



Learn-AT
Learning ~ Fellowship

Medication and Management Procedures Policy

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Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire Partnership groups/healthcare professionals.

Learn Academies Trust will be responsible for developing and regularly reviewing its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.

1. Learn Academies Trust schools will:

- 1.1. Administer prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs.
- 1.2. be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually.
- 1.3. ensure that emergency procedures are in place and shared with all staff
- 1.4. ensure that all staff are aware of what practice is not acceptable
- 1.5. ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- 1.6. ensure that written records are kept of all medicines administered to pupils

2. Responsibilities

Trust and schools

- 2.1. The Board of Trustees and staff of Learn Academies Trust (Learn-AT) wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- 2.2. Learn-AT schools should ensure that:
 - 2.2.1. sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.
 - 2.2.2. arrangements are in place to support pupils with medical conditions in school, including making sure that this policy is implemented.

- 2.2.3. pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

Headteacher

- 2.3. The headteacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day and should ensure that:
- 2.3.1. all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupil's conditions.
 - 2.3.2. sufficient professionally trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
 - 2.3.3. staff administering medicine are provided with a clear health plan and support as required.
 - 2.3.4. there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
 - 2.3.5. if a child who has a medical condition that may require support at school has not yet been brought to the attention of the school nurse, the school nursing service is contacted.
 - 2.3.6. the controlled drug administration register is kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher, and reported to the Police/Local Intelligence Network. Guidance on this should be sought from healthcare professionals.

School Staff

- 2.4. When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- 2.5. Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer.
- 2.6. Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.
- 2.7. Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary
- 2.8. If staff have any concerns related to the administration of a medication,

staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.

- 2.9. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

School Nursing System and Healthcare Professionals ((including GPs, paediatricians, nurse specialists/ community paediatric nurses)

- 2.10. Should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- 2.11. May provide advice on developing healthcare plans.
- 2.12. Specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g. asthmas, diabetes, epilepsy).
- 2.13. Should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed.
- 2.14. Should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school.
- 2.15. Can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training.
- 2.16. Can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.

Pupils and Parents

- 2.17. Where possible, pupils will be encouraged to self-administer their own medication
- 2.18. Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school parent/carer meetings and/or prospectus/school website information
- 2.19. On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. **This information should be renewed annually.**
- 2.20. An Individual Healthcare Plan will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designed named member of school staff, specialist nurse (where appropriate) and relevant healthcare services

- 2.21. A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves

3. Refusal

- 3.1. If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet.
- 3.2. The school will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

4. Medication

- 4.1. Forms for medication can be found [here](#)
- 4.2. No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.
- 4.3. Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.
- 4.4. Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line.
- 4.5. The school should not hold stock of over-the-counter medications.
- 4.6. Aspirin MUST NOT be given to children under 16 years of age unless prescribed.
- 4.7. Parents/carers should be asked to collect all medications/equipment at the end of each school term, and to provide new and in date medication at the start of each term.

5. Controlled Drugs

- 5.1. Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school – the school will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs

Regulations 2001, to ensure that all legal requirements and best practice are adhered to.

- 5.2. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
- 5.3. Monitoring arrangements may be necessary. The school should have addressed misuse of drugs' and have procedures in place. This may be covered in the school's health and safety policy. For example, where pupils pass their medication to other pupils.
- 5.4. Storage: the medication should be double locked, i.e. in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- 5.5. Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.
- 5.6. A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours.
- 5.7. Additional training should be provided to the identified staff.
- 5.8. Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.
- 5.9. Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication.
- 5.10. The school will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

6. Storage of medication

- 6.1. Medication should be kept in a known, safe, and secure location.
- 6.2. A designated refrigerator in an appropriate location i.e. medical room (lockable is preferred) will be available for cold storage. This will be strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed. Temperature checks carried out daily and recorded.

- 6.3. Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs
- 6.4. Parents/carer are responsible for ensuring that the education setting has an adequate amount of medication for their child
- 6.5. The school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.
- 6.6. **Inhalers** will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP

7. Record Keeping

- 7.1. Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should follow the template provided by the DfE and include the pupil's name, age, and class, contact details of the parent/carer and GP
- 7.2. Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate.
- 7.3. Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school.

