



Derby  
Grammar  
School

Where you belong

# 13d Medication Policy

Scope:	Whole School including EYFS
Release date:	September 2023
Review date:	September 2024
Author:	Operations Bursar - BRN
Reviewed by:	Head
Approved by:	Board of Governors

## Linked documents

This Policy should be read in conjunction with the:  
First Aid Policy  
EAL Policy

## Acronyms

ADHD – Attention Deficit Hyper Activity Disorder  
GP – General Practitioner  
IHCP – Individual Healthcare Plan

## Availability

This policy is available to parents and prospective parents on the School website, and a printed copy may be requested from the School Office.

## Policy Statement

This policy has been written to ensure pupils are fully supported with medical conditions; it has not been developed by a specific medical professional or organisation. This policy is applicable to all pupils, including those in the EYFS.

This policy follows the Department for Education statutory guidance on [Supporting Pupils with Medical Conditions \(December 2015\)](#). Last updated 2017

The School will

- ensure that the arrangements detailed within this policy are implemented effectively by the Head, who has overall responsibility for policy implementation.
- administer prescribed, and non-prescribed medications, to support a pupil's continuous attendance at school, when written consent has been provided by a parent/carer (see Appendix A).



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- have clear roles and responsibilities to be able to support pupils so that they have full access to education, including school trips and physical education.
- ensure full co-operation with all relevant parties; healthcare professions, local authority and clinical commissioning groups as required
- provide support and training to enable staff to support pupils with medical conditions
- ensure that clear arrangements are in place to manage the administration and storage of all medicines on the premises
- ensure that the appropriate level of insurance is in place to appropriately reflect the level of risk
- ensure that written records are kept of all medicines administered to pupils
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is unacceptable

### Roles and Responsibilities

#### The Governing Body

- must make arrangements to support pupils with medical conditions in school, including making sure that this policy is implemented.
- should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- should ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### The Head

- should ensure that the School's policy is developed and effectively implemented with all partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- should ensure that all relevant staff, including external providers (i.e. Before/After School and activity clubs) are aware of pupils' conditions.
- should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- should make sure that staff are appropriately insured, and are aware that they are insured to support pupils in this way.
- should be aware that they have overall responsibility for the development of individual healthcare plans.

#### School Staff

- should be aware that they may be asked to provide support to pupils with medical conditions, including the administering of medicines.
- should take into account the needs of pupils with medical conditions that they teach.
- should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Assistant Head – Pastoral



- should be aware of their responsibilities for notifying staff when a pupil has been identified as having a medical condition which will require support in School.
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training.
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.

#### Parents/Carers

- should provide School with sufficient and up to date information about their child's medical needs.
- should be involved in the development and review of their child's individual healthcare plan.
- should carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times).

#### Pupils

- should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

#### Other healthcare professionals (including GP, paediatricians, specialist nurses)

- should notify School and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- may provide advice on developing healthcare plans.
- specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g. asthmas, diabetes, epilepsy).
- should ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

#### **Training / Qualifications for Supporting Pupils with a Medical Condition**

Specific support and training needs will be identified in the Individual Health Care Plans (IHCP), together with details of who will provide the training. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

School will ensure that adequate first aid cover is available at all times. However, a first aid certificate does not constitute appropriate training in the general day to day support of a pupil with a medical condition.

School office staff will be responsible for administering a pupil's medication. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication.

Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

School will ensure that whole school awareness training takes place annually. This should include the contents of this policy, and awareness of common conditions such as asthma allergies, epilepsy and diabetes. Staff training for Emergency First Aid at Work training took place on 31 March 2021 and 31 August 2021 and is carried out every 3 years.



### Where you belong

It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines.

Medicines are kept in a locked box in the Medical Room and all staff who work in this area must be aware of:

- what medication is in the box
- who it belongs to and a copy of the parental consent
- the dose and frequency of administration to the pupils concerned
- who will administer the medication
- Medicines that require refrigeration are kept in a dedicated fridge in the School office. **Liability and Indemnity**

School will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises. The Department for Education's guidance for "Supporting Pupils at School with Medical Conditions 2015" refers to the appropriate level of insurance being in place. <https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>

The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.

The level and ambit of insurance cover required must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied with.

### Individual Healthcare Plan

An Individual Healthcare Plan will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated member of school staff, specialist nurse (where appropriate) and relevant healthcare services.

The IHCP will cover the following:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues (crowded corridors, travel time between lessons)
- specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons
- the level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in School needs to be aware of the pupil's condition and the support required



### Where you belong

- arrangements for written permission from parents and the Head for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's conditions
- emergency plans, including whom to contact and contingency arrangements.

The School Secretary keeps a centralised register of IHCPs in the School office.

IHCPs will be reviewed regularly, at least every year, or whenever the pupil's needs changes.

The parents/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHCP. Other school staff will be made aware of, and have access to the IHCP for the pupils directly in their care.

