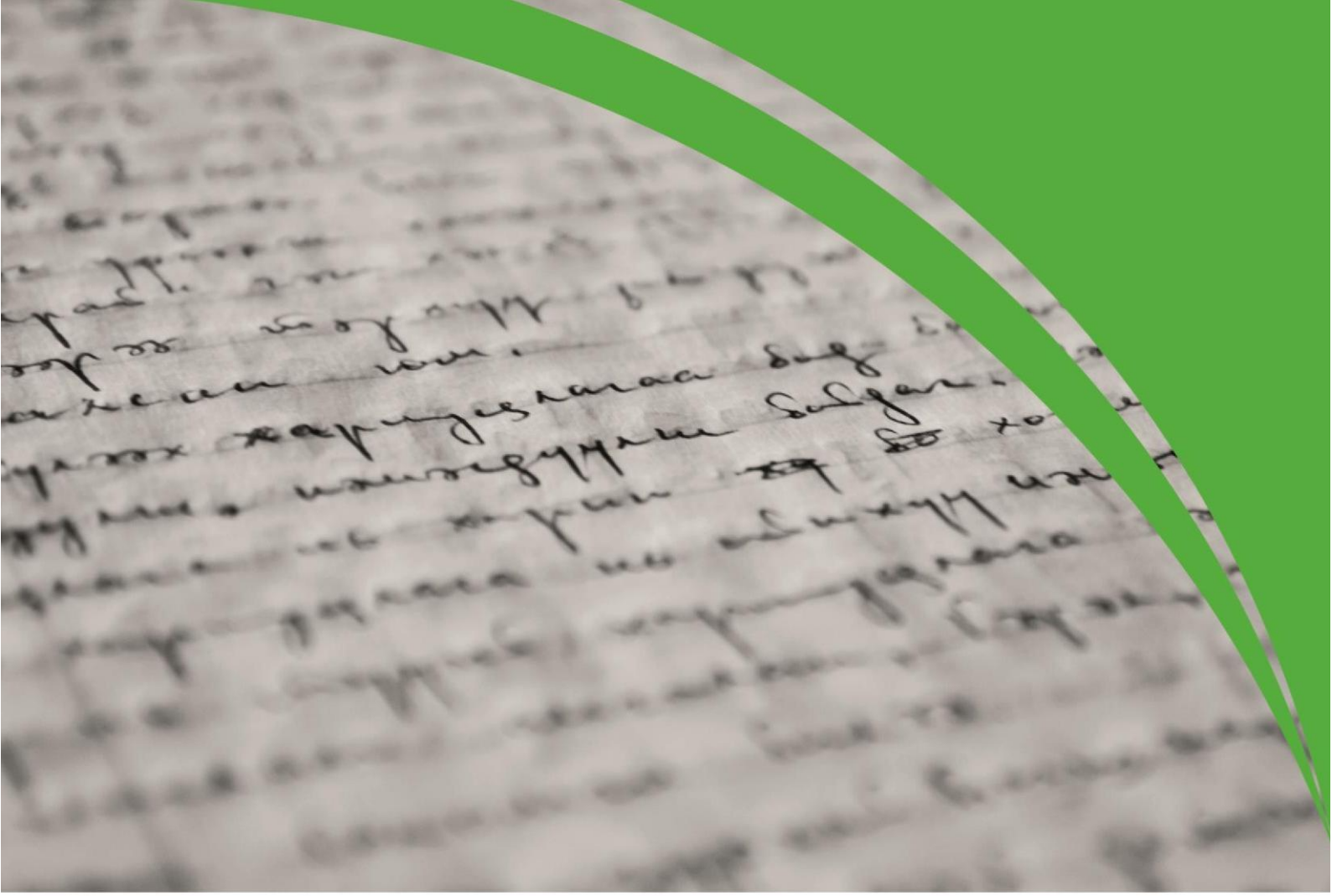

Health & Safety Policy
Medication – HSP 25

Key Document Details

School Name:	TWHF – All Schools		
Version no:	1.8	Ratified date:	June 2026
Author:	David Maine	Interim review date	N/A
Owner:	David Maine	Next review date:	September 2027
Approved by:	Chair of Trustees		

Title:	HSP 25 – Medication
Author(s):	David Maine
Approved by	Board of Trustees
Date:	September 2026
Review date:	September 2027
Application:	This policy applies equally to all The White Horse Federation (TWHF) employees including agency or casual staff, and to all premises where TWHF is either the 'employer' or is in control of the premises. This policy has been developed in line with the Department for Education guidance **"Supporting Pupils at School with Medical Conditions (2015)"** and relevant health and safety legislation.

