



Medications in school Policy

March 2025

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Review Cycle: Annually

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Summary of Key Points

- This guideline will provide a framework for the safe administration of medication to children and young people within Special School settings, and reflects best practice
- Emergency medication administration in Special Schools is primarily carried out by nonregistered staff employed by the Local Education Authority
- Emergency medication administration in Special Schools is primarily carried out by nonregistered staff employed by the Local Education Authority; this guideline outlines strategies for ensuring a clear consistent process for ensuring this is completed with minimal risk to both children and young people receiving medication, and also those administering medication.
- The document guides safe practices within the Special School setting to ensure all medication is appropriately prescribed, supplied, stored and administered to all children who require medication whilst in the care of school staff.
- All medication to be administered to children attending Special Schools should be prescribed by a registered doctor or non-medical registered prescriber.
- If transcription is required, this will be completed by a member of the Solihull Special School nursing team.
- Medication times should avoid the need for administration at school whenever possible.
- All qualified nurses involved in medication administration will have completed mandatory Medicines Management Training.
- Any staff member who is employed by either the school, who is not a registered health care practitioner, will have completed relevant training and competency assessment prior to administering medication. This competency will be renewed annually.
- Schools should obtain written consent from parents/ carers enabling medication to be administered within the school setting (DfE 2015).

Guidelines for the Safe Administration of Medicines

Introduction a. Children and Young People attending Special Schools require medication administration where it would be detrimental to a pupil's health or school attendance not to do so.

Some pupils, whilst fit to attend school, may require **medicines prescribed by their doctor** during school hours. In addition, it may be necessary for pupils to receive medicine which may not be prescription based. Each application will be taken on an individual basis. No member of staff can be required to administer medicines.

Definitions

- a. Children/Pupils – Children and Young People up to and including 19 years attending Special School.
- b. Special School – differs from mainstream school, in providing education to a concentration of children with identified additional health care needs, which may include learning difficulties, emotional and behavioural difficulties, and physical difficulties, (including children with sensory and/or complex healthcare needs).

Responsibilities and duties

- a. The Executive Head Teacher and Governing body have responsibility to ensure support for pupils with medical conditions is in place, enabling all pupils remain healthy and achieve their academic potential (DoE 2015).
- b. The Special School Nursing Service Lead will be responsible for ensuring the guidance is safe and reflects best practice.
- c. The special school nursing staff (registered and non-registered) will be responsible for adhering to the policy and raising any concern or issues that are experienced relating to it.
- d. Agreement should be achieved between the Special School Nurse and the Executive Head Teacher to ensure a training plan and competency assessments can be completed for delegated school staff responsible for administering medication within the school setting. Special School Nurses will provide the school with reminders regarding when annual staff training is due.
- e. School staff should seek an update and reassessment of competency when this is due.
- f. Schools should obtain written consent from parents/carers enabling medication to be administered within the school setting (DoE 2015). Parents/carers should complete 'Parental Agreement to Administer Medication' form for all medication that is to be administered within the school setting. This includes changes to dosages, regular medication and short term courses of treatment. NB. if the child is the subject of a care order, both the Local Authority and parents ideally, should be approached regarding this. The Parental Agreement to Administer Medication form must be reviewed by the Special School Nurse whenever there are changes to medication and renewed at least annually, always on admission to school and at the beginning of September. This should be recorded in the child's health records.

- g. Parents/carers are responsible for providing a supply of medicines for use in the school that is appropriate, has a minimum of 6 months left to expiry, unless preparation has a known short shelf life e.g. omeprazole suspension and in the original packaging.
- h. Special School Nurse or school staff, if responsible for administering medicines, are responsible for notifying parents that medications are approaching their expiry dates. This includes emergency medication i.e. adrenaline auto injectors, where expiry dates should also be documented on the outside of emergency box containing the medication, and a reminder written in classroom diaries, to prompt this.

Parents'/Carer's Responsibility

- a. Medicines will not be accepted onto school premises unless the parent/carer has completed the consent form. A clear written statement of their responsibility should be given to all parents/carers.
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Administration of Medications in School

1. Appropriate school staff will be fully trained in all aspects of medication administration by the School Nurse, achieving relevant competencies.
2. The School Nurse will provide training for school staff to administer medications and emergency medications to individual pupils, and to second check medication. Training updates will be given annually and training records maintained by the school nursing team.
3. School teaching and learning support staff are trained by the School Nurse in supporting and administering emergency medications in relation to Epilepsy, Anaphylaxis/Severe allergic reactions and Asthma, although there is no expectation that staff will administer medications.
4. Routine medications are usually administered by the school nursing team, but where this may not be practical (for example when out of the building on an educational visit), it is preferable that routine medications are administered by a member of the First Aid team but in certain circumstances they can be administered by trained school staff. Emergency Medications may be given by school staff who have received the relevant training.
5. Insulin should be administered by the First Aid team or those staff fully trained by the Diabetes Specialist Nurse, achieving relevant competencies, and who are confident to do so.
6. Children who have Adrenaline Auto Injectors, Buccal Midazolam, oxygen will have individual protocols. Procedures for blood glucose monitoring and administration of

insulin, and the use of salbutamol and ipratropium bromide inhalers will have individual care plans.

