Inspire Multi Academy Trust

Medication Policy

Policy Reviewed Policy Adopted by Board of Trustees:	Summer 2026 (AMc) Autumn 2016
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Date of Next Review	Summer 2029
Responsible Officer	J West CEHT
Signed on behalf of the Board of Trustees:	S Ruffell

Contents

INSPIRE MULTI ACADEMY TRUST

Policy for the Management of Medicines in Schools and Early Years Settings

1. Rationale

1.1 The Trustees and staff at Inspire Multi Academy Trust will ensure a supportive environment and close co-operation between our academies, parents, health professionals and other agencies so that children with medical needs receive proper care and support which enables their continuing participation in main stream school.

This policy applies to all pupils staff, pupils, parents and visitors to the school and should be read alongside the Allergy and Anaphylaxis Policy.

The giving of medication to children is a parental responsibility, however Trust staff may be asked to perform this task but they may not, however be directed to do so. This document provides clear advice to Trust staff on managing medication in school and puts in place effective systems to support individual pupils.

Ultimately, no member of staff can be compelled to administer any medicine and the Trust reserves the right to this course of action if, in the considered opinion of the staff and the Headteacher, the options being considered are unsafe for either pupil or adult.

The Policy is written in line with statutory guidance Section 100 of the Children and Families Act 2014, Supporting pupils at school with medical conditions Department for Education (2015) and also the Early year's foundation stage (EYFS) , Department for Education (2023) statutory framework.

2. Aims

- To translate guidance into a workable policy and practice in Inspire Multi Academy Trust academies in line with current legislation.
- To protect those children with medical needs from discrimination under the Equality Act 2010.
- To ensure that pupils with medical needs receive proper care and support in school
- To enable regular attendance for all pupils
- To ensure all staff understand and work within the legal framework governing medication and drugs

3. Objectives

This policy identifies the necessity of:

- Staff training
- Secure storage procedures
- Detailed and up to date record keeping
- Clear roles and responsibilities
- Emergency procedure
- Risk assessment

4. Entitlement

4.1 Parents are responsible for the administering of medicines to their children. If a child requires medicines three times a day or less this should be taken at home or the parents should come to school to administer the medicines. School can support in the administration of medication if the medicine needs to be taken four times a day or if the prescriber has specified the medicine must be taken at a certain time during the school day. Pupils who are unwell should not be sent to school. The Medicines Standard of the National Service Framework (NSF) for Children recommends that prescribers consider the use of medicines which need to be administered only once or twice a day so that they can be taken outside school hours.

4.2 Each request to administer medication at school will be considered on an individual basis and Trust staff have the right to refuse to be involved. There is no legal duty which requires Trust staff to administer medication; this is a voluntary role. Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Head and parents, access to information and training, and reassurance about their legal liability. Advice and training are available to members of staff concerned with the administration of medication by contacting their line manager

4.3 Staff employed by the Trust are fully indemnified against claims for alleged negligence providing that they are acting within the remit of their employment.

4.4 Inspire Multi Academy Trust is fully committed to the inclusion of all pupils and will do all that is practical to help children to benefit from education.

5 Expectations

Parents and Carers

5.1 Parents\carers are advised to request that prescribers, where clinically possible, prescribe medication that can be taken outside school hours. Medication that needs to be taken three times a day should be taken in the morning, after school and at bed time.

5.2 Parents and carers will be given the opportunity to provide the Headteacher with sufficient information about their child's medical needs if treatment or special care is needed. They will, jointly with the Headteacher, reach agreement on the school's role in supporting their child's medical needs. The Headteacher will ensure that staff receive the support and training necessary to administer the medication requirements of the child.

5.3 If the school agrees to administer medication on a short term or occasional basis, including the emergency use of Adrenaline Auto-Injectors (AAIs) the parents/carers are required to complete one of the following forms:

- **Parent-School Agreement to Administer Medicine/Health Care Plan (Appendix A)**
- **Parent-School Agreement to Administer Ad-Hoc Medicine (Appendix B)**

In the case of children with known allergies parents should also complete the:

- **Allergy Acton Plan (Appendix E)**

Verbal instructions will not be accepted. Confidentiality regarding the information received will be respected at all times. School will liaise where necessary with other health professionals for advice in the interest of the child.