Definitions

For the purpose of this policy, the following definitions apply;

Medication	Any prescribed or non-prescribed medicine intended to treat or manage a medical condition.
Prescribed Medication	Medication issued by a qualified healthcare professional and dispensed with a pharmacy label showing the pupil's name, dosage, and instructions.
Non-prescription Medication	Medication available without a prescription (e.g. paracetamol, ibuprofen), supplied by parents/carers in original packaging. Note: In accordance with EYFS statutory frameworks, medication containing aspirin must never be administered unless prescribed by a medical practitioner.
Emergency Medication	Medication required for immediate use in an acute medical emergency (e.g. salbutamol inhalers for asthma, adrenaline auto-injectors for anaphylaxis). *Note: Adult aspirin (300mg) is held strictly as an isolated workplace safety exception for suspected adult cardiac emergencies and remains strictly banned for anyone under 16 years of age*
Self-Administration	Where a pupil administers their own medication, with or without supervision, as agreed within an Individual Healthcare Plan.
Individual Healthcare Plan (IHCP)	A documented plan outlining the support required for pupils with long-term, complex, or high-risk medical conditions.

Policy Aims

This policy aims to:

- Ensure the safe, effective, and consistent management of medication within all TWHF schools
- Support pupils with medical conditions to access education safely and without discrimination
- Reduce the risk of medication errors through clear procedures and staff training
- Ensure compliance with safeguarding duties and relevant legislation

Policy

This policy supports the statutory duty on schools to make arrangements to support pupils with medical conditions, in line with DfE guidance (2015). TWHF recognises that some pupils require medication during the school day to maintain their health and wellbeing.

Medication will only be administered where necessary and appropriate to support a pupil's health, attendance, or access to education. Wherever possible, parents/carers should arrange for medication to be administered outside school hours.

There is no legal obligation for staff to administer medication. However, staff who volunteer to do so will be appropriately trained and supported.

All medication arrangements will be risk assessed where necessary and implemented in a way that safeguards pupils and staff.
No pupil will be denied access to education due to their medical needs. Where appropriate, arrangements will be supported through Individual Healthcare Plans (IHCPs).

Risk

The following risks are associated with medication in school:

- Incorrect dosage or administration
- Administration to the wrong pupil
- Missed or delayed medication
- Allergic or adverse reactions (HSP 32 Allergy/Anaphylaxis policy)
- Unsafe storage or unauthorised access

These risks are controlled through clear procedures for administration, storage, training, and record-keeping as outlined in this policy.

Responsibility

Schools must ensure that medication arrangements are reflected within local procedures and communicated to all relevant staff.

Roles & Responsibilities

Roles and responsibilities are defined in HSP 2 Organisation. Any specific actions are detailed in the arrangements section below.

Chief Executive Officer

- Must ensure arrangements are in place to support pupils with medical conditions in school, fulfilling their statutory duty under the Children and Families Act 2014.
- Ensure that this policy is reviewed regularly, implemented effectively, and that local school environments remain safe and inclusive.

Headteacher

- Overall operational responsibility for the local implementation of this policy.
- Ensures all staff are aware of the policy and clear on their role in its implementation.
- Delegates the coordination of Individual Healthcare Plans (IHCPs) to the SENCO, School Medical Lead, or other designated competent staff members as appropriate to the pupil's needs.

SENCO

- Ensures IHCPs and medical risk assessments are in place, updated annually, and securely stored for pupils within their designated caseload.
- Liaises with parents/carers, healthcare professionals, and the school administration team to ensure smooth care transitions.
- Ensures relevant teaching and supply staff are briefed on pupil needs, triggers, and emergency procedures.