#### **Administering Medication**

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

School will not give any medication (prescribed, or non-prescribed) to a child under 16 without a parent's written consent except in exceptional circumstances under direction of a medical professional.

#### **Pain relief, anti-histamine and cough relief mixtures**

When administering pain relief, anti-histamine or cough relief medication, the member of staff will check the maximum dosage and when a previous dose was given. A written record will be taken of the dosage, timing and who administered it. Parents/carers will be informed, as soon as reasonably practicable, of all doses and the time given at school. School will only give non-prescription medicines to pupils for a maximum of 3 days, even where parents give permission. The only exemption to this is if pain relief is required during the healing period of an injury such as a sprained joint, or broken/fractured limb.

A child under 16 years of age should never be given medicine containing aspirin unless prescribed by a healthcare professional.

Some medicines need to be given at specific times, for example

- before, with or after food – the absence/presence of food in the stomach can affect how the medicine works and may cause side effects
- some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times

Parental consent will always be sought before administering non-prescribed medications to pupils.

#### **Oral Mixtures**

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

### **Tablets/capsules**

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.

Pupils should go to the School Office and ask for their tablets from the appropriate member of staff.

### **Inhalers**

Senior School pupils are responsible for carrying their own inhaler.

Primary pupils are required to have 2 inhalers in School (1 carried by them and 1 kept in the Primary office). When the pupil needs to take their inhaler, the supervising member of staff should record this on the Primary medication record. If a child requires more than 2 puffs within a 15-minute spell, staff will contact parents for advice.

Pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should be supervised when they take their inhaler.

An emergency kit is in place, kept in the evacuation grab bag, which includes:

- a salbutamol metered dose inhaler
- a plastic spacer
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

If a pupil has used the emergency inhaler, their parent/carer will be informed as soon as possible.

### **Emergency Medication for Anaphylactic Shock**

Pupils with a known allergy (for example, to wasp stings, food allergies and medications) should have an IHCP, with an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that an up-to-date adrenaline auto injector (e.g. an Epi Pen) is sent to School. If appropriate, the pupil may keep an auto injector on their person – refer to the section on Self-Management. If this is not appropriate, the auto injector should be kept safely in the pupil's classroom.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately.

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, another pupil's auto-injector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

### **Injections**

School staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered.



### **Ointments/creams**

School will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by parent/carers.

If it is a long-term prescription (i.e. more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area, parents will be asked to complete a consent form including a body map.

### **Eye, Nose and Ear Drops**

School will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, the drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

### **Self-Management**

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and School will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (Epi-Pens) accordingly. School acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and pupil, the appropriate time to make this transition.

### **Refusal to take Medicine**

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, School must take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

If a pupil refuses to take a non-prescribed medication, this should be recorded in the pupil's records and parent/carers should be informed of the refusal on the same day.

If a refusal to take medication results in an emergency, School should telephone emergency services.

### **Storage and Access**

All medications should be stored safely in the Medical Room clearly marked with the pupil's name and the dose to be taken. Pupils with medical conditions should know where they are at all times and have access to them immediately.

School should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

School should only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

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It is essential that a pupils' emergency medication is immediately accessible for that pupil, if participating in an extra curriculum activity, including Breakfast and After School clubs, whether led by School or an external provider.

Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

#### **Record Keeping**

As part of School's admissions process and annual data collection exercise, parents/carers are asked if their son/daughter has any medical conditions. These procedures also cover transitional arrangements between schools.

#### **General Record Keeping**

The pupil's confidentiality should be protected and School should seek permission from parents/carers before sharing any medical information with any other party.

School will keep an accurate record of all medication administered, including the dose, time, date and supervising staff.

#### **Controlled Drugs**

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. School should follow these to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link:  
<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Guidance on how a controlled drug is classified can be found at the following link:  
<https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs>

An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin <sup>™</sup>) may be prescribed.

Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's IHCP.

Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, together with consultation with the parent/carers.



### **Unacceptable Practice**

Although staff should use their discretion and judge each case on its merits with reference to the pupil's Individual Healthcare Plan, the following is generally not acceptable practice.

School will not

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- penalise pupils for their attendance record if their absences are related to their medication condition, e.g. hospital appointments
- require parents, or make them feel obliged, to attend school to administer medications, or provide medical support to their child
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents
- ignore medical evidence or opinion
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in the pupil's Individual Healthcare Plan
- send a pupil to the school office if they become ill unaccompanied, or with an unsuitable person
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- prevent pupils from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the pupil.

If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and School's disciplinary procedures are followed.

School will ensure that all staff responsible for administering medications understand that they must strictly adhere to the prescription dosage, and the implications for not doing so. This will be done at the time of agreeing to undertake this role.

Staff should be aware that they must not alter/amend any medications, i.e. by crushing tablets or increasing a dose if requested by the pupil. Specific written instructions will be given by a healthcare professional if there are any changes to a dose or methods of administration.

