

Rickleton Primary School



Managing Medication Policy

Dates of previous revisions:	November 2024
Latest revision:	September 2025
Approved by Governors:	September 2025
To be reviewed:	September 2026

Review Date	Changes made	Ratification by Date Governing Body
Jan 2012	Minor alterations following Safeguarding audit Jan 2012	March 2012
Next review September 2014	Minor alterations following change of Head Teacher	November 2013
October 2015	Major revision following new Department of Health guidance and staff training	09.11.15
Next review March 2020	Unless revisions are prompted earlier due to new guidance	
January 2021	Minor alternation to include reference to DHT	
November 2021	Inclusion of new regulations for 'in-house' training of staff administering asthma inhalers	November 2022
May 2023	Statement that Rickleton+ will be considered as school hours when deciding if a dose of medication is required to be given in school.	
November 2024	Information about the storage and delivery of asthma inhalers and the use of class red emergency aid bags added.	
September 2026	Information now included that we can accept an unmarked inhaler for a child on a temporary care plan basis as part of a trial initiated by the hospital and/or GP.	

Rationale

Rickleton Primary School endeavours to ensure that all its pupils achieve success in their academic work, in their relationships and in their day to day experiences at school. Some of our pupils are likely to have medical needs which mean that additional measures are required to ensure that they are enabled to have full access to the curriculum.

Entitlement

Rickleton Primary School accepts that pupils with medical needs should be assisted, if at all possible, and that they have a right to the full education available to other pupils.

Rickleton Primary School believes that pupils with medical needs should be enabled to achieve full attendance (as outlined in our Attendance Policy) and receive the necessary proper care and support.

The school accepts that all employees have rights in relation to supporting pupils with medical needs. Relating to:

- Choosing whether or not to become involved.
- Receiving appropriate training and educate staff and children in respect of special medical needs.
- Working to clear guidelines.
- Having concerns about legal liability.
- Bringing any concerns they have about supporting pupils with medical needs to the senior management.

Aims

At Rickleton Primary School we have always aimed to provide a stimulating learning environment and curriculum, which varies according to the age and needs of the child across the whole curriculum. We recognise that the curriculum needs to respond to both imposed and developmental change, therefore our challenge is to maximise individual potential and ensure that pupils of all ability levels, and staff at differing stages of their career, are well equipped to meet the challenges of education, work and life.

We aim to meet this challenge by:

- Designing a curriculum to promote a full range of learning, thinking and life skills.
- Providing a broad, balanced and relevant curriculum.

- Using flexible and responsive learning and teaching styles.
- Equipping pupils with the skills, knowledge and attitudes necessary to succeed as responsible and valued members of society.
- Developing a close partnership within and with the whole community, particularly with parents and governor.

We aim to provide a differentiated curriculum that meets the needs of all pupils, individuals and groups by:

- Setting suitable learning challenges.
- Responding to pupils' diverse learning needs.
- Overcoming potential barriers to learning and assessment.
- Ensure that pupils with Special Educational Needs are enabled to access the full life of the school where possible.
- Remove barriers to disabled children in every area of school life.

We aim to provide a happy, healthy and safe school by:

- Recognising, reflecting and celebrating the skills, talents, contributions and diversity of all our pupils.
- Providing high quality pastoral care, support and guidance, driven by the leadership team.
- Safeguarding the health, safety and welfare of pupils with linked policies, adopting any National or Local Authority policies in relation to medication in schools
 - Liaise with medical services in support of a pupil.
- Assist parents in providing medical care for their children.
- Listening and responding to the concerns of children and parents.
- Taking care to balance the needs of all members of the school community.

Some of our pupils are likely to have medical needs which mean that additional measures are required to ensure that they are enabled to have full access to the curriculum, that the impact of their medical difficulties upon their life in school is minimised, as far as possible, and that all staff who work with the pupil understand the nature of their difficulties and how best to help them.

While there is no legal or contractual duty on teachers to administer medicines, or supervise pupils taking their medicines, nevertheless we would wish to support our pupils where we can.

We recognise that pupils with special medical needs have the same right of admission to Rickleton Primary School as other children and cannot be excluded from school on medical grounds alone.

Teachers and support staff are in loco parentis and may need to take swift action in an emergency, both in school and off site, for example during school visits.

The prime responsibility for a pupil's health lies with the parents or carer who is responsible for the pupil's medication and should supply the school with any relevant information.

Expectations

Medication

Rickleton Primary School will NOT administer any non-prescribed medication.

We do not expect parents or carers to ask staff to administer medication unless it is absolutely essential:

- a) That this needs to take place during school hours. Time constraints must be clearly stated on the label of medication. If Rickleton + before and after school care is being accessed, this will be considered as within school hours.
- b) That the pupil is unable to do so him/herself either because of the complexity of the procedure or because the pupil would not normally have access to prescription medication without supervision. Pupils will not normally be allowed to administer own medication without prior approval from the Head Teacher.

If a parent/carer comes into school to administer prescribed or non-prescribed medication to their child, this will be recorded by school staff

Where parents have asked school to administer the medication for their child, we expect them to ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The child's name, prescription and dosage regime should be typed or printed clearly on the outside, not written. The name of the pharmacist should be visible.

Any medication not presented properly will **not** be accepted by the school staff.

Paracetamol and ibuprofen will only be administered when prescribed for four daily dosages and for no longer than three days without written guidance from doctor.

Rickleton Primary School will deal with each request to administer medication or offer other support to a pupil with special medical needs separately.