Administrative Manager

- Ensures staff administering medication are trained and competent
- Maintains training records
- Ensures procedures are communicated and followed
- Regularly review that the procedures are being followed

Trained Staff – Admin/Lead First aiders

- Administer medication in accordance with this policy and training
- Maintain accurate records
- Report concerns, incidents, or errors immediately

Parents/Carers

- Provide accurate medical information
- Supply medication in original packaging with clear instructions
- Provide consent and collect unused or expired medication

Staff may decline to administer medication and will not be compelled to do so.

1.0 Administration of Medicines

Medication will only be administered in school when it is essential for the pupil's health, safety, or ability to attend education. Wherever feasible, parents/carers must arrange for doses to be scheduled outside of school hours. When this is not possible, a completed authorisation form must be submitted and approved before any medication is administered on site.

Mandatory Criteria for Administration

Medication will only be accepted and administered if it meets the following strict thresholds:

- **Original Packaging:** The medication must be provided in its original container as dispensed by the pharmacy (or in original retail packaging for non-prescription items).
- **Clear Labelling:** The container must clearly display the pupil's full name, valid expiry date, and explicit dosage instructions.
- **Written Consent:** Prior written parental consent must be actively held by the school using the appropriate local form.

Phase-Specific & Age Restrictions

- **Early Years Foundation Stage (EYFS) Provision:** Staff must never administer non-prescription medication unless a specific, written parental consent form is completed for that unique day and dose.
- **Primary School Provision:** Parents/carers may attend school to administer medication themselves if necessary. All primary-aged pupil medications must be handed directly to school administration by an adult and stored securely in line with local procedures.
- **Secondary School Pupils Carrying Medication:** Secondary school pupils may carry limited over-the-counter pain relief (maximum of two tablets) for self-administration, provided a local risk assessment is held. These tablets **must** remain within their original pharmaceutical blister packaging showing expiry dates. Pupils are strictly prohibited from carrying loose tablets or sharing medication. Prescribed medication must remain managed by the school administration team unless otherwise detailed in an Individual Healthcare Plan (IHCP). This is down to the Headteachers discretion.
- Aspirin must **never** be administered to any child under the age of 16 unless it has been expressly prescribed by a medical practitioner

Operational and Emergency Procedures

- In an acute medical emergency, severe asthma attack, or anaphylactic shock, emergency countermeasures (such as generic or prescribed Adrenaline Auto-Injectors and Inhalers) will be deployed instantly by First Aiders. These emergency responses are governed by Section 1.2 of the ***HSP 4 First Aid Policy*** and the ***HSP 32 Allergy Management Policy***, taking complete operational precedence over standard paperwork and delaying consent forms.
- Staff must verify the "Five Rights" prior to administration: the correct pupil, the correct medication, the correct dose, the correct time, and the correct route/method. If any uncertainty or conflict arises regarding the medication label or instructions, staff must refuse administration and seek immediate professional medical clarification.
- If a pupil refuses to take their medication, staff must never force compliance. The refusal must be formally logged, and parents/carers must be informed as soon as reasonably practicable on the same working day. If medication is required more than once during the school day, or if a dose is altered, communication must be routed in strict compliance with local notification procedures. Every setting must cross-reference and follow ***GRA 25.1 Medication Risk Assessment*** when implementing these local processes.

1.1 Records

Medication will only be administered where appropriate, validated documentation is in place. This tracking framework requires the following core forms:

- **Individual Healthcare Plan (HSF 25.2):** Mandatory for all pupils with long-term, complex, or high-risk medical conditions, or those requiring routine controlled drugs.
- **Short Term Medication Authorisation Form (HSF 25.1):** Required for standard, short-term medication courses (such as a 10-day course of antibiotics or localized pain relief) administered during standard school operational hours.
- **Residential Trip Medical Information Form (HSF 28.8):** A specialized multi-dose form that must be completed by parents/carers for any routine or short-term medication required during off-site residential visits or extended travel.

Dual-Staff Verification for Controlled Medication

Where a controlled substance is administered, the transaction must follow strict security protocols:

- The exact administration must be physically witnessed and countersigned by a second member of staff in real time.
- All records must be maintained chronologically on ***HSF 25.5 Record of Controlled Drugs administered***.

