example, health and safety.

The policy conforms to the DfE guidance (2015) Supporting Pupils at School with Medical Conditions.)

Rationale

The administration of medication in special schools is crucial to a pupil's health and well-being, to maximise the educational, physical and emotional development of the pupil.

Parents/carers have overall responsibility for their child's medication, which may be transferred to school staff with appropriate parental authorisation.

Hope School staff have responsibility to ensure that medication which is prescribed or required by pupils while they are at school is stored, administered, recorded and returned/disposed of safely and systematically.

2.0 What is Medication?

Any substance that is administered to a person for 'treatment'.

There are 3 main categories

Prescribed Medication
This is prescribed by an authorised clinician (GP, Consultant, Nurse Prescriber, Dentist etc) to be administered to a particular person e.g. antibiotics.

Controlled Medication
This is prescribed medication which is subject to the Misuse of Drugs Act 1971 and the Misuse of Drug Regulations 1985 as this medication may change the behaviour of the particular person e.g. stimulant/depressant, rescue medication for Epilepsy. Some may be prescribed as medication for use by children, e.g. methylphenidate (Ritalin).

Any member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medication should 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. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the pupil for whom it has been prescribed.

Misuse of a controlled drug, such as passing it to another person for use, is an offence.

Non-prescribed medication
This is medication that can be obtained without prescription, or 'over the counter'.

3.0 Roles and Responsibilities

1. All staff in schools have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools will review cases individually and administer medication to meet the all-round needs of the pupil.

2. The Head teacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can assist a pupil with medical needs. The Headteacher and governors will ensure that the appropriate level of insurance cover for staff (liability and indemnity insurance) is in place and appropriately reflects the level of risk.

3. The Head teacher is responsible for:

    a. implementing the policy on a daily basis
    b. ensuring that the procedures are understood and implemented
    c. ensuring appropriate training is provide
    d. making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

4. Staff, including supply staff must always be informed of a pupil's medical needs where this is relevant and of any changes to their needs as and when they might arise. In the absence of a school nurse on site the relevant class teacher/SLT work with health professionals to support the co-ordination of Medication within school and the maintenance of Pupil Health Care Plans (HCP).

4.0 Hope School and College Staff's Role in the Administering of Medication

- All staff within each class should be aware of where the file containing that classes' pupils' HCPs are stored, as the HCPs will inform them of who is currently on medication at the present time and which children have emergency rescue medication.
  (Blue Health Care plan files)

- The Class Teacher is responsible for ensuring that all the staff are aware of where the Pupils' HCP file is stored in class.

- Details of the Healthcare plans should be discussed annually at the EHCP review meetings If there are any concerns about the details of the HCPs then this should be immediately raised with the relevant Health care professionals (Teachers can speak directly to the named nurses or discuss with Deputy Head)

- All medication within school, except for "Inhalers & EpiPens" will be stored in a locked Medication cabinet located in the classroom/bathroom.

- There will also be a fridge present for medication requiring refrigeration.

- There will also be safe space within the classroom to allow the storage of respite bags which contain medication.

- Within the Medication Cabinet there will be a clearly named shelf space to store pupil's medication.

There are 2 reasons for needing to access the medication cabinet:

1. To access non-emergency medication
2. To access emergency/rescue medication

5.0 Non-Emergency Medication

The following procedures must be followed by members of staff involved in the administering of Non-Emergency Medication:

- Prior to removing any medication for dispensing to a pupil check the pupil's HCP/meds sheet to ensure the medication has been authorised by being added to the HCP (signed by parents) If you are aware that there is medication present that has not been added to the HCP then you must IMMEDIATELY ring parents for further details/clarification.

- When administering medication, take only the medication to be administered to the pupil from the named shelf.

- Approved medication that is detailed on the HCP will have in the medical file a copy of FORM 2- ADMINISERING OF MEDICATION TO PUPIL/STUDENT RECORD SHEET (See appendix 2).

- Always ensure that the Medical Cabinet has been locked.

THE ADMINISTERING OF MEDICATION MUST ONLY BE CARRIED OUT FOR ONE PUPIL AT A TIME.

MEDICATION MUST ONLY BE ADMINISTERED AS DIRECTED BY THE INSTRUCTIONS ON THE LABEL WHICH MUST NOT HAVE BEEN ALTERED.

