



# Upper Nidderdale Primary Federation

## **MANAGING MEDICINES POLICY**

Policy:	Managing Medicines
This Policy was approved:	September 2025
This Policy will be reviewed:	September 2026
Governor committee responsibility:	Headteacher

This policy sets out the steps that the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school. This has been written in conjunction with the most up to date NYC Administration of Medications Policy, Supporting Children and Young People with Medical Conditions Policy, and DfE Guidelines.

## **1. Managing prescription medicines, which need to be taken during the school day**

1.1 Parents should provide full information about their child's medical needs.

1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day, or they have been specifically prescribed to be taken four times a day.

Medicines (such as antibiotics) required to be given 3 times a day should not be given in school as they can be given before and after school and in the evening.

### **1.3 Non-prescribed medication**

Non-prescribed medication can only be administered in school where it is absolutely essential to the child's health and where it cannot be taken outside of school hours.

When non-prescribed medicine is administered it must be done only when we have a completed **Parental Agreement for school to administer medicine** form, and an **Administration of Medication Record** must be completed and kept on file (*Appendix 14*). The Headteacher (or Deputy Head Teacher when Headteacher is not available) must be informed of all cases and these must be added onto CPOMS.

The school should ensure they treat the non-prescribed medication **the same as if it were prescribed i.e. checking the packaging, expiry date, dosage, administration instructions, correct storage etc.**

Non-prescribed medication should be provided by the parents. School will not routinely hold their own stocks of medication.

#### **Situations where non prescribed medication can be administered:**

- Where the healthcare professionals – Doctors, Nurses, Dentists have provided a letter to advise that the child requires the medication, but that they no longer prescribe it.
- Where a parent has provided written consent and given the reason for the medication, dosage, time of administering, etc (in exactly the same way as for prescribed medication). This includes, throat lozenges, nasal sprays, medicinal skin creams, etc.

Medicine for pain relief should never be administered without first checking maximum dosages and when the last dose was administered. Parents should be informed via a phone call and this should be followed up by an email when pain relief is given. This must also be entered onto CPOMS.

1.4 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin)

are controlled by the Misuse of Drugs Act. Members of staff may administer a controlled drug, in accordance with the prescriber's instructions. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access (Headteacher, Administrator and First Aider). Misuse of a controlled drug is an offence, and will be dealt with under the school's code of conduct and NYC misuse of drugs policy.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration.

In all cases, the **Parental Agreement for school to administer medicine** form must be kept in the school **Medication Administration File**, which is kept in the clearly labelled, locked cupboard in either the main school office, or First Aid room, and must include the following information:

- ☐ Name of child
- ☐ Name of medicine
- ☐ Dose
- ☐ Method of administration
- ☐ Time/frequency of administration
- ☐ Any side effects
- ☐ Expiry date

1.7 The school will refer to the DFE guidance document when dealing with any other particular issues relating to managing medicines.

## **2. Procedures for managing prescription medicines on trips and outings and during sporting activities**

2.1 The school will consider what reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely on visits.

This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DFE guidance on planning educational visits.

2.3 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.

2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be

made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

2.5 The school will cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

### **3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines**

3.1 Close co-operation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The office staff will take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

3.4 The school will designate a minimum of two people to be responsible for the administering of medicine to a child.

3.5 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.6 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and parents will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.

### **4. Parental responsibilities in respect of their child's medical needs**

4.1 It is the parents' responsibility to provide the Headteacher and staff responsible for medical care in school, with sufficient information about their child's medical needs, if treatment or special care is needed.

4.2 Parents are expected to work with the Headteacher and staff responsible for medical care in school to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

4.3 The Headteacher and staff responsible for medical care in school should have parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

4.4 If parents have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the doctor, the school nurse or the health visitor, as appropriate.

4.5 It is the parents' responsibility to keep their children at home when they are acutely unwell.

4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.

4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

4.8 It is the responsibility of the child's parent/carer to ensure all medications provided to school are within their expiry dates and to provide replacement medication before the medication required expires.

## **5. Assisting children with long-term or complex medical needs**

5.1 Where there are long-term medical needs for a child, a Health Care Plan should be completed, involving both parents and relevant health professionals.

5.2 A Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.

5.3 The school will agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

5.4 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.

5.5 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.6 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- ☐ Headteacher
- ☐ Parent or carer
- ☐ Child (if appropriate)
- ☐ Early Years Practitioner/Class Teacher - Primary schools (Form Tutor/Head of Year - secondary schools)
- ☐ Care assistant or support staff
- ☐ Staff who are trained to administer medicines
- ☐ Staff who are trained in emergency procedures

5.7 The school/setting will consult the DFE publication 'Managing Medicines in Schools and Early Years Settings' when dealing with the needs of children with the following common conditions:

- ☐ Asthma
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Anaphylaxis

## **6. Policy on children carrying and taking their prescribed medicines themselves**

Examples of this would be a child with asthma needing to use an inhaler, or a child needing to administer medication for diabetes.

6.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines.

6.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Details of medication needs and where medicines are kept are available on the Medical Information Summary kept in the office, in class vulnerable pupil files, in all first aid bags and when relevant, for clubs and trips.

6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody.