Long-Term Tracking

Routine, non-controlled, long-term medication administrations must be recorded accurately on ***HSF 25.3 Record of Long-Term Medication Administered***. Where an individual is taken to hospital following a medical incident on site, the emergency event must be recorded in accordance with ***HSP 5 Accident and Incident Reporting/EVOLEV Accident book***.

Data Integrity and Retention

All medical administration records must be:

- Completed accurately in ink at the exact time of administration.
- Signed or initialled directly by the member of staff administering the dose.
- Stored securely in line with GDPR data protection requirements.
- All completed administration logs (HSF 25.1, HSF 25.3, HSF 25.5, and HSF 28.8) constitute official child medical records. these records must be securely uploaded to the pupil's electronic Arbor profile and retained until the pupil reaches the age of 25.

Management of Clinical Errors & Refusals

- If a pupil refuses to take their medication, staff must never use force. The refusal must be noted directly on the active administration paperwork, and the parents/carers must be notified immediately on the same working day by phone or email.
- Any administration error, omission, missed dose, or adverse medication reaction must be escalated immediately to the Headteacher, reported to the parents, and formally reviewed using the ***HSF 5.1 Accident/Incident form/EVOLVE Accident book*** to capture lessons learned.
- **Ofsted Escalation Trigger (Nursery/EYFS or Wrap-Around Care):** If any medication error, misadministration, or adverse reaction involves a Nursery/EYFS pupil, or occurs during registered wrap-around childcare provision, and results in a pupil requiring emergency medical treatment, an ambulance callout, or formal hospital admission, the Headteacher must ensure that an official notification is submitted via the GOV.UK Serious Childcare Incident Service strictly within 14 calendar days.

1.2 Medication Storage

Medication must be stored in a manner that ensures it is clearly identifiable to the individual pupil and prevents cross-contamination.

- **Emergency Medication:** Emergency medication (e.g., Adrenaline Auto-Injectors and asthma inhalers) must be readily accessible to staff and pupils who require it. It must be stored in a clearly labelled, unlocked location and must **never** be locked away behind a cupboard or office door.
- **Controlled Drugs:** Where medication is classified as a controlled drug, it must be stored securely within a designated locked cupboard or cabinet inside a secure room – double locked.
- **Key Security:** Keys to the controlled drugs cabinet must be kept personally on the physical possession of a designated, authorised member of staff at all times during the school day. Keys must never be left unattended on hooks, in desk drawers, or in communal key boxes.
- **Non-Emergency Medication:** All non-emergency medication must be stored securely in a locked cabinet or medical room, accessible only to authorised staff.
- **Staff Medication:** Staff members who require emergency or routine medication for their own health conditions are responsible for managing their own supplies. All adult medication must be kept strictly out of reach and sight of pupils at all times (e.g., in a locked staff locker or a secure, staff-only area) and must never be left in unsecured bags or classrooms.

Medication must always be clearly labelled with:

- Pupil name
- Medication name
- Dosage instructions
- Frequency of administration

Expiry dates for all stored medications must be physically checked and logged termly as a minimum and always checked immediately prior to use.

Where refrigeration is required:

- Medication must be stored in a clearly labelled, airtight container.
- The refrigerator must be located in an area secure from unauthorised pupil access.
- The refrigerator temperature must be monitored and logged daily to ensure it remains between 2°C and 8°C.

Medication should be returned home with pupils at the end of each school term. Parents/carers are responsible for ensuring that replacement, in-date medication is provided before the start of the next term.

1.4 Disposal

Parents/carers should collect any out-of-date or no longer required medication. If medication is not collected within a reasonable timeframe, it must be taken to a local pharmacy or disposed of using a licensed clinical waste disposal contractor, in accordance with school procedures.

Where sharps are used:

- Sharps boxes must be stored on a secure, high surface or wall-mount that is completely out of reach of young children, but instantly accessible to trained staff at the point of use (e.g., immediately following insulin administration). They must not be locked inside cupboards during operational hours.
- Parents/carers should supply sharps boxes where required for specific medical procedures.
- Sharps boxes used during off-site visits must be returned safely to school, a pharmacy, or the parent/carer in a secure travel container.
- Disposal of full sharps boxes must be arranged through a licensed clinical waste disposal contractor by the Site Manager. First Aid/Admin staff to inform the Site Manager when the container requires disposal.

