



**Yardleys**  
**School**  
WORKING TOGETHER FOR A BETTER FUTURE

## **Supporting Pupils with Medical Needs Policy**

Adopted by Trustees:

Signed: .....

Date: .....

This policy is reviewed every year by the Curriculum & Standards committee

Review date: .....

## POLICY INFORMATION

Date of last review	January 2025	Review period	1 Year
Date ratified by trustees	April 2025	Governors' committee responsible	C&S
Policy owner	Richard Thornton	SLT member responsible	Laura Yates
Date of next review	January 2026		

## Reviews/revisions

Review date	Changes made	By whom
January 2022	<p>Policy owner Date of next review</p> <p><b>Section- The Governing Body will ensure that:</b> Wording change 4th bullet point from Individual Healthcare Plan (IHCP) to Individual Care Plan (ICP)</p> <p><b>Section – Parents/Carers should:</b> Wording change 3rd bullet point to Be involved in the development and review of their child's ICP and may be involved in its drafting with the school nursing team.</p> <p><b>Section – Students</b> 1st and 2nd bullet points, IHCP to ICP</p> <p><b>Yardleys School</b> <b>The school will:</b> Always have a minimum of two members of staff available trained in first aid response with knowledge of the students with medical conditions and access to their IHCPs – removed</p> <p>Ensure that prescription medicines and health care procedures will only be given by staff following appropriate training from medical professionals – removed</p> <p><b>Section – Individual Healthcare Plans</b> wording changed to <b>Individual Care Plans</b></p> <p><b>Section- Individual Care Plans must:</b></p> <p>Securely stored by the Deputy Headteacher/ SENCo – removed</p> <p>Wording change 6<sup>th</sup> bullet point to Include any relevant SEND information</p> <p><b>Students managing their own needs</b> Wording change 1<sup>st</sup> bullet point from IHCP to ICP</p>	TNR / SLN

	<p>Wording change 2<sup>nd</sup> bullet point to Students will be encouraged and allowed to carry their own medicines and relevant devices wherever possible.</p> <p><b>Section - Emergency Procedures</b></p> <p>Wording addition 1<sup>st</sup> bullet point, Call 999. Ask a student to go to reception and advise that an ambulance has been called.</p> <p>Wording change 2<sup>nd</sup> bullet point, Ring reception and ask them to call an ambulance - removed</p> <p>Wording change 4<sup>th</sup> bullet point, from students to parents</p> <p><b>Section - Appendix 2</b></p> <p><b>School Procedures on being informed of a medical need:</b></p> <p>Wording change 2<sup>nd</sup> bullet point, Individual Healthcare Plan to Individual Care Plan</p> <p>Wording change 5<sup>th</sup> bullet point from IHCP implemented and circulated to all relevant staff. A copy of the IHCP can be found in a folder in the staff room and another kept securely by Deputy Headteacher to ICP implemented and circulated to all relevant staff. A copy of the ICP can be found in a folder in the medical room, on SIMS.</p> <p>Wording change 6<sup>th</sup> bullet point from IHCP to ICP</p> <p>Wording change 8<sup>th</sup> bullet point from In summer term, letter is sent home to remind parents to make sure spare medicines (inhaler/epi-pens) kept in school are in date to A letter is sent home to remind parents to make sure spare medicines (inhaler/epi-pens) kept in school are in date.</p> <p>Wording change 10<sup>th</sup> bullet point Parent/carers must collect all unused medicines for disposal - removed</p>	
January 2023	No changes	TNR/SLN
January 2024	No changes	TNR
January 2025	<p>SLT member responsible – changed from Gurpreet Basra to Laura Yates</p> <p>Date of next review – January 2026</p> <p><b>Section- Definition of the term Medical Condition used in this context:</b></p> <p>Wording deletion/ change to - Some may also have special educational needs (SEN) and may have an</p>	TNR

	<p>Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.</p> <p><b>Section – Yardleys School - The school will:</b> Wording deletion/ change 3rd bullet point to be Have an identified key worker trained to specifically meet the needs of students with an Education Health and Care Plan linked to a medical condition.</p> <p><b>Section – Supporting documents:</b> Wording change to SEND Code of Practice January 2015</p>	
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#### Dates of linked staff training (if applicable)

Date	Course title	Led by

## EQUALITY AND GDPR

All Yardleys' policies should be read in conjunction with our Equal Opportunities and GDPR policies, as well as the Yardleys Way.

### Statement of principle - Equality

We will take all possible steps to ensure that this policy does not discriminate, either directly or indirectly, against any individual or group of individuals. When compiling, monitoring and reviewing the policy we will consider the likely impact on the promotion of all aspects of equality as described in the Equality Act 2010.