### **Managing Medications on an Outing/Residential Visit**

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

### **Pupils who require short term medication for the duration of the trip/residential**



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Parent/carers complete medical forms in advance of the visit at which point School will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

#### **Pain Relief**

Pupils who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form.

School may take a central store of medication such as Calpol/paracetamol on a residential visit. Parental consent must still have been given for administration. This will be achieved as part of the parental consent to act in loco parentis in emergency situations. Prior to administering medication that has not been directly provided by the parent/carer, the Visit Leader will always attempt to contact the parent/carer to explain why the medication is being given.

#### **Pupils with an Individual Healthcare Plan**

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support.

For Primary pupils, where it is assessed that the pupil cannot self-manage their inhaler, the Visit Leader will ensure that staff keep the inhalers for pupils allocated to them.

#### **Controlled drugs**

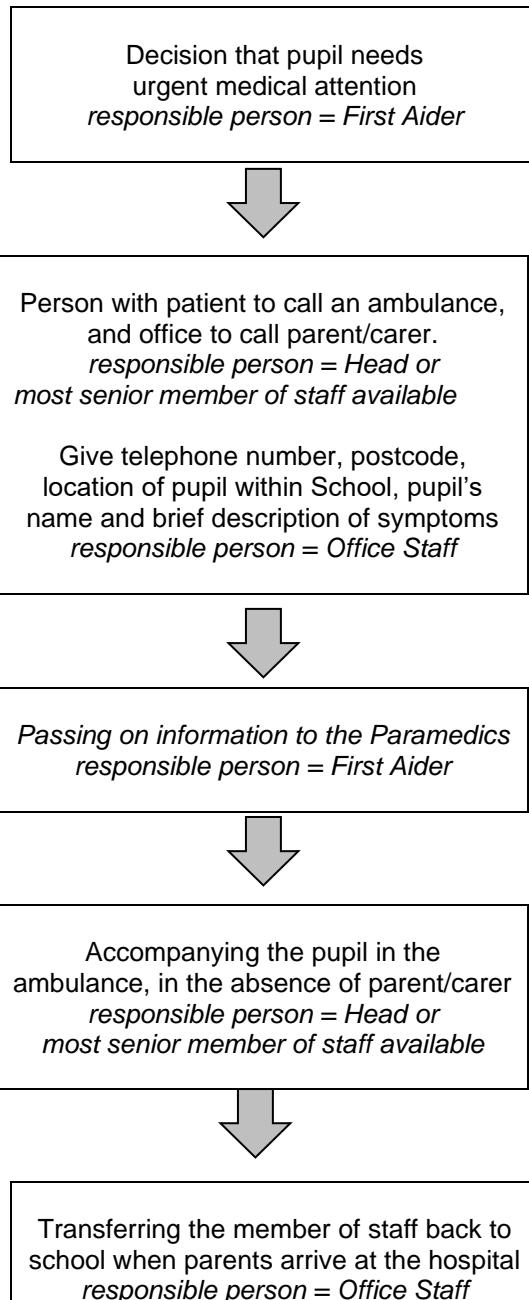
School will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in School's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.



### Emergency Procedures

The flowchart follows the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle. Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.





Appendix A

## Parental Consent for the School to Administer Medication

It is not unusual for members of staff at the school to administer medicine on behalf of parents. However, we understand that under certain circumstances this would mean a child being kept from School for longer than absolutely necessary. Designated members of staff will administer routine medicines on behalf of a parent provided that specific permission has been given by the parents / guardians, which include clear information on which to proceed.

By completing this form, you give written permission as a parent / guardian, for a member of staff to administer routine medicines, medicines normally given by a responsible adult.

Name of Pupil:	Tutor Group:
Condition Requiring Medication:	Name of Medicine:
Date Medication Begins:	Date Medication Ends:
Name of Prescribing Doctor:	Telephone No:
Dosage to be given:	Times:
Special Instructions (e.g. before/after meals):	Method of administrator
Possible Side Effects:	
Please detail any reactions that may need to be dealt with:	

It is the responsibility of parents/guardians to ensure that medications are appropriately stored. If they need to be stored at a certain temperature, a refrigerator may be used. However, medicines to be stored in the refrigerator must be brought into school in a sealed box or bag. This recommendation is to comply with health and safety regulations.

All medications must have the prescribed 'use by date' on the label. It will not be administered if the date has expired. It is the responsibility of parents/guardians to ensure that medications are in date and replaced regularly.



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EPI-PEN MEDICATION: Please ensure that epi-pens are replaced as and when the use by date occurs, as these are not used on a regular basis. This is the responsibility of parents/guardians.

Children requiring medication must be aware of what they have to do and what times they have to take it. Members of staff are acting as agents for the parents and should not be expected to make medical decisions.

Signed:.....Parent/Guardian Date:.....