A PUPIL'S MEDICATION MUST NEVER, UNDER ANY CIRCUMSTANCES BE GIVEN TO ANOTHER PUPIL.
(The exception to this rule applies only to the administration of another child's inhaler or EpiPen ONLY in an Emergency Situation where the child's own inhaler or EpiPen is not available)

Prior to administering the medication to a pupil, you must:

- Ensure you are in an appropriate area to maintain the privacy and dignity of the pupil whilst you are administering the medication and that you will not be distracted during the process.
- Check you have the correct pupil.
- Check that the medication has the correct pupils name on it.
- Check that the details on the medication match those contained on the accompanying FORM 2.
- **Check that the medication has not already been administered.**
- Check that the witness member of staff has confirmed the checking process.
- Check that the pupil is well enough to take the medication. If this is not the case, then school should contact the parent and discuss the situation/problem and document the outcome before proceeding with administration
- Ensure you have washed your hands before and after administering any medication.
- Open bottle/locate bubble on blister pack relating to that dose and day
- Put medication/ push contents out of bubble directly into a medicine pot. N.B. Check all the tablets are present and that none have been dropped/caught in the foil of the blister pack
- Medication must only be administered with the correct spoon/syringe, and these must be washed/cleaned before putting away.
- Check the identity of the pupil again and administer medication.
- Check as far as is possible that the medication has been taken. When you are sure it has, complete and sign the administration of medication record form. If, for any reason, medication has not been taken, mark this clearly on the record form.
- Return the medication to the Medicine Cabinet on correct pupil's shelf.
- Ensure that the Medicine Cabinet is secure.

6.0 Inhaler Medication & EpiPen for Asthma/Allergy Occurrences

Due to the nature of this medication and it's uses; it should be stored in the classroom of the pupil affected. All staff should know where the devices are kept -not locked away.

Inhalers and EpiPens should be stored in clear zip-lock bags clearly marked with the name and a photograph of the child.

(The administration of another child's inhaler or EpiPen is allowable ONLY in an Emergency Situation where the child's own inhaler or EpiPen is not available.)

There is also a spare EpiPen and Asthma inhaler kept in the school office

*Please see the 'Allergen and Anaphylaxis Policy' June 2026 (to be implemented in conjunction with this policy)

7.0 Refusal of Medication/ Failure to be given medication

a) If a pupil refuses to take their medication, staff will not force them to do so. Where a pupil has refused; the dose may be offered once again after a suitable time i.e. within 30 minutes.

b) Parents/carers should be informed of the refusal on the same day by telephone and via the child's Dojo account. Refusal to take medication will be recorded and dated on the pupil's FORM 2 administration of medication record sheet. Reasons for refusal to take medication must also be recorded as well as the action then taken by the staff member.

c) Vomiting of doses must also be recorded. Parents/carers should be informed of the vomiting on the same day by telephone and via the child's Dojo account. The medication should not be offered again until the next dose is due, unless the medication is an anti-epilepsy preparation, in which case you must IMMEDIATELY bring this to the attention of parents and a member of the SLT who will support the class teacher in seeking medical advice.

d) If a refusal to take medication results in an emergency, emergency procedures should be followed which are contained within the child's HCP.

e) Continued refusal must be reported to the pupil's parent/carer, GP or Paediatrician for further investigation.

f) Parents/carers must be informed when any prescribed medication has not been given during school hours and the reason why, in case this should impact on the pupil's wellbeing at home/ in respite care. This information should be communicated over the telephone and via the child's Dojo account.

8.0 Adverse reactions

All adverse reactions should be recorded in the pupil's notes and reported to Parents/Carers immediately.

A record should be made on FORM 2 (or attached) of the following:

- the nature of the reaction
- the time of onset of the symptoms
- the name of the medication
- the batch number and expiry date if available / the dose and routine of administration.

9.0 Covert administration policy

The covert administration of medication or the disguising of medication in food or drink is a complex issue. Staff are not allowed, even with the permission of the Parent or Guardian to crush/alter or hide/ disguise medication in food due to the fact this may alter the intended effect of the prescribed medication. Where pupils are refusing medication as per point 7.0 and this is being reported to Parents or Guardians, we can inform them that if they wish school to covertly administer medication, school must receive written permission from the prescribing GP due to the potential dangers.