7. No member of staff should administer medicine unless they feel confident about the procedures. All staff must receive training from the school nurse before being allowed to administer or second check medicine and appropriate records should be kept and updated as required.
8. Medication will only be given with the consent of parent or legal guardian.
9. Over the counter medication such as Paracetamol or Ibuprofen should only be given with the permission of the parent/carer and with their signed consent, at the direction of the school nurse or senior leadership team. If a dose needs to be administered, the parents/carers need to be contacted to ascertain if a previous dose has been given and at what time. If contact is not made, Paracetamol should not be given before 12.30pm, and Ibuprofen should not be given before 2.30pm.
10. Each child should have their own, labelled bottle/packet of Paracetamol or Ibuprofen if it is to be administered at school. Paracetamol or Ibuprofen should arrive in school in a sealed bottle with the child's name clearly written on the box/bottle. These medications will be stored according to direction, until the expiry date. Parents must sign a consent form prior to it being given.
11. Medications, including antibiotics, must only be given to a child if.
 - It has been prescribed for the named child
 - The relevant consent form is completed by the parent or Legal Guardian.
 - The medication is in its original container with intact, legible pharmacy instructions still attached.
12. Administration of routine medication, when required and emergency medication should always be given by a competent trained staff member having been "second checked" and signed off by another competent adult, who in normal circumstances will have received "second checker" training.
13. A record should be kept of all medications administered by school staff, by signing the relevant medication administration record (MAR) chart or protocol. If an incorrect medication or dose is given to a pupil, advice must be sought from their GP or by phoning 111. The parent or carer must be informed. Advice may be sought from the School Nurses who will follow the procedure/policy to report to relevant bodies.
14. If a 'when required' medication is given, this must be recorded on the pupil's medication chart and a parent or carer informed of the medication, dose and time administered.

Blood Glucose Monitoring in Schools

Blood glucose levels will be monitored by school staff who are fully trained by the Nurse, and are confident to do so, for each specific child. To carry out monitoring staff members will:

- Attend training sessions specifically designed for blood glucose monitoring (this training is specific to the individual child), achieving relevant competency.
- Follow the protocols for blood glucose monitoring

- Be able to demonstrate an understanding of hypo and hyperglycaemia and its management, and intervene appropriately.
- Demonstrate an ability to use the blood glucose meter and lancing device.
- Report any concerns regarding the blood glucose level to the school nursing team and a parent or legal guardian
- Adhere to the safe disposal of sharps.

Insulin Administration in Schools

Insulin will be administered by the school nursing team or school staff who are fully trained by the Diabetes Specialist Nurse, and are confident to do so, for each specific child. To carry out administration of insulin staff members will:

- Attend training sessions specifically designed for the administration of insulin, achieving relevant competency.
- Follow the protocols for insulin administration
- Demonstrate an understanding of blood glucose monitoring prior to insulin administration
- Demonstrate a knowledge of steps to take in the event of hypo and hyperglycaemia
- Demonstrate an ability to administer Glucogel (if prescribed) in an emergency
- Report any concerns regarding the insulin or its administration to the school nursing team and the parent or legal guardian

Change of Dosage

If notification via the GP, consultant, or parent is received indicating a change in dosage, alterations should be made to the medication chart by the school nursing team dated and signed. Medication forms should be similarly updated. Consent may initially be taken verbally, but a new consent form should be completed as soon as possible. The pharmacy label on prescribed medication must be updated by the dispensing chemist as soon as possible, by parents.

NB: Medication consent forms should be updated annually.

Prescribed/Regular Medications and Record Keeping Procedures

1. On receipt of a signed medication consent form from the parents, the school nursing team completes an individual medical care plan. This contains details of:
 - a) Child's personal details
 - b) Medication name
 - c) Dosage
 - d) Administration times
 - e) Route of administration
 - f) Duration of course (if known)
2. The school nursing team will provide a MAR chart for the medication and retain copies of consent forms filed in the child's records. The MAR chart is used to dispense the medication to identify the correct child and is signed immediately before and after administration.
3. If, for any reason, a medication is not given an 'X' should be entered and the reason recorded on the child's communication sheet kept with the medication chart. If the child refuses to take the medication an "R" should be recorded.

As Required / Once Only Medications

Medications such as Paracetamol, Asthma Inhalers, Buccal Midazolam, insulin and Adrenaline Auto Injectors should be entered on to the child's medicine chart. If administered, this should be recorded on the chart, and the parent/carer informed of the medication, dose and time given.