### Statement of principle - GDPR

Yardleys School recognises the serious issues that can occur as a consequence of failing to protect an individual adult's or child's personal and sensitive data. These include emotional distress, physical safety, child protection, loss of assets, fraud and other criminal acts.

Yardleys School is therefore committed to the protection of all personal and sensitive data for which it holds responsibility as the Data Controller and the handling of such data in line with the data protection principles and the Data Protection Act (DPA)/GDPR.

### Statement of principle – Yardleys Way

Yardleys School treats everyone equally and we value everyone the same irrespective of age; disability; gender reassignment; marriage or civil partnership; pregnancy or maternity; race; religion or belief; sex; and sexual orientation.

## INTRODUCTION

Most children will have at some time a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

Other children have medical conditions that, if not properly managed, could limit their access to education. Such children are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Parents or Carers have prime responsibility for their child's health and should provide school with the information about their child's medical condition. We encourage parents/carers to provide school with sufficient information about their child's medical condition and any treatment or special care needed at school, on admission, and keep us informed of any new or changing needs. If there are any special religious and /or cultural beliefs which may affect medical care that the child needs, particularly in the event of an emergency, we rely on parents/carers to inform us and confirm this in writing. Such information will be kept on the child's personal record. This policy provides information on our procedures for the storage and administration of medicines to children and the procedures for children who are able to self-administer.

**\* There is no legal duty which requires school staff to administer medication; this is a voluntary role however Yardleys School take all reasonable steps to ensure a child can attend school without interruption to their education.** Staff who provide support for children with medical needs, or who volunteer to administer medication, should receive support from the headteacher and parent/carer, access to information and training, and reassurance about their legal liability. Staff should, whenever they feel it necessary, consult with their respective professional associations.

### Good Practice

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Pupils with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

## POLICY

Students at Yardleys School with medical conditions should be properly supported so that they can play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions.

### Definition of the term Medical Condition used in this context:

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing Board must comply with their duties under the Equality Act 2010.

Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the Local Offer and the school's SEND information which is available on the school website.

### **Statement of Intent**

The policy aims to ensure that

- Students, staff, parents/carers understand how Yardleys will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including educational visits and supporting activities.

### **RESPONSIBILITIES**

It is important that responsibilities for children's safety is clearly defined and that each person involved with children's medical needs is aware of what is expected of them. Close co-operation between school, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

#### **Governors**

The Governing Body must ensure that arrangements are in place in school to support children with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child.

The school, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Governing Body should ensure that the school's leaders liaise with health and social care professionals, children and parents/carers to ensure that the needs of children with medical conditions are effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.

The Governing Body should ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents/carers and school staff.

#### **The Governing Body will ensure that:**

- The Headteacher implements this policy effectively.
- The individual healthcare plans are devised, implemented and monitored by the Headteacher/Deputy Headteacher/SENCO, working in partnership with the parents/carers, child and relevant healthcare professionals.
- Written records are kept of all medicines administered to children.
- All Individual Care Plans (ICPs) actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- That staff are properly trained to provide the support that students need.

- That the school's policy sets out what should happen in an emergency situation.
- That the appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessments being carried out, when appropriate.
- That the school provides parents/carers with information about the Local Offer and the School Offer including information displayed on the school website.
- That parents/carers provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.

## **Headteacher**

### **The Headteacher:**

- Is responsible for implementing the Governing Body's policy in practice and for developing detailed procedures.
- Should ensure that good lines of communications exist between parents/carers and all relevant education and healthcare professionals.
- Should ensure that teachers who volunteer should receive proper training and support.
- Is responsible for the day to day decisions on administering medication.
- Must share information with relevant staff to ensure the best care for the child after seeking parental agreement to do so.
- Should ensure that wherever possible the parent/carer is not inconvenienced from work in order to support the pupil or administer medication at school.

## **Parents & Carers**

Parents/Carers, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

### **Parents/Carers should:**

- Provide the Headteacher with sufficient and up-to-date information about their child's medical condition and treatment to allow the appropriate arrangements to be put in place in school.
- Be involved in the development and review of their child's ICP and maybe involved in its drafting with the school nursing team.
- Carry out any action they have agreed to as part of the implementation of the ICP e.g provide medicines and equipment.

## **Students**

- Students with medical conditions will often be best placed to provide information about how their conditions affects them and should be fully involved in discussions about their child's medical needs and contribute as much as possible to the development of their ICPs.
- They are also expected to comply with their ICPs.