10.Intimate or clinical invasive procedures

Some pupils may require some intimate or clinical invasive procedures, e.g. the administration of rectal diazepam or of buccal midazolam. This will only take place at the discretion of the Head teacher and Governors, with written permission from the parents/carers.

A health care plan, detailing under what circumstances these procedures should be carried out should be written for any pupil requiring intimate or clinical invasive procedures. All such treatment will be recorded. Staff will need to have appropriate training in these procedures.

Two staff members must be present for the administration of any intimate procedure.

For further guidance, consult the Local Authority policies and procedures.

Regarding the use of barrier and medicated barrier creams during the changing of pupil's pads. Parental/guardian permission for this has be requested via the Intimate Care Policy permissions slip and the use of the creams/topical lotions will have been added to the pupil's health care plan or in some cases the short- term medications sheet (FORM 3)

11. Emergency/Rescue Medication

Some children at school suffer from seizures which, may require the administration of Rescue Medication which will be contained on their named shelf within the medicine cabinet.

Staff should ensure that they are familiar with those children in their class who may require such medication by referring to the HCPs held in their classroom file. If this medication is required, the emergency/rescue medication contained within the HCP should be followed.

Parents should always be informed when rescue medication has been given.
Similarly, parents must always inform school if rescue medication has been given at home.

12. Out of School Visits

a. Medication should not be taken away from school premises unless necessary. Extreme care must be taken if any medication is removed from the school with the intention of dispensing it elsewhere.

b. It is the responsibility of the party leader for the out of school visit to ensure that the medication is collected prior to the visit and returned promptly to the medicine cabinet on return. Responsibility for the safe keeping of the medication should be delegated to the member of staff allocated to supervise the pupil requiring medication. The party leader is responsible for ensuring that that delegated member of staff is aware of this and has the relevant information, training, and competency required.

c. Whenever any medication leaves the premises, this should be noted on the out of school visits form.

13. Residential trips

Sufficient essential medication and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip, who should also be responsible for the safe storage of medication in a locked container. Administration and recording procedures should be followed as per in school.

14. Receipt of medication in school

On receipt in school, all medication must be checked for "fitness for use". All medication should be:

- In the original dispensed containers
- Include the patient information leaflet
- Include the correct medication dispensing syringe/spoon etc.
- Be clearly and appropriately labelled by the dispensing pharmacy with the name of the pupil, the name of the medication, the dose, the frequency and duration (if appropriate) of the treatment and the date of dispensing.
- In date.
- The label not defaced or altered in any way.
- Liquid medicine must be in an unopened bottle.

All medication brought into school must be checked by the class teacher /class staff so it can be confirmed that the medication is currently contained within the HCP and that it meets the above criteria and the requisite form has been completed.
Rescue Medication handed over from Wigan Council Staff (transport – red sealed bag) should be signed in and out of school each day.

Forms used for the recording of medication are:

FORM 1 Parental Agreement for School to Administer Medicine (+listed medication)
FORM 2 Record of Medicine Administered to Pupil.
Form 3 Short term medication sheet
FORM 4 Transfer of Medication Sheet.
Form 5 Medical cabinet contents

All these forms can be found in the appendices of this policy.

(please see separate form to record seizure activity / rescue medication)

FORM 1 Parental Agreement for School to Administer Medicine

This form should be completed by the parent/guardian when they wish school to administer medication and prior to the medication being sent to school. Class staff should ensure this is present in the **Blue Healthcare file** in class (often the back page of the HCP)
Some PMLD classes copy and keep in a separate class medication file

FORM 2 Record of Medicine Administered to Pupil.

This form will be completed on receipt of medication to school providing an acceptable FORM 1 has been completed and it has been confirmed that the HCP has been updated.

A copy of this form MUST always be present with the medication it refers to, so that a record may be kept of the actual administering of the medication to the pupil. If this form is not present with the medication you must not administer the medication and immediately refer the matter to SLT.

FORM 3 Transfer of Medication Sheet.
This form is to record the movement of medication from home to school and back.

