



Administering Medication Policy

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Aquinas Church of England Education Trust





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Administering Medication

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Statement of Intent

AQUINAS Church of England Education Trust ('the Trust') will ensure that pupils with medical conditions receive appropriate care and support at school, for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils' medication.

Our schools are committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

For the purposes of this policy, "medication" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "Prescription medication" is defined as any drug or device prescribed by a doctor. "Controlled drug" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g., morphine.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:



- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

2. Roles and responsibilities

The **Trust Board** is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who administer medication to pupils, or help pupils self-administer, are suitably trained, and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted to guarantee that pupils taking medication are properly supported.
- Managing any complaints or concerns regarding this policy, the support provided to pupils, or the administration of medication in line with the school's Complaints Procedures Policy.

The **Headteacher** is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

All **staff** are responsible for:

- Adhering to this policy and supporting pupils to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing an administering medication parental consent form prior to them or their child bringing any medication into school.



- Discussing medication with their child prior to requesting that a staff member administers the medication.

It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with the school nurse or other members of staff. This may include staff administering medication to the pupil involved.

3. Training Staff

The **headteacher** will ensure that enough staff are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff. The **headteacher** will also ensure that enough staff have been trained in administering medication in an emergency by a healthcare professional.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g., the school nurse.

Training will also cover the appropriate procedures and courses of action regarding the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the pupil is necessary

Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

4. Receiving, storing, and disposing of medication

Receiving prescribed medication from parents

The parents of pupils who need medication administered at school will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16. A signed copy of the parental consent form will be



kept with the pupil's medication, and no medication will be administered if this consent form is not present. Consent obtained from parents will be renewed annually.

The school will store a reasonable quantity of medication, e.g., a maximum of four weeks' supply at any one time. **Aspirin will not be administered unless the school has evidence that it has been prescribed by a doctor.**

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing pupils' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g., asthma inhalers and AAI's, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g., a locked cupboard.

The school will ensure that pupils always know where their medication is and are able to access them immediately, e.g., by ensuring that the identities of any key holders to the storage facilities are known by these pupils.

- Medication stored in the school will be:
- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
 - The pupil's name.
 - The name of the medication.
 - The correct dosage.
 - The frequency of administration.
 - Any likely side effects.
 - The expiry date.
- Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

Disposing of pupils' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupils' doctor or pharmacist, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, e.g., using a sharps disposal box.



5. Administering medication

Medication will only be administered at school if it would be detrimental to the pupil not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered, as well as when the previous dose was taken.

Medication will be administered in a private, comfortable environment and as far as possible, in the same room as the medication is stored; this will normally be the school nurse's office. The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE for use where necessary

Before administering medication, the responsible member of staff should check:

- The pupil's identity.
- That the school possesses written consent from a parent.
- That the medication name, dosage, and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the pupil being given the medication.
- That the medication to be given is within its expiry date.
- That the pupil has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

If a pupil cannot receive medication in the method supplied, e.g., a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.

Where appropriate, pupils will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

The school will not be held responsible for any side effects that occur when medication is taken correctly.



Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible. Records will be stored in accordance with the **Records Management Policy**.

6. [NEW] Administering paracetamol

A school that administers paracetamol is recommended to keep its own stock of tablets or suspension fluid. This reduces the risk of pupils carrying medicines and avoids confusion over what may and may not be administered.

If the school does not stock paracetamol, there must be clear and safe arrangements for parents to supply them to the school for the pupil. It is not recommended that pupils carry paracetamol around.

Paracetamol (tables and suspensions) must be stored securely as all other medicines are stored and should not be kept in first-aid boxes.

One designated administrator of paracetamol should be responsible for administering paracetamol to avoid the risk of giving a double dose. They must be relieved from other duties whilst preparing or giving the medicine to reduce the likelihood of error.

When a pupil is given paracetamol, a written record of it must be kept. The record must include:

- Name of the pupil.
- Dose given, and how.
- Time and date the paracetamol was given.
- Name and signature of the person giving the medicine to the pupil and name of any adult witness.

The designated administrator must be wary of routinely giving paracetamol to pupils. If a pupil complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway.

Staff should always consider whether the pupil may have been given a dose of paracetamol before coming to school.

Many non-prescription remedies contain paracetamol; it is recommended that if a pupil has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose.

There should be at least four hours between any two doses of paracetamol containing medicines.

No more than four doses of any remedy containing paracetamol should be taken in 24 hours. Always ask the pupil what other medication they take and what has been taken recently before doing anything.



If there is any doubt, seek medical advice before administering paracetamol. It is recommended schools should only administer paracetamol three times in a half-term to an individual pupil. If a pupil requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period.

Before giving the pupil paracetamol:

The pupil will first be encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate). Paracetamol is only considered if these actions do not work.