## **Yardleys School**

### **The school will:**

- Ensure that children with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff or self-administered by the child during school hours.

- Have arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Designate individuals to be entrusted with information about a child's condition; where confidentiality issues are raised by the parent/carer or child.
- Have an identified key worker trained to specifically meet the needs of students with an Education Health and Care Plan linked to a medical condition.
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.)
- Make all staff working directly with children aware of the children in the school with medical conditions, through regular meetings and displays in staffroom.
- Provide sufficient training for staff to meet the needs of children at the school with medical conditions.

## **School Staff**

- Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on responsibility to support students with medical conditions will receive sufficient and suitable training
- Staff will take into account the needs of students with medical conditions that they teach.
- All staff will know what to do and respond accordingly when they become aware that a student with medical condition needs help.

## **School Nursing service and other healthcare professionals**

- The school nursing service will notify Yardleys when a student has been identified as having a medical condition that will require support within the school. This will be before the student starts school, wherever possible.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any students identified as having a medical condition.

## **Individual Care Plans**

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

### **Individual Care Plans must:**

- Be clear and concise.
- Be written in partnership with parents/carers, child, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include any relevant SEND information.
- Provide details of the child's resulting needs, including medication (dose, 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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between breaks and lessons.

- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- State contingency plan and plan of action in the event of an emergency.

## **Managing medicines**

Prescription medicines will only be administered by the school:

- When it would be detrimental to the student's health or attendance not to do so **and**
- Where we have parents/carers written consent

The **only exception** to this is where the medicine has **been prescribed to the student without the knowledge of the parents/carers**.

Anyone giving a student any medication (for example, for pain relief) will check maximum dosages and when the previous dosage was taken. Parent/carer consent will always be required.

The school will only accept prescribed medicines that are:

- In date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available.

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations (2001) and subsequent amendments, such as morphine or methadone. A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a stored cupboard with only named staff having access.

Medicines will be safely disposed of when no longer required.

## **Students managing their own needs**

- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their ICPs.

- Students will be encouraged and allowed to carry their own medicines and relevant devices wherever possible.
- Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so alternative options can be considered, if necessary.

### **Emergency Procedures**

In the event that an ambulance needs to be called, any member of staff should:

- Call 999. Ask a student to go to reception and advise that an ambulance has been called
- Reception staff will then attempt to contact parents/carers and ensure staff are on the drive to direct the ambulance.
- Reception staff or the Lead First Aider will print out the student's contact and medical details ready to pass to the ambulance crew.
- If the student needs to go to hospital in the ambulance and parents/carers have not yet arrived, then a member of staff will accompany the student and stay with them until parents/carers arrive.

### **Complaints**

Parent's/carer's concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the Headteacher. Where parents/carers feel their concerns have not been addressed, they should refer to the school's Complaints Procedure.

### **Supporting documents:**

Equality Act 2019

SEND Code of Practice January 2015

SEN Local Offer

Supporting Children at school with Medical Conditions - DfE December 2015

Children and Families Act 2014 Section 100 Duty on Governors

Guidance on the use of emergency salbutamol inhalers in school - DfE September 2014

Health and Safety at Work etc. Act 1974

## Appendix I

### Healthcare Plan for a Pupil with Medical Needs



**Surname:**

**Forename:**

**Sex: M / F**

**Date of Birth:**

**NHS No:**

**Address:**

**Name of School:**

**Class:**

**Date completed:**

**Date 1<sup>st</sup> Review:**

**Date 2<sup>nd</sup> Review:**



### Emergency Contact 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Tel No (home) \_\_\_\_\_

Tel No (home) \_\_\_\_\_

Tel No (mobile) \_\_\_\_\_

Tel No (mobile) \_\_\_\_\_

Tel No (work) \_\_\_\_\_

Tel No (work) \_\_\_\_\_

### GP Name & Tel Number

#### CONDITION:

Describe pupil's individual symptoms:

Name:

DOB:

NHS No.:

**Describe what constitutes an emergency for the pupil, the action to take and follow up care:**

Describe pupil's requirements, e.g. before sport / lunchtimes:

#### Agreement and Conclusion:

*Both school and parents should hold a copy of this Healthcare Plan. Please send a copy to the School Nurse to be put in the Child Health records. Any necessary revisions will be between the school and parents/carers.*

