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Administering Medication Policy

#SG20

**Last amended 10th April 2025**

**To be reviewed no later than December 31st 2026**

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**Common abbreviations and acronyms**

|  |  |  |  |
| --- | --- | --- | --- |
| **AA** | Admissions Authority | **GIAS** | Get Information about Schools |
| **AAI** | Adrenaline Auto-Injector (Epi Pen) | **GPA** | Government Procurement Arrangement |
| **ACM** | Asbestos Containing Materials | **HASH** | Herefordshire Association of Secondary Heads |
| **AFH** | Academies Financial Handbook | **HBV** | Honour Based Violence |
| **AHT** | Assistant Headteacher | **HR** | Human Resources |
| **AIR** | Attendance Intervention Reviews | **H&S** | Health and Safety |
| **APIs** | Application Programme Interfaces | **HoS** | Head of School |
| **BAME** | Black, Asian and Minority Ethnic Backgrounds | **HSE** | Health and Safety Executive |
| **BCP** | Business Continuity Plan | **ICO** | Information Commissioners Office |
| **BFR** | Budget Forecast Return | **IHP** | Individual Healthcare Plan |
| **CAMHS** | Child and Adolescent Mental Health Services | **IRMS** | Information and Records Management Society |
| **CEO** | Chief Executive Officer | **IWF** | Internet Watch Foundation |
| **CFO** | Chief Financial Officer | **KCSIE** | Keeping Children Safe in Education |
| **CIF** | Condition Improvement Fund | **KS1/2/3/4** | Key Stage 1/2/3/4 |
| **CIN** | Child in Need | **LAC** | Looked After Child |
| **CLA** | Children Looked After | **LADO** | Local Authority Designated Officer |
| **CMIE** | Child Missing in Education | **LGB** | Local Governing Body |
| **COO** | Chief Operating Officer | **LLC** | Low-Level Concerns |
| **COSHH** | Control and Substances Hazardous to Health | **LSA** | Learning Support Assistants |
| **CP** | Child Protection | **MASH** | Multi-Agency Safeguarding Hub |
| **CPD** | Continuing Professional Development | **MAT** | Multi-Academy Trust |
| **CSCS** | Children’s Social Care Services | **MFA** | Multi-Factor Authentication |
| **CSE** | Child Sexual Exploitation | **MFL** | Modern Foreign Language |
| **CTIRU** | Counter-Terrorism Internet Referral Unit | **NCSC’s** | National Cyber Security Centres |
| **CWD** | Children with Disabilities | **NPQEL** | National Professional Qualification in Executive Leadership |
| **DBS** | Disclosure and Barring Service | **PA** | Persistent Absence |
| **DDSL** | Deputy Designated Safeguarding Lead | **PAN** | Published Admission Number |
| **DfE** | Department for Education | **PECR** | Privacy and Electronic Communications Regulations |
| **DHT** | Deputy Headteacher | **PEP** | Personal Education Plan |
| **DSE** | Display Screen Equipment | **PEEP** | Personal Emergency Evacuation Plan |
| **DSL** | Designated Safeguarding Lead | **PEx** | Permanent Exclusion |
| **DPO** | Data Protection Officer | **PLAC** | Previously Looked After Child |
| **EAL** | English as an Additional Language | **PP** | Pupil Premium |
| **ECT** | Early Career Teacher | **PSHE** | Personal, Social and Health Education |
| **EHA** | Early Help Assessment | **PSED** | Public Sector Equality Duty |
| **EHCNA** | Education, Health and Care Needs Assessment | **PTFA** | Parent, Teacher and Friends Association |
| **EHCP** | Education, Health and Care Plan | **RHE** | Relationships and Health Education |
| **EHE** | Elective Home Education | **RSHE** | Relationships, Sex and Health Education |
| **ELSA** | Emotional, Literacy and Support Assistant | **SALT** | Speech and Language Therapist |
| **ELSI** | Executive Leader for Safeguarding and Inclusion | **SARC** | Sexual Assault Referral Centre |
| **ESFA** | Education and Skills Funding Agency | **SBM** | School Business Manager |
| **EVC** | Educational Visit Coordinator | **SCCs** | Standard Contractual Clauses |
| **EWO** | Education Welfare Officer | **SDQ** | Strengths and Difficulties Questionnaire |
| **EYFS** | Early Years Foundation Stage | **SEMH** | Social, Emotional, and Mental Health |
| **FBV** | Fundamental British Values | **SENCO** | Special Educational Needs Coordinator |
| **FGM** | Female Genital Mutilation | **SEND** | Special Educational Needs and Disabilities |
| **FOI** | Freedom of Information | **SLA’s** | Service Level Agreements |
| **FSM** | Free School Meals | **STEM** | Science, Technology, Engineering and Maths |
| **FTS** | Find a Tender Service | **TA** | Teaching Assistant |
| **GAG** | General Annual Grant | **TCAT** | Three Counties Academy Trust |
| **GDPR** | General Data Protection Regulation | **VSH** | Virtual School Headteacher |
| **RIDDOR** | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |  |  |