Un-prescribed medication such as Paracetamol and similar painkillers, and antihistamines may be provided by parents or carers in unopened packages, with the child's name clearly written on. Parents will complete and sign the school medication consent form.

Short Term Medications

For short-term medication such as antibiotics to be administered, the following procedures should be followed:

1. Antibiotics and other medication prescribed short term by the doctor may be given by a trained staff member, as long as the medication is in its original container detailing:
 - a) Child's personal details
 - b) Medication name
 - c) Dosage
 - d) Administration times
 - e) Route of administration
 - f) Duration of course
2. The medication should be transported by parent/carer or via the bus/taxi escort – the escort to have charge of the medication in transit. The escort transfers the medication to school staff on bus duty who then hands the medication to the school nursing team to record and store (this may be stored in the class first aid cabinet).
3. A medication consent form will be sent home for parent/carer signature. Initial verbal consent may be taken over the phone for first day of administration at school if parent/carer unable to hand over medicine in person and immediately complete consent form at school.

Acquisition and Transportation of Medicines to School

ALL medication arriving at or leaving school **must** be recorded by the school nursing team and stored in the relevant labelled locker or storage cupboard.

1. For long term use a supply for school should be requested, to prevent transport issues.
2. Parents should bring the medications to school themselves or ask bus or taxi escort to do this for them.
3. The school nursing/class teams should ensure safe return home of medication. Medication going home is to be handed to parent or escort and the relevant paperwork signed by staff, parent or escort.
 - . In the case of long term medication, the school nursing team should inform the parents when no less than one week's supply remains, via Class Dojo or phone call. This will enable the parent to obtain further supplies.

4. One month's notice will be given for reordering of Emergency Medication (i.e. Midazolam, inhalers and AAI's (adrenaline auto injectors))

Storage and Disposal

1. Medication should be stored in a locked fridge, trolley or cupboard according to instructions.
2. Reliever Asthma medication, emergency Oxygen, emergency Epilepsy rescue medication, and Adrenaline Auto Injectors should be stored where they may be accessed easily, with child's record sheet / protocol.
3. Syringes & needles must be stored in a locked cupboard. Sharps boxes should be inaccessible to the pupils.
4. The school nursing team are responsible for managing storage and disposal of medicines for use in school and will follow NHS guidelines in respect of this.
5. Each classroom has a secure medicines cabinet, with the keys located in a central place in the classroom inaccessible to pupils.
6. The school nursing team will ensure any expired medication is returned home for parents to dispose of via their issuing pharmacist.

Medication administration

Special school nursing team should follow their own guidance re checking medicines.

School staff should only administer non-emergency medication under the direction of the school nursing team if they are unavailable (for example during an educational visit), and with the approval of the Executive Head Teacher.

School staff who administer medications must have received relevant training and have had competency assessment for this signed off by a member of the school nursing team or school senior leadership team. Where possible, staff administering medications will be a member of the school first aid team.

School staff should follow this guidance and check the MAR chart provided by school nurses before administration:

- The child's name against the medication chart
- The child's name against the name on the dispensing label
- The name of the medicine against the administration chart
- Administration details on the dispensing label match the instructions on the administration chart
- The medication is in date and fit for use.
- That the medication hasn't already been administered

Administration by School Staff away from School Premises and Extended Services

1. School staff working with pupils requiring emergency medication such as asthma inhalers, Midazolam for epileptic seizures and Adrenaline Auto Injectors for severe allergic reaction should have access to them at all times.

2. Staff should give the school nursing team at least 48 hours' notice when pupils on regular and emergency medications are away from school on day trips, etc, so that arrangements can be made for trained staff to be available to administer their medications off site. Liaison with EVC co-ordinator is needed prior to all trips.
3. Medication from school stock will be used when pupils are on day visits. School nursing staff will be responsible for preparing and labelling any regular medication to be taken out on a school trip (other than emergency medications). School staff will take responsibility for the safekeeping of this medication. Medication for longer trips should be sent in from home.
4. Staff taking children away from school premises should collect any emergency medications and protocols from the secure medicines cabinet in the classroom and sign them out (and back in) on the record sheet within the cabinet. Staff are to take responsibility for informing parents of any medication they give.
5. All trip risk assessments must indicate who will administer emergency and routine medications. This person should liaise with the school nursing team regarding administration of the named medications. A second member of staff should check medication and witness administration.
6. The normal consent form contains permission for staff to administer medications during off site activities. Class staff administering and checking complete and sign an "Off-site administration of medication" chart, and then complete individual medication administration forms on return to school.
7. A Named member of staff will be responsible for overseeing the administration of medications during extended school service provision. Recording sheets (MAR) for administration will be completed by the school nursing team prior to event.
8. Medication should be held in a fastened medications bag by school staff and not left unattended at any time

Chairperson's signature.....

Approved at Governors' Meeting held on:

To be reviewed: March 2026