#### Agreed and Signed:

Parent/Carer

Date

Head Teacher

Date

School Nurse

Date

**1<sup>st</sup> Review:**

Parent/Carer

Date

Head Teacher

Date

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**2<sup>nd</sup> Review:**

Parent/Carer

Date

Head Teacher

Date

**GP Name & Tel Number**

## **Appendix 2**

### **School Procedures on being informed of a medical need:**

- Healthcare professional or parent/carer informs school of medical needs on admission, or if newly diagnosed, or that needs have changed.
- First Aid, SENCo and teachers to identify those children needing an Individual Care Plan (ICP) with a high level of medical need e.g. diabetes, severe allergic reaction (epi-pen users), and epilepsy.
- SENCo/DHT to co-ordinate ICP through partnership meeting with parents/carers, child, healthcare professionals, key staff as appropriate.
- Agreement reached what support is needed, and who leads on writing the ICP (guidance p10 DfE document)
- ICP implemented and circulated to all relevant staff. A copy of the ICP can be found in a folder in the medical room, on SIMS
- ICPs are reviewed annually or when conditions changes.
- A letter is sent home to remind parents/carers to make sure spare medicines (inhaler/epi-pens) kept in school are in date.
- Administering non-prescription medicines: written permission must be provided by parents/carers, and filed in the main Office; if a child is unwell, parental permission must be sought before administering pain relief.
- Record kept of all medicines administered by trained school staff.
- Risk assessments for school visits and activities off site include relevant medical information.
- All consent forms include a request for medical information.
- School staff training needs identified and actioned through Head teacher/DHT and school nurse.
- Collated information passed to SENCo to include within the SEN Code of Practice for circulation to all staff at the start of the academic year.

## **Appendix 3**

### **PROTOCOL FOR RECORDING AND COMMUNICATING STUDENT ALLERGY INFORMATION**

1. On admission to the school allergy information is received from parents/cares as part of the medical section of the induction paperwork. The medical section is separated from rest of induction pack and passed to the Lead First Aider.
2. The Lead First Aider enters all medical data including allergy information into SIMS before students join the school (and wherever possible before induction day).
3. The Lead First Aider sends a referral form to the School Nurses' team, which then checks medical data with parents/carers and confirms with the school.
4. The Lead First Aider produces pink medical information sheets for staff room and canteen. This includes student names, photographs, summary of medical condition and/or allergies. This is updated every academic year.
5. The Enrichment Manager enters allergy information into Cunninghams system from SIMS so that allergies flash up on canteen tills.
6. If the school is made aware of new allergies, or changes to allergies, amongst existing students, then the same procedure is followed.
7. If there are any issues with any of the above procedures, the Business Manager is immediately alerted.
8. If Lead First Aider or Enrichment Manager are not available to input data as outlined in 4. and 5., then the Business Manager will authorise an alternative member of staff to do so, to ensure consistency.
9. No other member of staff (unless authorised), nor member of the catering team may add to, amend or delete a student's medical information.
10. Each term the Lead First Aider and the Enrichment Manager will carry out a check of all allergy information on SIMS and Cunninghams.

## Appendix 4(i)

### Parental Agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of School/Setting \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine: \*\*Note Medicines must be the original container as dispensed by the pharmacy**

Name/Type of Medicine  
(as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be  
initiated by  
[name of member of staff]: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that  
the school/setting needs to  
know about? \_\_\_\_\_

Self Administration: Yes/No  
(delete as appropriate) \_\_\_\_\_

Procedures to take in an  
Emergency: \_\_\_\_\_

### Contact Details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Date: \_\_\_\_\_

Parent(s)/Carer(s) Signature(s) \_\_\_\_\_

\_\_\_\_\_

Relationship(s) to child: \_\_\_\_\_



**Appendix 4(ii)****Record of medicine administered to an individual child**

<b>Personal Details</b>	
Name of child:	Class:
<b>Medication Details</b>	
Date medicine provided by parent/carer:	Expiry Date:
Name and strength of medicine:	Dose & Frequency of Medicine:
Quantity of medicine received: (If pack/bottle unopened)	Quantity of medicine returned:
<b>Consent</b>	
Staff Signature: _____	Parent/Carer Signature: _____

**Medication Log**

<b>Date</b>			
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

**Appendix 4(iii)**

**Yardleys School**

**Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENT/CARER**

**If staff have any concerns discuss this request with school healthcare professionals.**

Name of child:	Class:
Address:	
Name and strength of medicine:	
Procedures to be taken in an emergency:	
<b>Contact Information</b>	
Name:	Contact Telephone No:
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If more than one medicine is to be given, a separate form should be completed for each one\*\***

## Procedures for the administration of medication

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/Carers should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. 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.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
- A written record is kept of all medicines administered to children.