**Statement of intent**

Three Counties Academy Trust (TCAT) and our schools will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils’ medication.

TCAT is 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.

**NB. Where the term “parent” or “parents” is used this includes those who act as carers or have parental responsibility.**

# 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’

Where legislation has been passed or updated during the shelf life of this policy, we will always apply the latest version available irrespective of the version quoted here.

This policy operates in conjunction with the following policies:

* Supporting Pupils with Medical Conditions Policy (SG4)
* First Aid Policy (HS2)
* Records Management Policy (FI2)
* Allergen and Anaphylaxis Policy (SG17)
* Complaints Policy and Procedure (GN9)

Central TCAT policies have the policy number identified, e.g. “SG1”. Where no policy number is identified this indicates the policy is a school specific policy available from an individual TCAT school’s website.

# Roles and responsibilities

The Trust Board will be 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 in order 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 TCAT’s Complaints Policy and Procedures

The Executive Headteacher/CEO and Headteacher/Heads of School are 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 TCAT and schools 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 onto TCAT premises
* 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.

# Training staff

The Executive Headteacher/CEO in collaboration with the TCAT Central Team, will ensure that a sufficient number of 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 Executive Headteacher/CEO in collaboration with the TCAT Central Team, will also ensure that a sufficient number of 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. TCAT 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 TCAT and their school, e.g., the school nurse.

Training will also cover the appropriate procedures and courses of action with regard to 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.

**Training for administering AAI’s**

TCAT will arrange specialist training for staff on an annual basis with refresher courses as necessary where a pupil in a TCAT school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAI’s will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

* How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis
* Where to find AAIs in the case of an emergency
* The dosage correlates with the age of the pupil
* How to respond appropriately to a request for help from another member of staff
* How to recognise when emergency action is necessary
* Who the designated staff members for administering AAIs are
* How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members
* How to make appropriate records of allergic reactions

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times.

# 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 by an appointed member of the administration team; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of sixteen. A signed copy of the parental consent form will be kept in a folder 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 only if the medication regime changes or there is a change of phase.

The school will only store and administer prescribed medication where it has been prescribed as a minimum of four times per day or must be taken without exception at a specified time within the normal school day. Where possible, prescribed medicines should be retained and administered at home. The school will store a reasonable quantity of medication at any one time and will be returned to parents if it passes its viable use by date. 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**

Each TCAT 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.

Each school will ensure that pupils know where their medication is at all times 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 dates
	+ The times (specific or window) at which the medication should be dispensed
* Stored alongside the accompanying administering medication parental consent form

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

Where medication can not be dispensed at the allocated time or outside the acceptable delivery window, staff must contact parents to alert them and seek further advice before dispensing.

**Disposing of pupils’ medication**

TCAT and our schools 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.