The school will liaise with the School Health Service for advice and information about a pupil's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

Inhalers

We expect that each child who has asthma has an in-date inhaler in school. Along with this, parents/carers must complete an asthma care plan. The school will inform parents/carers when the inhaler runs out or becomes out of date. We then expect the old

inhaler to be collected and exchanged for a new one. It is the responsibility of parents/carers to inform school if their child no longer needs their inhaler.

Inhalers will be kept readily available for children to use in school, in the class red emergency medication bag, unless agreed otherwise on a pupil's care plan. Red bags are stored in accessible places in school ensuring fast access in an emergency. The location of each bag is clearly described on a poster next to the class whiteboard. All staff have had basic training in asthma inhaler use, allowing them to deliver an inhaler in an emergency. For planned use, trained first aid staff should administer the inhaler. An inhaler use should be recorded by the member of staff in the pupil's record sheet.

The school now has some spare inhalers which are kept in school for emergency use only. (in line with DfE Guidance on the use of emergency salbutamol inhalers in schools September 2014). If staff are taking children on a visit a school inhaler will be taken on the visit in case of an emergency. Written parental permission will be obtained prior to a child using an emergency inhaler as part of the asthma care plan completed by parents/carers.

In an emergency situation, any member of staff is authorised to administer, or help a child to administer, their inhaler due to the need for fast response. For situations where a child needs to use their inhaler at a set time (eg. before PE), the member of staff involved in the administration should have training in administering the inhaler. This training will be carried out in-house, by a member of staff who is managing medication trained. For all other medication types, full, accredited managing medication training should have been undertaken.

We can accept an unmarked inhaler for a child on a temporary care plan basis if the parents complete the form and indicate that it is a short term trial. This will allow a three week period before parent/hospital will have to make a decision whether the inhaler is needed or not. If it is needed, parents will then have to push the hospital/doctor to prescribe one.

Practice

When a parent requests that we administer medication in school we will:

- Ask the school's identified person to consider whether or not they are prepared to administer the medication.
- Discuss the request with the Head Teacher/Deputy Headteacher, if required, and obtain written consent for the administration of the medication required.
- If agreement is reached, we will undertake a risk assessment, if appropriate, to consider the viability of administering the medication in school. This will include school trips and visits if appropriate
- If it is viable for the school to administer medication, we will then work with the parent to set up a Care Plan for the pupil. The care plan will be written by the designated person after a discussion with the child's parent/carer. It will then be signed by parent/carer where relevant.
- We will ensure that the medication is kept in a secure place during the school day. This will be a locked cabinet or fridge. This will only be accessed by the identified person. Each time the medication is administered the school's medication record will be completed.
- Medication classed as 'emergency medication' (eg. inhalers, epipens, insulin) must not be locked in a cupboard but should be kept securely, within easy access of the child at all times. This involves use of class red emergency bags and may involve moving the medication around school as the child moves around school so emergency medications are accessible in under 1 minute..
- At the end of the school day (or appropriate timing – end of the week, term etc) any remaining medication will be returned to the parent/carer by the identified person. Medication will NOT be given to the child to take home.
- If the parent/carer does not come to the school to collect the medication it will be taken to a community pharmacy for safe disposal and this will be recorded in the medical register.
- When the course of treatment is complete the Care Plan will be marked 'treatment complete' but will be retained should it be required for future reference.
- The medication record will be kept in the school's secure archive so that any future queries can be resolved.
- All relevant staff will be made aware of a child's condition.
- A member of staff will always be available to administer medication.

- Health care plans will be reviewed on a monthly basis and updated paperwork may be required

Staff medication

- Any medication needed by staff must be handed into the school office in a named bag or bottle. If it is prescription medicine, then in the original named container.
- Medication will be kept under lock and key and released to the member of staff as and when needed.
- Under no circumstances is medication to be left in handbags or boxes in Areas where it could potentially be accessible to children.

Staff taking medicine

Particular care must be exercised by staff who are taking medication to ensure that the side effects do not impair their ability to care for children.

It is the employee's responsibility to share any medical advice or report any difficulties they may be experiencing with line managers so that a risk assessment can be carried out. A referral to the Occupational Health Unit may be necessary.

The school will ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.

Reference information:

City of Sunderland Education Directorate
Medication Policy December 2004

Managing Medicines in Schools & Early Years Settings
March 2005 DfES

Statutory Framework for the Early Years Foundation Stage
May 2008 DCSF

Supporting pupils with medical needs good Practice Guide
March 2005 DfES/Department of Health

Managing Medication in Schools course -NVQ level 2
December 2014

The Medicines Act 1968

The Misuse of Drugs Act 1971

The Controlled Drugs (Penalties) Act 1985

The Health & Safety at Work Act 1974

Management of Health & Safety at Work Regulations 1999

The Education (School Premises) Regulations 1999

The Education Act 1993

The Children Act 1989

Part 4 Disability Discrimination Act 1995
amended by the Special Educational Needs and Disability Act 2001

DfE Guidance on the use of emergency salbutamol inhalers in schools
September 2014

DfE Statutory Guidance on supporting pupils at school with medical conditions April
2014

DfE Special Educational Needs and Disability Code of Practise 0 to 25 years
January 2015

Please see Appendix 1, 2, 3 and 4 for the current medication forms used in school.

Appendix

1. Parental Request for the Administration of Medication
2. Unused Medication Slip
3. Expired Medication Slip
4. Expired Inhaler Slip
5. Asthma Care Plan