5.4 A Health Care Plan (Appendix A) must be completed by parents/carers in conjunction with the designated person for the administration of emergency medication, medication taken on a regular basis and short term but complex regimes. Care Plans must be reviewed at least annually. Parents/carers must ensure there is sufficient medication and that the medication is in date. The parents/carers must replace the supply of medication at the request of the school.

6. Trustees

6.1 The Trustees have general responsibility for the implementation of policy into practice, for developing detailed procedures and taking day to day decisions as set out in the policy.

6.2 Headteacher

The Headteacher is responsible for ensuring staff receive support and training where necessary. The Headteacher must make sure that all parents and staff are aware of the policy and procedures. The Headteacher will reach agreement with parents/carer exactly what support can be provided, seeking advice from the school nurse or doctor, the child's GP or other medical advisors where parents/carers expectation seems unreasonable.

7. Teaching and non-teaching staff

7.2 Any member of staff who agrees to accept responsibility for administering medication should have appropriate training and guidance. These members of staff must only administer medication in line with this policy. Staff are required to arrange for the safe storage of emergency medication which is regularly self-administered by pupils in their care.

8. Practice

8.1 Medicines will only be allowed in school where it would be detrimental to the child's health if not administered during the school day.

8.2 Non-prescribed medicines will not be accepted. **Cough and cold remedies will not be accepted**.

If the school agrees to administer medication the following steps must be taken in <u>all</u> cases:

1. Parent Agreement Form/Health Care Plan (Appendix A) or Parent Agreement Form for Ad hoc medication (Appendix B) form completed. If the medicine is to be given as a temporary measure and not to remain in school, for example a course of antibiotics, where they cannot be administered at home in 3 doses, the Ad Hoc form is to be used.

2. Medicines must be supplied in the original container as dispensed by a pharmacist and include the prescriber's instructions. Written details must be checked and include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Any side effects
- Expiry date

3. Non-emergency medication will be stored in a locked cupboard unless refrigeration is required. If this is required a lockable fridge will be used.

4. A record of administration of medication must be kept detailing medicines given to pupils and the staff involved (Appendix C).

5. Medication will be returned to the parents/carers whenever:

- The course of treatment is complete
- Labels become detached or unreadable
- Instructions are changed
- The expiry date has been reached
- The school term ends
- Ad Hoc Antibiotics are administered that need to be returned to the parent at the end of each day until completion of the course.

8.3 Emergency medicines will be stored in a safe area in the pupil's classroom and be readily accessible and not locked away eg: inhalers and epi pens.

8.4 At the end of the school term if medication is left in school that is unused and not required it should be disposed of appropriately i.e.: medication should be taken by the designated person to a pharmacy (or similar) for safe disposal using a container fit for purpose. If a child leaves the school medication must be taken to a pharmacy for disposal.

9 Sun Lotion

9.1 Parents may supply their child with a new, clearly named bottle of sun lotion with a minimum protection of factor 15. Trust staff will supervise the application but will not apply to the child. Parents must ensure children know how to apply it and make it clear that the child must not apply their lotion to anyone else. If the child is unable to self-apply parents should consider the use of products that provide long term protection and apply to their child before school.

10 Emergency Procedures

10.1 All situations have to be judged on an individual basis with all staff aware of their roles and responsibilities. Named First Aiders are always present during the school day and would be called on in the first instance. Children understand that in the event of an emergency they must tell a member of staff. In emergency situations medication that has not been authorised according to this policy or has been provided for someone else should not be given unless medical advice is sought and parental permission obtained, unless the person's life would be in danger without such administration (e.g. unknown anaphylaxis – allergic reaction, severe asthma attack).

All staff know how to call the emergency services and should a child need to be taken to hospital, unless the parent/carer is present, a member of staff will accompany them and remain until a parent/carer arrives. The member of staff must take with them the child's care plan and administration records from the office. As a general rule staff should never take children to hospital in their own car. However, informed decisions will be taken in each individual emergency situation and parental permission will always be sought where possible.