15. Disposal and Return of Medication

a. Single doses of medication which have been dropped, may be placed into a clinical waste or sharps bin.

b. Hope School and College staff should not dispose of medication. When medication is no longer required by a pupil, any remaining unused medication should be returned to parents. Medication that is out of date should also be returned to parents. Any other unused medication should be returned to parents at the end of each academic year.

c. Parents are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the pupil's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

16. Training

Training and advice will be provided for staff involved in the administration of medication. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. School staff must receive suitable training and achieve the necessary level of competency as advised by the community /school nurses before they take on the responsibility to support children with medical conditions, e.g. feeding children with gastrostomies.

17. Information for Parents Re Administration of Medication

It is the responsibility of **parents/carers** to:

a. inform the school of their child's medical needs and complete a Health Care Plan in conjunction with the health and education professionals
b. discuss with the pupil's GP/prescriber if it is necessary for the pupil to take medication during school hours (e.g. if medication is to be taken 3 times a day, this could be taken in the morning, after school hours and at bedtime). Prescribers may also consider providing two prescriptions, where appropriate and practicable, for a pupil's medication: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medication by parents.
c. provide any medication in its original container, with the patient information leaflet enclosed, clearly labelled with the following:
   THE PUPIL'S NAME
   NAME OF MEDICATION
   DOSE AND FREQUENCY OF MEDICATION
   SPECIAL STORAGE ARRANGEMENTS
d. ensure that medication sent into school has not passed the expiry date.
e. inform school of any changes to medication in writing – verbal messages and brief notes in planners / dojo cannot be accepted as change of medication.
f. liquid medicine must be supplied to school in an unopened bottle. Ask the chemist to provide such medication in two separate bottles as one if for school use. Already opened bottles should not be accepted.
g. Inform school if Paracetamol or other medication has been given before coming to school.
h. Inform school if rescue medication has been given at home.

Prescription and controlled medication

a. School staff will only accept prescription medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

b. Supplies of prescribed medication must be provided in their original dispensed containers, include the patient information leaflet, and be clearly and appropriately labelled by the dispensing pharmacy with the name of the pupil, the name of the medication, the dose, the frequency and duration (if appropriate) of the treatment and the date of dispensing.

c. School staff cannot accept medication that has been taken out of the container as originally dispensed or make changes to dosages on parental instructions.

d. Medication labelled with the directions "as directed" cannot be given until it has been established how the prescriber intends the medication to be taken/used and the direction is recorded on the pupil's administration of medication record form.

e. Where a pupil needs two or more prescribed medicines, each should be in a separate box/container and correctly labelled.

f. Where a pupil has been prescribed antibiotics, which require 3 doses to be given per day, then these **should not be sent to school** but administered at home at breakfast, after school and prior to bed. (However, there are exceptions, discussed on an individual basis with school) NHS advise keeping your child at home for a period of 24 hours following the first dose *(however, in exceptional circumstances this can be discussed on an individual basis with school /health).*

g. Hope school follows the 'Guidance on Infection Control in school and other childcare facilities' (Public Health England) which recommends the period to be kept away from school and appropriate treatments.

h. With regards to antibiotics given for those illnesses not mentioned in the 'Guidance on Infection control 'e.g. tonsillitis etc 'providing your child is not unwell / infectious or has a temperature, they are allowed in school with antibiotics'. NHS advise to keep your child at home for a period of 24 hours following the first dose (*This is in case there is a reaction to the medicine)** Please note that in the case of antibiotic eye drops or cream prescribed for the treatment of conjunctivitis the first dose must be administered at home and pupils may then attend as normal.

i. Paracetamol, (ideally prescribed) can be given if the child is well enough, to keep on top of pain relief.

FORM 3 should be used for this short-term medication (unless added to HCP / FORM 1) and the same procedures followed when administering prescribed medication.

Non-prescription Medication (over the counter medicine)

This section refers to medication that may normally be bought by a person without a doctor's prescription i.e. over the counter.

FORM 3 should be used for this short- term medication (unless added to HCP /FORM 1) and the same procedures followed when administering prescribed medication.