8. Emergency Medication

- 8.1. In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- 8.2. The school may choose to hold an emergency inhaler for use by pupils who have been diagnosed with **asthma** and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.
- 8.3. The school may choose to hold an emergency auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector.
- 8.4. Written parental consent for emergency medication use will be obtained using the Consent form and a copy of this should be kept with the emergency medication and will form part of the child's IHCP.
- 8.5. If there is an emergency situation where consent has not been received, either for a pupil with **diagnosed asthma**, or for a pupil with no previous

history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.

- 8.6. Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.
- 8.7. If a pupil is going into **anaphylactic shock**, the emergency services will be called immediately.
- 8.8. If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest **anaphylactic shock** is occurring, the emergency services will be called.
- 8.9. If advised to do so by the emergency services, another pupil's autoinjector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded. The school should inform the emergency services that an emergency adrenaline auto-injector is in the school.

9. Return of Medication and or disposal, including Sharps Bins and Medication Errors

- 9.1. Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g. Insulin. These should be returned to the pupil / parent as per 'sharps guidelines (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g. for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).
- 9.2. Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken,

and a signature is obtained from the receiving pharmacist.

10. Complaints Procedure

- 10.1. The school will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.
- 10.2. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- 10.3. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the school has breached the terms of its Funding Agreement (the contractual relationship between the academy and the Department for Education) or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

11. Transport, School Trips, Visits and Sporting Events

- 11.1. Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Please refer back to your internal EVC policy.
- 11.2. Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.
- 11.3. For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.
- 11.4. Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an

emergency) they must receive training and support and fully understand what procedures and protocols to follow.

- 11.5. Appropriate trained escorts if they consider them necessary to be available for the journey. This may include drivers having basic first aid training as part of their role.
- 11.6. This should be agreed and documented with the school, the parent, and the transport/driver.

Appendix A: Medicine Consent Form

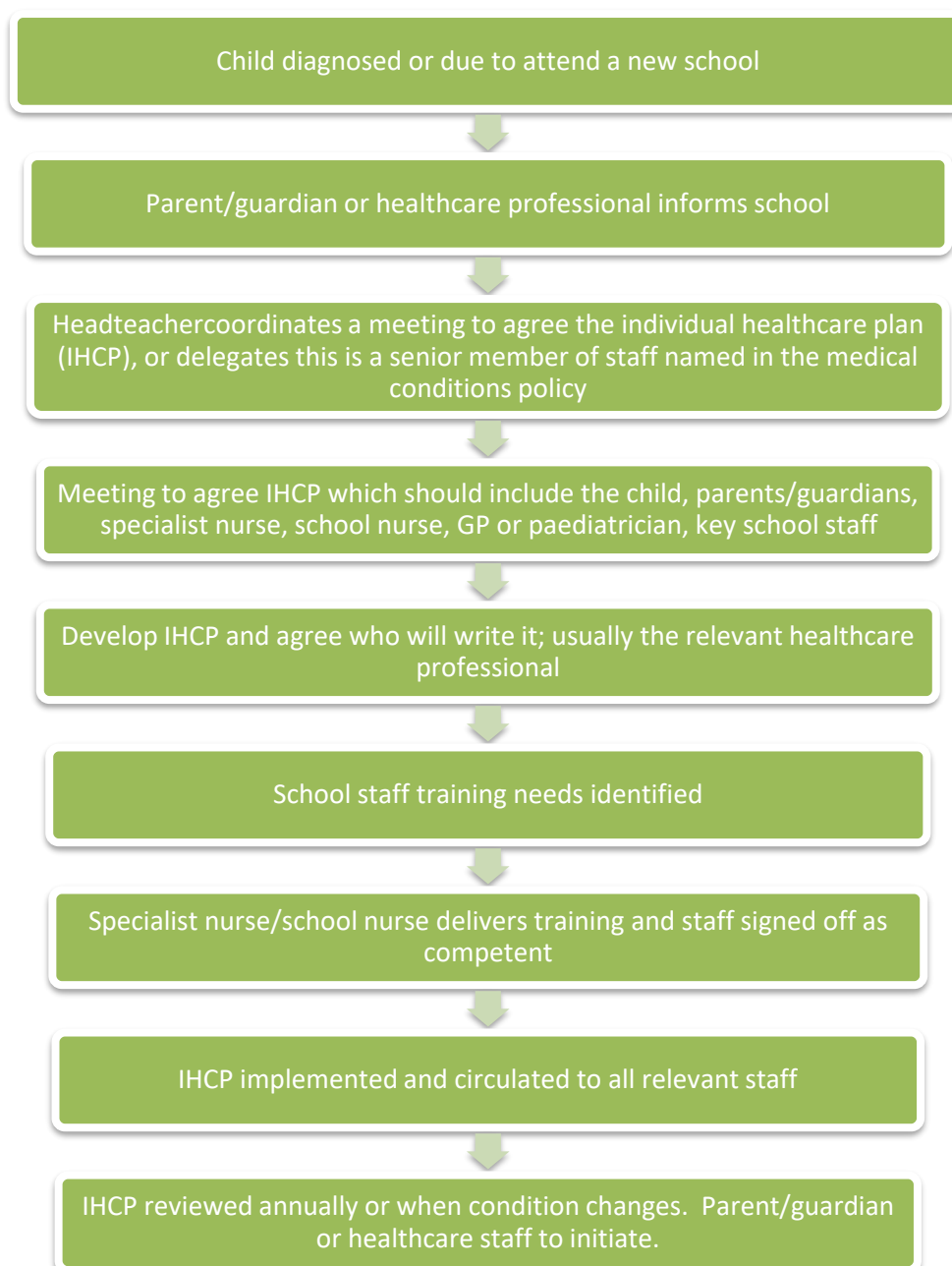
[Name of school/academy] Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (condition)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
Quantity Received (where applicable)	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (mouth, nose, in the ear, other: please provide details as appropriate)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (Please delete as appropriate)	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. (Please delete as appropriate)	
By signing this form, I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • That I will update the school with any change in medication routine use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in-date supply of the medication 	
<ul style="list-style-type: none"> • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication 	
<ul style="list-style-type: none"> • That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened. 	
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication. 	
Signed	
Name (please print)	
Contact Details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the headteacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the Schools website