10.2 Individual care plans include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

11 Off Site Educational Visits

11.1 On school trips and sporting events medication should be carried in a container fit for purpose by an adult or by the pupil if the normal practice is that they self-administer the medication themselves. All staff members involved in the activities must be aware of the medication needs for individual children. If a child requires medication to be administered by a member of staff during the trip this must be agreed in advance and a Consent Form completed. The implications for which members of staff would then need to accompany the pupil will need to be considered. Further guidance is available from the Educational Visits Advisory Service, based at Derwent Hill.

Appendix A

Parent/School Agreement for School to Administer Medication/Health Care Plan

In line with Inspire Multi Academy Trust Policy for the Administration of Medicines, this form may only be completed after the Head Teacher has agreed to administer emergency medication, medication taken on a regular basis and short term but complex regimes.

School:

Name of child:	Date of Birth:	Class:
Address:	Medical Condition/Illness: **Allergies:** If child has a known allergy, please complete an **Allergy Action Plan**	
Date:	Agreed review date and named member of staff:	

Medication Register

Name of Person Handing Medication to School & Relation	
Name & Type of Medication (as described on the container, i.e. antibiotic)	
Form Supplied	
Amount Supplied	
Expiry Date	
Dosage & Method	
Dosage Time	
Special Precautions	
Received By (member of staff)	

Any known side effects that the school need to know about:	Can medication be self-administered: YES/NO
Description of what constitutes an emergency and action to take if this occurs:	

Emergency Contacts

Name	Relationship to Child	Contact Number(s)

GP Name:	**GP Tel:**
Pediatrician Name:	**Pediatrician Tel:**
Consultant Name:	**Consultant Tel:**
Clinic/Hospital Name:	**Clinic/Hospital Telephone Number:**
Pharmacy Name:	**Pharmacy Tel:**
Other Name:	**Other Tel:**

Description of needs and symptoms
Daily care requirements (e.g. before lunch/PE)
Follow up care in school
Who is responsible in an emergency? (state differences depending on different situation)
Facilities required
Equipment/Accommodation
Staff training

□ I understand that I must personally bring medication to school and hand to a designated person
□ I accept that this is a service that staff employed by Inspire Multi Academy Trust are not obliged to undertake
□ I understand that I must notify the school of any changes in writing

I give consent for the aforementioned medication/treatment to be administered by the nominated staff of:

_____

Signed

Adult with parental responsibility of named child completing the form_____

Date _____

Head Teacher (or Deputy in their absence)_____

Date: _____ Review Date _____

Appendix B

Parent/School Agreement for School to Administer Ad Hoc Medication

In line with Inspire Multi Academy Trust Policy for the Administration of Medicines, this form may only be completed after the Head Teacher has agreed to administer Ad Hoc emergency medication.

Name of child:	**Date of Birth:**	**Class:**
Address:	**GP:** **Allergies:**	
Date Agreed with Headteacher:	*Agreed end date for Ad Hoc medication and review with named member of staff:* **Date:** **Review by:**	

Register of Medication Obtained

Date	Name of Person Who brought it in	Name of Medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of Medication Administered

Date	Medication	Amount given	Amount left	Time	Administered by		Comments / Action Side effects

Authorised by Parent/Carer…… **Date……**

Authorised by Headteacher…….. **Date……**

Appendix C

Register of Medication Administered

Child's Name: _____Class_____

Date	Name of Medication	Dose Given	Amount Left	Time	Administered By Staff Initials	Staff Signature	Comments/Side Effects/Action
					1		
					2		
					1		
					2		
					1		
					2		
					1		
					2		
					1		
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					1		
					2		
					1		
					2		

Appendix D

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

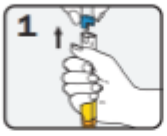
Signed: .....

Print name: .....

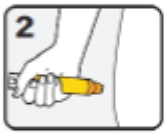
Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

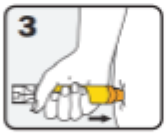
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST,

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....