# 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 as far as possible within each TCAT school. The Headteacher/Head of School will decide on the most appropriate location for their school and communicate this to all appropriate staff involved in the administration of medication.

The room/area 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 TCAT 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 without delay so that alternative options can be considered in all instances.

TCAT 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 TCAT’s Records Management Policy.

# Medical devices

**Asthma inhalers**

Each TCAT school will allow pupils who are capable of carrying their own inhalers to do so, provided that parental consent for this has been obtained. Each 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.

**AAI’s**

Each Trust school will allow pupils who are capable of carrying their own AAIs to do so, provided that parental consent for this has been obtained. Each 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 AAIs are not located more than two minutes away from where they may be required. The Headteacher/Head of School will decide on the most appropriate location for their school to store spare AAIs and communicate this to all staff.

There will be a stock of AAI’s, which are replenished when used, within locations where there is a greater risk of anaphylaxis occurring. Each TCAT school will ensure that risk assessments regarding the use and storage of AAIs 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 AAIs in emergency situations. The spare AAI’s 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. Where the medical advice is to administer a spare AAI to a pupil who does not have parental consent and all reasonable attempts to establish parental consent have been exhausted, then the medical advice will be followed.

Pupils’ and spare AAI’s will be obtained, stored, and administered in line with TCAT’s Allergen and Anaphylaxis Policy.

# IHPs

For pupils with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parent, the Headteacher/Head of School, 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 Trust Board will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by a designated staff member.

# Educational trips and visits

In the event of educational trips and visits which involve leaving TCAT 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 of time, 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.

# Medical emergencies

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

For all emergency medication stored by a TCAT school, the school will ensure it is readily accessible to staff and the pupil who requires it. For all emergency medication kept in the possession of a pupil, e.g., AAI’s, the school will ensure that pupils are told to keep the appropriate instructions with the medication at all times. A spare copy of these instructions will be kept by the school in the same location as medication is stored.

# Monitoring and review

This policy will be reviewed in line with the published schedule at the front of this document and at any point material changes require it by the Executive Headteacher/CEO in collaboration with the Board appointed Trustee, the Trust Board and Executive and Senior Leadership.

Any changes made to the policy will be amended by the Executive Headteacher/CEO and will be communicated to Executive Leaders, the TCAT Central Team and to Headteachers/Heads of School, who, in turn, will alert school-based staff.

The next scheduled review date for this policy is 31st December 2026.

|  |
| --- |
| Signed by: |
|  | Executive Headteacher/CEO | Date: |  |
|  | Board appointed Trustee | Date: |  |

# Appendix A:

**Administering medication parental consent form**

As a Three Counties Academy Trust School, we will not give your child medication unless you complete and sign this form.

|  |  |
| --- | --- |
| **Name of pupil and D.O.B.** |  |
| **School** |  |
| **Class or Form group** |  |
| **Medical condition or illness** |  |
| **Prescribed medication**  |  |
| **Name and/or type of medication as described on the container** |  |
| **Date dispensed** |  |
| **Expiry date** |  |
| **Agreed review date** |  |
| **Review to be initiated by** |  |
| **Dosage, timing, and method of administration**  |  |
| **Special precautions** |  |
| **Likely side effects** |  |
| **Self-administration** | **Yes** | **No** | Other information:  |
| **Additional details** |  |
| **Parent/Carer Signature** |  |
| **Date** |  |

# Appendix B:

**Important note:** *This risk assessment identifies typical examples and controls to illustrate how schools may manage certain risks. These can be used as a guide to think about hazards in your school and the steps needed to manage those risks. In order to be compliant with the law and protect your community, you must consider the specific hazards and controls your school needs and* ***must not*** *use this template without assessing your school’s risks.*