www.leicestershiretradedservices.org.uk system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:



Individual healthcare plan template

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix C: Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, an selection of which are listed below.

Asthma	
General information	Asthma UK: www.asthma.org.uk Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: www.gov.uk
Epilepsy	
General information	Epilepsy action: www.epilepsy.org.uk Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
Infectious diseases	Public Health England: www.gov.uk ; Tel: 0344 225 4524 option 1
Haemophilia	The Haemophilia Society: www.haemophilia.org.uk ; Tel: 0207 939 0780
Anaphylaxis	
General information	Anaphylaxis Campaign: www.anaphylaxis.org.uk ; Tel: 01252 542 029
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	UK Thalassaemia Society: www.ukts.org ; Tel: 020 8882 0011
Sickle Cell Disease	The Sickle Cell Society: www.sicklecellsociety.org ; Tel: 020 8961 7795
Cystic Fibrosis	Cystic Fibrosis Trust: www.cftrust.org.uk ; Tel: 020 846 47211
Diabetes	
General information	Diabetes UK: www.diabetes.org.uk ; Tel: 0345 123 2399
For teachers	See Appendix 5 on website. Note the opportunity to attend 'Diabetes in School' training days, regularly advertised on www.leicestershiretradedservices.org.uk and funded by Diabetes UK Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Other useful contact numbers	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance

	concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Sarah Fenwick. School Nurse Clinical Lead. sarah.fenwick@leicspart.nhs.uk	Leicestershire Partnership Trust, Family Children and Young Peoples Services, Top corridor, Hinckley and District Hospital, Mount street, Hinckley, Leics, LE10 1DS
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, LE4 8PQ Telephone: 0116 2955080
Public Health	PublicHealth@leics.gov.uk

Refrigeration Temperature Check List

Fridge Location: (secure location)

Month: Year: 202.....

Date	Max Temp C	Min Temp C	Action taken if outside range 2-8° C	Checked by: (initials)	Thermometer check (✓)

Please record, when the fridge was cleaned / fridge/freezer defrosted:202.....

Review: Has the fridge temperature been checked every day? Yes No

Has any necessary action been taken? Yes No

If YES, what was the action?

If No, what are the reasons?

Reviewed by: Date:

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturers advice, where appropriate. If stock is likely to have been compromised the child's parents should be informed.

Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that the member of staff named above has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated after _____ (insert time period)

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Helping us to manage your child's medications

Letter to parents

Dated:

Dear Parent / Carer,

We are still in possession of your child's medication, which has now either exceeded its expiry date or is no longer required. We therefore request that you collect the medication within the next week.

If the medication is classed as a 'Controlled Drug' you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

Please note that you will need to sign for the medication on collection from the school.

Thank you for your co-operation in this matter,

Yours sincerely

Headteacher

Contacting emergency services

Dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone