

	HERTFORDSHIRE COUNTY COUNCIL HEALTH & SAFETY GUIDANCE			
	DATE:	June 2022	VERSION:	6
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	SUBJECT:	Managing Medication in Schools		

This document is intended to provide schools with supplementary information on managing medication in line with the [model supporting pupils with medical conditions policy](#)

Where HCC are not the duty holder e.g. for Voluntary Aided (VA), Foundation, or Academy status schools this guidance is commended to them.

Updates

June 2022: broken hyperlinks updated. Paragraph 15 added to reflect individual healthcare plans can be linked to or be part of EHC plans.

Jan 2021: hyperlinks updated, section on AAI's added

Introduction

1. Since September 2014 there has been a statutory duty for Governing bodies to make arrangements to support pupils at school with medical conditions. See <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
To that end a [model policy](#) based on the DfE requirements is available for schools to adapt and adopt.
2. Some children with medical needs are protected from discrimination under the Equality Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. Reasonable adjustments and support must be provided to ensure pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child.

Training

3. Staff must not administer medication or undertake healthcare procedures without appropriate instruction, information and training, this should be proportionate to risk and in line with any specific requirements detailed in pupil's individual healthcare plans (IHP).
4. If any specific training need is identified as a result of the IHP (e.g. in relation to diabetes, anaphylaxis etc.) then the School Nursing service should be contacted for advice and provision in the first instance.
5. In order to continue to meet the care needs of individual pupils schools should consider cover arrangements and the potential impact of staff absence, offsite visits, extra-curricular activities etc. when determining the numbers of staff to be trained.

6. It should be ensured that an appropriate level of insurance and liability cover is in place. For schools covered by HCC's insurance trained staff would be covered for 'common' treatments such as the administration of oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.
7. For pupils with significant medical needs contact insurance@hertfordshire.gov.uk for further advice and to ensure coverage.
8. Where schools are not covered by HCC's insurance they should check cover arrangements with their own insurers.

Administration of medication

9. It is standard practice for schools to request pupil medical information and updates regularly, the onus is on parents/ carers to provide relevant and adequate information to schools.
10. Whilst as far as is reasonable parents/carers should be encouraged to provide support and assistance in helping the school accommodate pupils with healthcare needs, it is not generally acceptable to require parents/carers to attend school in order to administer medication or provide other medical support.
11. Medication will only be administered by schools when it would be detrimental to a child's health or school attendance not to do so.
12. A documented record of **all** medication administered (both prescribed and non-prescribed) should be kept.
13. No child under 16 should be given any medication without their parent's written consent, except in exceptional circumstances.
14. Pupils with an IHP should have these reviewed annually, or sooner if the child's needs have changed in the interim. Details of medication requirements (dose, side effects and storage) should be detailed in the IHP. Templates for an IHP, consent forms and administration records are as part of the DfE guidance [Supporting Pupils with medical Conditions in school](#)
15. Where the child has a special educational need identified in an Education, Health and Care (EHC) plan, the individual healthcare plan should be linked to or become part of that EHC plan.
16. Schools should have a robust system to inform and update staff of the relevant content of pupil's IHPs (triggers, risks, emergency actions etc.).

Refusing medication

17. If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents/carers as soon as possible.
18. If a pupil misuses their medication, or anyone else's, their parent/carer must be informed as soon as possible, and the school's disciplinary procedures followed.

Prescribed Medication

19. It is helpful, where possible if medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents/carers should be encouraged to ask the prescriber about this.
20. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
21. Schools should never accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction. In all cases it is necessary to check:
 - Name of child
 - Name of medicine
 - Dosage
 - Written instructions (frequency of administration, likely side effects)
 - Expiry date

Controlled Drugs

22. Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act 1971. Therefore, it is imperative these are strictly managed between the school and parents/carers.
23. Keep the amount of controlled drugs stored on site to a minimum and ensure a record is kept of the quantity held.
24. Pupils can carry controlled drugs if they are deemed competent to do so, otherwise controlled drugs should be stored in a locked, non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.
25. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Storage

26. Medication kept at the establishment should be stored safely and arrangements made for it to be readily accessible when required. Large volumes of medication should not be stored.
27. Pupils should, at all times, know where their own medication is stored and how to obtain it.
28. Under no circumstances should medicines be kept in first-aid boxes.
29. Staff should review expiry dates of medication and notify parents/carers when further supplies are required.
30. All emergency medicines (asthma inhalers, adreneline pens etc.) must be readily available whenever the child is in the school and **not locked away**. Protocols should also be in place to ensure that pupils continue to have access to emergency medication in situations such as a fire evacuation etc.