**Name of school**

|  |  |  |
| --- | --- | --- |
| Assessment conducted by:  | Job title:  | School:  |
| Date of assessment: | Review interval:  | Date of next review:  |
|  |  |  |
| **Risk rating** | **Likelihood of occurrence** |
| **Probable** | **Possible** | **Remote** |
| **Likely impact** | **Major:** Causes major physical injury, harm or ill health. | High (H) | H | Medium (M) |
| **Severe:** Causes physical injury or illness requiring first aid. | H | M | Low (L) |
| **Minor:** Causes physical or emotional discomfort. | M | L | L |

| Area for concern | Risk rating prior to actionH/M/L | Recommended controls | In place?Yes/No | By whom? | Deadline | Risk rating following actionH/M/L |
| --- | --- | --- | --- | --- | --- | --- |
| Awareness of policies and procedures |  | * The school has due regard to, and meets its duties outlined in, legislation and statutory guidance, including, but not limited to the following:
	+ Equality Act 2010
	+ Children and Families Act 2014
	+ The Human Medicines (Amendment) Regulations 2017
	+ DfE (2015) ‘Supporting pupils at school with medical conditions’
	+ DfE (2017) ‘Using emergency adrenaline auto-injectors in schools’
* The school and all relevant staff members have due regard to the following policies and procedures:
	+ **Administering Medication Policy**
	+ **Supporting Pupils with Medical Conditions Policy**
	+ **First Aid Policy**
	+ **Records Management Policy**
	+ **Allergen and Anaphylaxis Policy**
	+ **Complaints Policy and Procedures**
	+ **Behaviour Policy**
* Procedures are employed to ensure that individual pupils’ medical records are kept up-to-date and filed correctly.
* Individual risk assessments are undertaken for specific medical conditions.
* The **Headteacher/Head of School**, **SLT** and **Local Governing Body** ensure this risk assessment is communicated to, and understood by, all relevant staff members.
 | **Y** | **Headteacher/Head of School** | **XX.XX.XX** | **M** |
| Staff training |  | * The school ensures that sufficient numbers of staff are trained in the administration of medication and that there is always a sufficient number of trained staff available on site.
* All responsible staff members undertake training on administering medication, including in emergency situations.
* Staff are informed that they are under no obligation to administer medication and undertake relevant training and that this is a voluntary decision unless it is central to their role, e.g. the school nurse.
* Staff only administer medication if they are appropriately trained and feel comfortable and confident doing so.
* Emergency services are contacted in situations where necessary, e.g. if lifesaving treatment is required.
* Where necessary, responsible staff members receive training in the treatment of specific medical conditions and the procedures to follow in the event of the associated potential medical emergency.
* Training is updated as required and at least **annually**.
* Staff members appointed as first aiders are trained in the use of CPR and defibrillators.
* Staff members are aware of and follow procedures where a dose may be delayed or missed.
 |  |  |  |  |
| Storage and disposal of medication |  | * Medicines are stored alongside the following records:
	+ Parental consent
	+ Medical administration record (MAR) sheets
	+ Information relating to each medicine including how to administer it and how frequently
* Medication is not administered if the records listed above are not present.
* Medication is stored appropriately according to the instructions, and in a secured location.
* Emergency medications, e.g. inhalers, are kept with the pupil as long as they are able to self-administer.
* Pupils, parents and relevant staff members are aware of where the medication is at all times and are able to access it immediately.
* Out-of-date medication and containers are returned to the pupil’s parents to be returned to the medical professional who prescribed them.
* Needles and other sharps are disposed of safely.
* The school only accepts prescribed medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage.
* Pupils who are prescribed controlled drugs are permitted to hold these in their possession if they are competent to do so.
 |  |  |  |  |
| Administering medication |  | * Parental consent is obtained via a form sent out to all parents of pupils under 16 with medical conditions prior to the administration of any medicines.
* Medicines are only administered at school where it would be detrimental to a child’s health or attendance not to do so.
* Pupils under 16 are never given medication containing aspirin unless evidence of the prescription is provided by a doctor.
* Medication is never administered before checking the maximum dosages and when the previous dose was taken.
* Pupils who are able to do so are allowed to self-administer their medication; however, they must not pass this on to others.
* Pupils who pass on medication to others are disciplined in line with the **Behaviour Policy**.