The school must have written or verbal consent from a parent/carer and instructions on frequency and dosage of paracetamol to administer. Rather than gain broad consent at the start of an academic year to administer paracetamol, schools should gain consent from parents/carers for specific events, occasions, or instances.

Only standard paracetamol may be administered. **Combination drugs, which contain other drugs besides paracetamol, must not be administered.**

Administering paracetamol:

Pupils will only be given one dose of paracetamol during the school day. If this does not relieve the pain, contact the parent or the emergency contact.

The designated administrator must witness the pupil taking the paracetamol and make a record of it.

School must inform the parents that paracetamol had been administered stating the time and the amount of the dose.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

The school will ensure parents have first authorised, in writing, the school to provide paracetamol occasionally to the pupil. The name of the pupil, the date, time, dose, and reason should be recorded in a log. Any frequently recurring need (three times in a half-term) must be reported directly to parents.

Paracetamol must be kept in a secure place and not in first-aid boxes. It must not be given:

- Following head injury
- Where a pupil is already on medication
- Where a pupil has taken paracetamol containing medicine within four hours

Aspirin or preparations containing aspirin must never be given.

Aspirin should NOT be given to pupils under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).



Dosage:

Follow manufacturer's guidance on the bottle or packet of paracetamol. Be aware that if the pupil looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

Infant syrup: 120mg/5ml

Dosage for infant syrup (strength 120mg/5ml) by age

Age	How much?	How often?
2 to 4 years	7.5ml	Max 4 times in 24 hours
4 to 6 years	10 ml	Max 4 times in 24 hours

Six plus (6+) syrup: 250mg/5ml

Paracetamol 250mg/5ml syrup dosages for children by age

Age	How much?	How often?
6 to 8 years	5ml	Max 4 times in 24 hours
8 to 10 years	7.5ml	Max 4 times in 24 hours
10 to 12 years	10ml	Max 4 times in 24 hours

Tablets

Paracetamol tablet dosages for children by age

Age	How much?	How often?
6 to 8 years	250mg	Max 4 times in 24 hours
8 to 10 years	375mg	Max 4 times in 24 hours
10 to 12 years	500mg	Max 4 times in 24 hours
12 to 16 years	750mg	Max 4 times in 24 hours

For up-to-date guidance from the NHS:

[How and when to give paracetamol for children - NHS \(www.nhs.uk\)](https://www.nhs.uk)

After giving the pupil paracetamol:

Send the pupil back to class with a note informing the teacher.

School must inform the parents that paracetamol had been administered stating the time and the amount of the dose.

If the pupil does not improve or gets worse, call parents to collect the pupil.

7. Medical devices

Pupils Asthma inhalers

The school will allow pupils who can carry their own inhalers to do so, provided that parental consent for this has been obtained. The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

AAIs

The school will allow pupils who can carry their own AAIs to do so, provided that parental consent for this has been obtained. The school will ensure that spare AAIs for pupils are



kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAls are not located more than five minutes away from where they may be required.

There will be a stock of AAls, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring, e.g., the dining hall. The school will ensure that risk assessments regarding the use and storage of AAls on the premises are conducted and up to date.

Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of spare AAls in emergency situations. The spare AAls will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the pupil's IHP.

Pupils' and spare AAls will be obtained, stored, and administered in line with the school's **Allergen and Anaphylaxis Policy**.

8. Individual Healthcare Plans

For pupils with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parent, the headteacher, the SENCO and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:

- The medical condition and its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements.
- The specific support needed for the pupil's educational, social, and emotional needs.
- The level of support needed and whether the pupil will be able to take responsibility for their own health needs.
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role.
- Which staff members need to be aware of the pupil's condition.
- Arrangements for receiving parental consent to administer medication.
- Separate arrangements which may be required for out-of-school trips and external activities.
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised.
- What to do in an emergency, including whom to contact and contingency arrangements.
- What is defined as an emergency, including the signs and symptoms that staff members should look out for.



The **Headteacher** will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by a designated staff member.

9. Educational trips and visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g., for asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g., capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g., timing and dosage, for administering their medication.

If the out-of-school trip or visit will be over an extended period, e.g., an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g., what to do if an epileptic pupil has a seizure.

10. Medical emergencies

Medical emergencies will be handled in line with the **First Aid Policy**.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the pupil who requires it and is not locked away. For all emergency medication kept in the possession of a pupil, e.g., AAls, the school will ensure that pupils are told to always keep the appropriate instructions with the medication.

11. Monitoring and review

Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including pupils whose medication is stored at school and their parents.



[UPDATED] This policy is reviewed on an annual basis by the **Education Scrutiny Committee** and **Chief Executive**. Monitoring is conducted through the Trust's programme of quality assurance and that undertaken by the individual Academy. Changes to this policy are communicated to relevant stakeholders.

The next scheduled review date for this policy is October 2024.