Over the counter medication will only be accepted if it comes into school in the original box with displaying the expiry date and the patient information leaflet

(*products containing paracetamol can only be administered after telephoning parents/ carers to ensure no other product containing paracetamol has been given in the home environment /respite care to prevent overdose*)

Transport of medication between home and school

Parents/carers are responsible for their child's medication being in school where it will be received by the class teacher or a member of the class team who will update FORM 4 -Transfer of Medication Sheet. Prior to medication coming into school parents/carers must have an updated Health Care Plan if the medication is of a new type not contained on the current Health Care Plan.

Form1

Parental agreement -Approved Medication Hope School and College

Name: D.O.B: Class: Any known Allergies:

School can only administer the medicines below if prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber who is aware of the other medication the pupil may be taking.

Supplies of prescribed Medication must be provided in their:

- Original dispensed containers.
- Include the patient information leaflet.
- Include the correct medication dispensing syringe/ spoon etc.
- Be clearly and appropriately labelled by the dispensing pharmacy with the name of the pupil, the name of the medication, the dose, the frequency and duration (if appropriate) of the treatment and the date of dispensing.

Where a pupil has been prescribed antibiotics that require 3 doses to be given per day, then these **should not be sent to school**, but administered at home at breakfast, after school and prior to bed.
(However, in exceptional circumstances this can be discussed on an individual basis with school /health).

Medication to be given at School (including rescue medication)

Name of Medication	Strength of Medication	**Dose (Amount to be given)**	Route (Oral, PEG)	Time to be given (specific time-not am/pm)

Medication given at home

Name of Medication	Strength of Medication	Dose (Amount to be given)	Route (Oral, PEG)	Time to be given (specific time- not am/pm)

The above information is, to the best of my knowledge, accurate and correct and I give permission for school /College staff to administer the above detailed medication to my child. I will inform school of any changes regarding medication.

Signed: _____ Date: _____

Form 2

Administration of Medication – Record Sheet Hope School and College

Classroom Manager / Named person to produce individual pupil/student medication sheet and check the following:

- Pupil/students name is clearly identified
- Medicine name is clearly identified
- Dose clearly stated
- Expiry date
- Ask colleague to confirm the above points
- Administer medication – witnessed by colleague
- Date, sign and countersign below
- Secure medication in locked cupboard.
- ALWAYS READ AND CHECK THIS SHEET BEFORE ADMINISTERING ANY MEDICATION

Name:	D.O.B.	Class:	
Medication:	Strength:	Dose:	Route: PEG/Oral)
Time to be administered:			

Date	Time Administered	Administered by	Witness	Date	Time Administered	Administered by	Witness
M.				M.			
T.				T.			
W.				W.			
Th.				Th.			
F.				F.			
M.				M.			
T.				T.			
W.				W.			
Th.				Th.			
F.				F.			
M.				M.			
T.				T.			
W.				W.			
Th.				Th.			
F.				F.			

Any other comments/information:

FORM 3
Short-Term Medication

Hope School and College

Name: D.O.B: Class: Any known Allergies:

Short-Term Medication to be given at School/College

Name of Medication	Strength of Medication	**Dose (Amount to be given)**	Route (Oral, PEG)	Time to be given (specific time-not am/pm)

Form- 4 Medication Monitoring Form

Class: Date:

Term:

Name	Medication	Sign in	Sign out	Expiry Date

FORM 5

Medical Cabinet Contents **Hope School and College**

NAME	MEDICATION	QUANTITY DOSAGE	EXPIRY DATE	CHECKED BY STAFF Initial	CHECKED BY STAFF Initial	DATE	

Form 6- Medication Incident Report

Hope School and College

MEDICATION INCIDENT REPORT

Date of Report _____ Class/Provision _____

Name of person completing the report _____

Signature of person completing this report _____

Child/Young person's name _____

Date of Birth _____ Class _____

Date of incident occurred _____ Time Noted _____

Person administering Medication _____

Name of person witnessing _____

Name of medication _____

Dose _____ Scheduled time _____

Describe the incident and how it occurred

_____

_____

_____

Action taken / intervention _____

Nurse consultant notified (or other) Yes_____ No _____ Time _____

_____

Parent/Guardian notified Yes _____ No _____ Time _____

Name of the parent/guardian that was notified _____

Other persons notified _____

Follow-up and Outcome _____

_____

Head teacher's signature

_____