Self-medication

31. As children get older and more mature, they should be encouraged to take responsibility for and manage their own medication. Those pupils deemed capable to carry their own medication /devices will be identified and recorded through the pupil's IHP in agreement with parents/carers.
32. Children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.
33. For emergency medication (e.g. asthma inhaler, adrenaline pen etc.) then it would be recommended that the school also holds a 'spare' centrally in case the original is mislaid.

Non-prescription medication

34. Where non-prescription (over the counter) medicines are administered e.g. for pain relief, written consent must still be obtained from parents / carers. A member of staff should supervise the pupil taking the medication and inform parents/carers where pain relief medication has been administered.
35. The administration of non-prescribed medication should be recorded in the same manner as for prescribed. Staff must also check the maximum dosage and when any previous dose was given.
36. Non-prescription medication does **not** need a GP signature / authorisation in order for a school to give it. Staff should check that the medicine has been administered without adverse effect in the past and that parents have confirmed that this is the case.
37. **A child under 16 should never be given aspirin containing medicine , unless prescribed** by a doctor. (there are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain)

See also Herts Valleys CCG [FAQ's on over the counter medicines in schools](#)

Disposal

38. Any unused medication should be recorded as being returned back to the parent/carer when no longer required. If this is not possible it should be returned to a pharmacist for safe disposal.
39. UN approved sharps containers should always be used for the disposal of needles or other sharps, these should be kept securely at school (e.g., within first aid /medical room) and if necessary provision made for off-site visits. All sharps boxes to be collected and disposed of by a dedicated collection service in line with local authority procedures.

Record keeping

40. Template forms for IHPs, parental consent, administration etc. are available as part

of the DfE guidance [Supporting Pupils with medical Conditions in school](#)

41. Schools should keep an accurate record of all medication administered, including the dose, time, date and member of staff supervising.

Offsite visits and PE

42. It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures.
43. Where necessary individual risk assessments should be conducted as part of the trip planning process.
44. It should be ensured that a trained member of staff is available to administer any specific medication (e.g. adrenaline pen etc.) and that the appropriate medication is taken on the visit.
45. Medicines should be kept in their original containers (an envelope may be acceptable for a single dose- provided this is very clearly labelled).
46. Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc [4.4d](#) covering medication.
47. Any restrictions on a child's ability to participate in activities such as PE should be recorded in their IHCP.
48. If any adjustments to activities or additional controls are required these should be detailed via an individual risk assessment or in daily use texts such as schemes of work / lesson plans to reflect differentiation / changes to lesson delivery.
49. Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

Emergency asthma inhalers

50. Since 1st October 2014 schools have been able to voluntarily hold Salbutamol asthma inhalers for emergency use i.e. in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable.
51. Written parental consent for the use of an emergency inhaler must still be obtained. Detailed protocols including template consent and notification of use forms are available from the [Department of Health Guidance](#) on the use of emergency salbutamol inhalers in schools.
52. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdfAs with other

emergency medication this must not be locked away but should be under the control of staff.

Emergency Adrenaline Auto injectors (AAI)

53. Since 1st October 2017 schools have been able to voluntarily hold Emergency AAI devices without prescription. For emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).
54. Written parental consent for their use must still be obtained. Detailed protocols including template consent and notification of use forms are available from the [Department of Health Guidance](#).
55. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf As with other emergency medication this must not be locked away e.g., in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

Additional information

- [Department of Health Guidance](#) on the use of emergency salbutamol inhalers in schools.
- [Defibrillators in schools](#)
- [DFE Statutory Guidance Supporting Pupils with medical conditions at school](#)
- [Using emergency adrenaline auto-injectors in schools](#)

Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.