Records of disposal must be maintained within the local medical file, documenting the date, medication name, quantity, and method of disposal — particularly for controlled or hazardous medication.

1.5 Controlled Drugs

Controlled drugs are prescription medicines regulated under the Misuse of Drugs Act 1971. Examples may include medication used to treat conditions such as ADHD, epilepsy, or severe pain. Schools may hold controlled drugs for pupils where required for medical reasons.

The following procedures must be followed:

- Where a pupil requires controlled medication, this will normally be identified within the ***HSF 25.2 Individual Healthcare Plan (IHCP).***
- Controlled drugs must be stored securely in a locked cupboard or cabinet within a locked room, with keys managed under the strict keyholder rules defined in Section 1.3.
- Access to controlled drugs must be restricted to authorised staff only.
- A running log must be kept of all controlled drugs received, administered, and returned to parents/carers - ***HSF 25.5 Record of Controlled Drugs Administered***
- Administration of controlled drugs must be witnessed and countersigned by a second member of staff.
- On receiving new medication there is a process by which the strength of the medication is checked, counted in and logged and relevant staff informed of any changes.

Where controlled drugs are taken off-site (for example, on educational visits), the member of staff responsible for the visit must ensure:

- Secure, supervised storage of the medication during transit and at the destination.
- Accurate administration records are maintained and dual-signed by a second accompanying staff member.
- The safe return of any remaining medication following the visit.
- Any unused or out-of-date controlled drugs are handed directly back to parents/carers for disposal.

Controlled drug stock levels must be checked weekly and reconciled against administration records. Any discrepancies must be reported immediately to the Headteacher and the Health and Safety Manager.

Adult Emergency Medication (Aspirin for Suspected Heart Attacks)

In strict accordance with the Health and Safety Executive (HSE) and Resuscitation Council UK first aid guidelines, TWHF settings are permitted to maintain a secure stock of adult aspirin tablets for use during a suspected workplace cardiac emergency involving an adult. This stock is held strictly as a workplace safety exception and is subject to rigorous controls.

- This protocol applies strictly to adults (staff, visitors, and contractors). Adult aspirin must never be administered to anyone under 16 years of age.
- Emergency adult aspirin must never be stored within standard student first aid kits, childcare medical boxes, or classrooms. It must be held in a clearly labelled, secure pouch located exclusively in staff-only areas (such as the staff room or main administration office), entirely out of sight and reach of pupils.
- Administer only in the event of a suspected acute myocardial infarction (heart attack) while concurrently awaiting emergency services (999).
- If the adult is conscious and able to swallow, they should be instructed to chew one tablet immediately to ensure rapid absorption, provided there is no known history of aspirin allergy or medical contraindications.

1.6 Asthma

TWHF recognises that asthma is a common and potentially serious medical condition which affects many pupils. Schools aim to ensure that pupils with asthma are appropriately supported so that they can participate fully in school activities.

Schools will:

- Maintain ***HSF 25.6 Asthma Register*** of pupils who have been diagnosed with asthma.
- Request parents/carers to complete ***HSF 25.7 School Asthma Card***.
- Ensure that pupils have access to their inhalers at all times when required.

Asthma inhalers may be:

- Kept by the class teacher in a clearly labelled, unlocked container (Nursery and Key Stage 1), or
- Carried by the pupil (Key Stage 2 and above), where a local risk assessment confirms they are competent.
- Where pupils can self-administer their inhaler, this should normally be encouraged and documented.

Schools Emergency Asthma Inhaler
Schools may hold a generic emergency salbutamol inhaler for use in an asthma emergency. This inhaler may only be used where:

- The pupil has been diagnosed with asthma.
- The pupil's own inhaler is unavailable, empty, or cannot be located.
- Written parental consent has been obtained using ***HSF 25.9 Asthma Inhaler Letter to Parent/Carer*** – Emergency Inhaler Consent Slip.

Use of the emergency inhaler must be recorded, and parents/carers must be informed on the same working day using ***HSF 25.9 Use of School Emergency Salbutamol Inhaler*** or the EVOLVE Accident Book in secondary schools.

A register of pupils who have consent to use the emergency inhaler must be maintained and stored directly with the emergency inhaler kit. This kit must be checked monthly alongside standard first aid inspections.

Further guidance can be found in ***HSG 25.2 Guidance on the Use of Emergency Salbutamol Inhalers in Schools*** and from the NHS.

Asthma Attacks
If a pupil experiences an asthma attack, they should be assisted to use their inhaler immediately.

- The pupil should be kept calm and seated upright; they must never be left unattended or forced to lie down.
- They should be monitored closely by a trained member of staff.
- Emergency services must be contacted immediately if symptoms do not improve within 5–10 minutes, if the child has no inhaler available, or if their condition visibly worsens.
- Parents/carers must be informed immediately following any asthma attack requiring medical assistance or emergency callouts.

1.7 Contacting Emergency Services

In the event that emergency services are required, any member of staff is authorised to dial 999 immediately. Staff must not delay an emergency call to seek internal managerial permission.

- When calling 999, staff must clearly state the pupil's name, age, current symptoms, known medical conditions/allergies, and the exact entry point or gate for the school site.
- A designated staff member must be dispatched to the front site entrance to meet the ambulance and guide the crew directly to the casualty.
- Parents/carers must be notified immediately after the emergency services have been contacted.
- A copy of the pupil's IHCP, emergency medical card, and the current ***HSF 25.1/25.3*** administration log must be handed directly to the ambulance crew upon arrival.
- Once the emergency is resolved, the incident must be logged on an ***HSF 5.1 Accident/Incident Form/EVOLVE Accident book*** and escalated to the Senior Leadership Team to trigger an ***HSF 4.7 First Aid/Medical Incident Debrief Form.***

1.8 Transporting Casualty to Hospital

In the event of a medical emergency, an ambulance must be called immediately by dialling 999.

- Where an ambulance has been called for a pupil, a familiar member of staff must accompany the casualty to the hospital. They must carry the pupil's Individual Healthcare Plan (IHCP), emergency contact details, and any medication logs. The staff member must remain with the pupil until a parent, carer, or designated responsible adult arrives at the hospital.
- In the event that an adult casualty (such as a staff member, contractor, or visitor) refuses recommended hospital treatment, this decision must be formally recorded on the ***HSF 5.1 Accident Form***/EVOLVE Accident book. Where possible, the First Aider should obtain the signature of the adult casualty to confirm this decision.
- The refusal mechanism strictly does not apply to minor pupils. The school stands *in loco parentis*; if medical professionals or senior staff deem hospital transport necessary for a child's safety, emergency procedures will be enforced regardless of pupil pushback.
- Staff are strictly prohibited from transporting emergency pupil casualties in their personal vehicles. If an ambulance is critically delayed and immediate hospital transfer is deemed vital by emergency call-handlers, a commercial taxi must be utilised, and a member of staff must accompany the pupil.

- The school must ensure that appropriate staff-to-child supervision ratios remain intact for all remaining pupils on site if a staff member is required to leave for the hospital.
- Any incident resulting in hospital transport must be reported to the Health and Safety Manager on the same working day. This will automatically trigger a mandatory review using the ***HSF 4.7 First Aid/ Medical Incident Debrief Form*** on the next working day.

1.9 Educational Visits

When planning educational visits, trip leaders must conduct a thorough risk assessment considering the specific medical and dietary needs of all pupils attending. Staff facilitating off-site visits must be fully briefed on these needs and understand the nature of each condition, the required medication, explicit dosages, and exact emergency protocols.

HSF 28.8 Residential Trip Medical Information and Medication Administration

- Prior to boarding transport, the trip leader must physically check and verify that all pupils listed on the **HSF 25.6 Asthma Register** or the school Allergy Register have their in-date, personal prescribed emergency devices (e.g., inhalers, AAIs) present. If a child's life-saving medication is missing at the point of departure, they must be legally barred from leaving the site until it is provided.
- Trip leaders must pack and transport the school's generic emergency backup salbutamol inhalers and generic Adrenaline Auto-Injectors (AAIs), along with their emergency usage registers, for use on the visit.
- Emergency medication must remain un-locked, clearly labelled, and immediately accessible in the physical possession of a designated adult at all times during transit and activities. It must never be stored in coach luggage holds or locked vehicles.
- Where medication is required outside the normal school day, including during residential visits, this must be authorised in advance and recorded using the Short-Term Medication Authorisation Form.
- If the primary trained member of staff responsible for administering medication becomes unavailable during the trip, suitable alternative trained personnel must be identified and documented within the trip risk assessment. Contingency plans must also be active to handle lost or damaged medication, unexpected itinerary delays, or off-site medical emergencies.