* Medication is always administered in accordance with the prescriber’s instructions.
* Personal protective equipment (PPE) is made available to staff members administering medication.
* Facilities are available for staff members and pupils who are self-administering their own medication to wash their hands and clean any equipment before and after administering any medication.
* Before administering medication, the responsible staff members check:
	+ The pupil’s identity.
	+ That the relevant records are present.
	+ 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 pupil has not already been given the medication within the accepted frequency of dosage.
* Medication is not administered if the responsible staff member notices any concerns, e.g. side effects, and the pupil’s parents are notified without delay.
* If a pupil is unable, or refuses, to take medication, this is noted on the MAR sheet and the pupil’s parents are notified without delay.
 |  |  |  |  |
| Medical devices |  | * Medical devices such as inhalers, blood glucose testing meters and adrenaline pens are always readily available and kept with the pupil as long as they are able to self-administer and have consent from their parents if they are under 16.
* Spare inhalers are kept safe and secure and made available immediately upon request; however, pupils are also permitted to carry spare inhalers.
* Adrenaline pens are stored and administered in accordance with the school’s **Allergen and Anaphylaxis Policy** and risk assessment.
* Following the procurement of a defibrillator, the school notifies the local NHS ambulance service of its location.
* The school maintains an **Automated External Defibrillator (AED) Maintenance Record**.
 |  |  |  |  |
| IHPs |  | * The school’s **Administering Medication Policy** covers the role of IHPs and who is responsible for their development.
* IHPs clearly indicate what medication should be administered and by whom.
* IHPs are created in collaboration with the pupil, their parents and relevant healthcare professionals and provide clear information on the management and administration of medicines.
 |  |  |  |  |
| School trips |  | * Prior to departing for school trips, the school ensures the following:
	+ Pupils have taken any medication required before departure
	+ Pupils are in possession of required medicines and devices, e.g. inhalers, blood glucose testing meters and adrenaline pens
	+ Other medication is held by a responsible member of staff alongside the relevant records and documents, and the pupil is aware of who this is
	+ Emergency contact details are readily available
* The school ensures that safe arrangements are in place to actively support pupils with medical conditions to participate in school trips and visits, and not prevent them from doing so.
* Responsible staff members are aware of how a pupil’s medical condition might impact their participation in school trips.
* Adjustments are made as required unless evidence from a medical professional states that this is not possible.
* Risk assessments are carried out in relation to pupils with medical conditions on school trips to implement planning arrangements that take account of any steps required to ensure that pupils with medical conditions are included safely, including taking into consideration the management of medication.
 |  |  |  |  |
| Emergencies |  | * The **Trust Board** ensures that the school’s **Administering Medication Policy** sets out what should happen in emergency situations.
* Arrangements are in place for dealing with emergencies and are communicated to all staff, pupils and parents.
* Pupils’ IHPs clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
* Pupils are aware of what to do in general terms, e.g. informing a teacher where help is needed.
* Where a pupil needs to go to hospital, a responsible staff member stays with them until their parent arrives, or accompanies them in the ambulance where necessary.
* The school understands the local emergency services cover arrangements and ensures that the correct information is provided for navigation systems.
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| Record keeping and communication |  | * The school keeps MAR sheets for each pupil, stating what, how and how much medication was administered, when and by whom.
* Records are kept of any side effects of the medication.
* The **Local Governing Body** ensures written records are kept of all medicines administered to pupils.
* Parents are informed if their child has been unwell at school.
* The school ensures it communicates effectively with pupils, parents and relevant healthcare professionals regarding the management of medicines.
* Emergency contact details of all pupils with medical conditions are readily available at all times.
* The school also ensures the following documents are correctly maintained:
	+ IHPs
	+ Parental consent
	+ Records of medicine administered to each pupil
	+ Staff training records
	+ Records of contacting emergency services
 |  |  |  |  |