Staff will supervise the child when they are administering the medication. Pupils could access them for self-medication if it was agreed that this was appropriate. This will be agreed by the Headteacher, and all staff informed.

## **7. Staff support and training in dealing with medical needs**

7.1 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on Headteachers to ensure that their staff receive the training. The Headteacher will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents are aware of the policy and procedures for dealing with medical needs.

7.2 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.

7.3 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

7.4 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

7.5 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

7.6 The school will ensure that there are sufficient members of support staff who manage medicines as part of their duties.

7.7 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

7.8 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

## **8. Record keeping**

8.1 Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, the school will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of the medication, or by a supporting letter from a medical professional.

8.2 Parents are required to complete a Parental Agreement for school to administer medicine form (which includes permission for the child to self-administer the medication, if applicable). This is required for all medication to be administered at school. These forms should be completed and delivered personally, to a member of school office staff, by the consenting parent/carer. The Headteacher, Base Leader, First Aider or Business Manager must sign in agreement before any prescribed medication can be administered. In all instances, the Headteacher must be notified by CPOMS.[JF1]

8.3 For ongoing more complex medical conditions, a Medical Care Plan will be completed, to be signed by the consenting parent/carer.

8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting and to ensure medication held in school is within its expiry date. It is not the school's responsibility.

8.5 During the Autumn Term all medical records held in school will be checked for accuracy with the parent and updated where needed. The Administrator and First Aider will do this.

8.6 New children enrolled to the school will receive medical information forms alongside consent forms.

8.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, or the staff involved in the administration of it, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. This school will keep a log of all medicines given.

## **9. Safe storage of medicines**

9.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child, or written consent from the parent has been obtained for non-prescription medication.

9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature - and must be in the original container in which they were dispensed.

9.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

9.5 Non-healthcare staff will never transfer medicines from their original containers.

9.6 Children will be informed where their own medicines are stored and who holds the key.

9.7 Schools may allow children to carry their own inhalers. They are kept in the **first aid bag** in each class. At all schools within the Federation, this applies to children in Key Stage 2 only.

9.8 All emergency medicines, such as asthma inhalers and adrenaline pens, will be available to the children who they are prescribed for. Emergency medicine is kept **in or on top of the medicine cabinet at Glasshouses (the key being on the top) and in the first aid room on the shelf next to the medicine cabinet at St Cuthbert's.**

9.9 An emergency inhaler is available, in the First Aid cabinet and/or First Aid room, for use in an emergency situation when the child's own inhaler is not accessible for any reason. An emergency inhaler **must also be** available for trips. If used, staff must inform the member of staff responsible for the administration of medicines. A record of 'Salbutamol Inhaler Administration' will be kept in the Medication Administration folder, which is kept in the main office and parents informed of its use. This is applicable to the child's own inhaler use too.

9.10 Other non-emergency medicines will be kept in a secure place not accessible to children.

9.11 A few medicines need to be refrigerated. They will be kept in a refrigerator in the main office/First Aid room. The fridge does/may contain food but medication will be in an airtight container and clearly labelled. There will be restricted access to any refrigerator holding medicines.

9.12 Access to Medicines – Some children with complex needs may need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

## **10. Disposal of Medicines**

10.1 The school will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

10.2 Parents should also collect medicines held at the end of each term, if required, and certainly when expired. They will be contacted and asked to collect when needed. If parents do not collect expired medicines, they will be taken to a local pharmacy for safe disposal.

10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

## **11. Hygiene and Infection Control**

11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

11.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **12. Access to the school emergency procedures**

12.1 As part of general risk management processes the school will have arrangements in place for dealing with emergency situations.



12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.

12.3 All staff should know how to call the emergency services.

12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.

12.5 A member of staff will always accompany a child taken to hospital by ambulance, if the parent is unable to arrive in school before the ambulance needs to leave and will stay until the parent arrives.

12.6 Health professionals are responsible for any decisions on medical treatment when parents are not available.

12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

12.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.

12.10 Individual Health Care Plans will include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

### **13. Risk assessment and management procedures**

This policy will operate within the context of the school/setting's Health and Safety Policy.

13.1 The school will ensure that risks to the health of others are properly controlled.

13.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

13.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

### **14. Application of Sun Cream**

14.1 Staff are not permitted to apply sun cream to children. The school encourages parents to apply sun cream, as appropriate, on the morning prior to school. Children in Early Years may be helped, if a written consent form is provided by parents allowing staff to help.

14.2 Children are permitted to apply their own sun cream (as provided by the parent/carer and if it is clearly labelled with the child's name). They are not permitted to share others' sun cream.

#### **Linked policies:**

- Educational Visits Policy
- Child Protection Policy



## Upper Nidderdale Primary Federation Administration of Medication Record

Sheet number: ..... (in chronological order)

<b>School</b>		
<b>Name of CYP</b>		<b>DOB:</b> <b>Class/form:</b>
<b>Name of medication</b>		<b>Formula</b> e.g. tablets, liquid, cream, lozenges
<b>Quantity received from parent</b>		
<b>Quantity returned to parent</b>		
<b>Dosage and times</b>		
<b>Any special instructions</b>		

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising (please print)	Signature of person(s) administering / supervising	Parent called and follow up email sent to confirm medication administered