1.10 Limitations to this Policy

This policy cannot anticipate every individual circumstance or unique medical eventuality. Staff must therefore use their professional judgement, guided by their formal training, to determine the safest and most appropriate course of action to safeguard pupils and others, taking into account the real-time information available.

Where possible, this professional judgement must be supported through immediate consultation with senior leaders, emergency medical operators, or qualified healthcare professionals. This policy does not override statutory responsibilities, safeguarding duties, or professional obligations outlined in *Keeping Children Safe in Education* or the *EYFS Statutory Framework*.

1.11 Appendices

Forms

- HSF 25.1 Short Term Medication Authorisation – Administration Form
- HSF 25.2 Individual Healthcare Plan – IHCP
- HSF 25.3 Record of Long-Term Medication Administered
- HSF 25.4 Model Letter Inviting Parents to Contribute to an Individual Healthcare Plan Development
- HSF 25.5 Record of Controlled Drugs Administered
- HSF 25.6 Asthma Register
- HSF 25.7 Asthma Card
- HSF 25.8 Asthma Record – Use of Personal Inhaler
- HSF 25.9 Asthma Inhaler Letter to Parent/Carer – Emergency Inhaler Consent Slip
- HSF 25.10 Use of School Emergency Salbutamol Inhaler
- HSF 25.11 Pupils Medical Emergency Action Plan
- HSF 25.12 Emergency Medication Log
- HSF 28.8 Residential Trip Medical Information Form

Guidance

- HSG 25.1 Supporting Pupils at School with Medical Conditions - DFE
- HSG 25.2 Guidance on the use of emergency salbutamol inhalers in schools 2015
- HSG 25.3 Asthma Poster
- HSG 25.4 Medication Flow Chart

Risk Assessments

- GRA 25.1 Medication - Risk Assessment
- GRA 25.2 Person with a Medical Condition
- GRA 25.3 Immunisation Sessions
- GRA 25.4 Whole School Medical Needs

1.12 Changes

Version	Date	Page	Change
1.5	Sept 2020	6	Medical Conditions and Medicines HSF 4.4 forms re-numbered HSF 4.7 Accident Slip for Parents/Carers
1.6	Nov 2020	8	Head Injury's HSG 4.5 Managing Head Injury Guidance
1.7	Sept 2022	5 6 7 8 8	First Training requirement updates point 2-4 Secondary school to enter all ICP and all issuing of medication on EVOLVE accident book database Non-prescription medication Contacting the H&S Manager if you suspect a RIDDOR Saving of minor injuries Head injury recording requirements
1.8	Sept 2024	1.1 1.3 1.4 1.5 1.6 1.7 1.12 	**Secondary school Pupils carrying medication** Pupils may carry a single dose of paracetamol or ibuprofen (2 tablets) in their bags. Prescribed medication must be authorised and administered through the Admin team. School trips – recording medication - **Updated** Allergies and Anaphylaxis - **New** Asthma - **New** Individual Health Care Plan - **updated** Short term authorisation and administration - **Form amended** Controlled drug administration - **Form amended** Long Term administration - **Form amended** BSACI - Allergy Action Plan-Epi Pen **– New** Emergency Medication Log **– New**

1.9	Sept 2026	Full Policy review 1.5 1.9 GRA 25.1 GRA 25.2 GRA 25.3 GRA 25.4 HSF 25.1 HSF 28.8	Medication removed from HSP 4 and is now a stand-alone Policy – complete re-write and re-reference of associated documents Adult aspirin – for emergency heart attack – **treat as a controlled drug** A back up inhaler must be taken on school trips Addition of Aspirin being available as emergency medication Full review/re-write – **adding OFSTED reporting in EYFS/Nursery and wrap around care** Full Review Immunisation RA **– New** Whole School Medical Needs – **New** **Short term medication form undated – 14 days of medication** Residential Trip Medical Information Form - **New**