



PENWORTHAM GIRLS' HIGH SCHOOL

MEDICATION IN SCHOOL AND SUPPORTING STUDENTS WITH MEDICAL CONDITIONS IN SCHOOL

(January 2023)

Updated: Every two years

Next Review: Spring 2025

THE MISSION

**To prepare
Articulate, Questioning, Tolerant and Independent Women
for the future.**

Aims and Values of the School

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Statement of intent

Penwortham Girls' High School (PGHS) will ensure that students with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the student feel safe whilst at school.

1. Legal Framework

- 1.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:
 - Children and Families Act 2014
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2017) 'Using emergency adrenaline auto-injectors in schools'
- 1.2. This policy is implemented in conjunction with the following school policies:
 - First Aid Policy
 - Record Management Policy
 - Complaints Policy

2. Definitions

- 2.1. Penwortham Girls' High School defines "medication" as any prescribed or over the counter medicine.
- 2.2. The school defines "prescription medication" as any drug or device prescribed by a doctor.
- 2.3. The school defines a "staff member" as any member of staff employed at the school, including teachers.
- 2.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.
- 2.5. The school defines a "controlled drug" as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

3. Key Roles and Responsibilities

- 3.1. The governing board is responsible for:
 - The implementation of this policy and procedures.
 - Ensuring that this policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.

- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who provide support to students with medical conditions are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of students with medical conditions are properly supported.
- Managing any complaints or concerns regarding the support provided or administration of medicine using the school's Complaints Policy.

3.2. The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in the case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

3.3. All staff are responsible for:

- Adhering to this policy and ensuring students do so also.
- Carrying out their duties that arise from this policy fairly and consistently.

3.4. Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing a medication administration form (appendix A) prior to bringing any medication into school.
- Discussing medications with their child prior to requesting that a staff member administers the medication.
- The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with all relevant information.
- Parents must ensure that they or a nominated adult are contactable at all times.
- Parents are responsible for keeping their child at home when their child is acutely unwell.

3.5. It is both staff members' and students' responsibility to understand what action to take during a medical emergency, such as raising the alarm with reception or other members of staff.

3.6. Students with medical conditions will often be best placed to provide information about how their condition affects them. Students will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual education plan.

3.7. Lead Adult:

The Lead Adult is responsible for putting the Supporting Pupils with Medical Conditions/ Medicines Policy into practice on a daily basis and for developing appropriate procedures. Day-to-day decisions will normally fall to the Lead Adult. The Lead Adult at Penwortham Girls High School is **Miss K McGibbon (SENCO)**. The Lead Adult will:

- Ensure that school staff receive the training they need to support students with medical needs, in liaison with the local authority, the Governing Body and the School Nurse/Community Nursing Team and the parent/carer.

- Ensure that all parents and staff are aware of the Medicines Policy and the procedures for dealing with medical needs.
- Ensure that appropriate systems for information sharing are followed.
- Agree with parents exactly what support can be provided at school (where parent expectations appear unreasonable, the Lead Adult will seek advice from the school nurse, the child's GP or other medical advisors and, where appropriate, the Governing Body and the local authority).
- Ensure that staff with students with medical needs in their class or group are informed about the nature of the condition and when/where they may need extra attention. This also includes staff that are responsible for students at different times of the day e.g. break and lunchtime. The parent/carers and the health professional should provide this information. It may also be necessary for the Lead Person to arrange appropriate staff training to support the pupil.
- Arrange back-up cover when a member of staff responsible for administering medication and/or providing medical needs support is absent or unavailable.
- Organise liaison with voluntary organisations specialising in particular medical conditions in order to provide advice and information for staff on how best to support students with specific medical needs.
- Organise the provision of further information about a medical condition and specific training in administering a particular type of medicine/dealing with emergencies. A Health Care Plan may be present containing further information.

4. Training of Staff

- 4.1. Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.
- 4.2. The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication.
- 4.3. Relevant staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of

medication available, students can still receive their medication from a trained member of staff.

- 4.4. Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice.
- 4.5. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to students, and that this is entirely voluntary, unless the supporting of students with medical conditions is central to their role within the school, e.g. the school nurse.
- 4.6. Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:
 - The timing of the medication's administration is crucial to the health of the child
 - Some technical or medical knowledge is required to administer the medication
 - Intimate contact with the student is necessary
- 4.7. Staff members will be made aware that if they administer medication to a student, they take on a legal responsibility to do so correctly; hence, staff members will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.
- 4.8. Teachers and other school staff in charge of students have a common law duty to act as any reasonably prudent parent would to ensure students are healthy and safe on school premises. In exceptional circumstances, the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities that take place off site.
- 4.9. Apart from the above, there is no legal or contractual duty on staff to administer medicine or supervise a child taking it. Support staff may have specific duties to provide medical assistance as part of their contract and will have received appropriate training. A first aid certificate does not constitute appropriate training in supporting students with medical conditions. Suitable training will have been identified during the development or review of individual health care plans (IHP).

5. Receiving and storing medication

- 5.1. The parents of students who need medication administered at school will be sent a medication administration consent form (appendix A) to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to students under the age of 16.
- 5.2. A signed copy of the parental consent form will be kept with the student's medication, and no medication will be administered if this consent form is not present.
- 5.3. Consent obtained from parents will be renewed annually.
- 5.4. **The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.**
- 5.5. The school will only allow prescribed medication, and only a maximum of **four weeks'** supply, to be stored in the school.
- 5.6. Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.
- 5.7. The school will ensure that all medications, with the exception of those outlined in paragraph 5.10, are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to students **(in the medicine cupboard in the school office).**
- 5.8. Medication will be stored according to the following stipulations:
 - In the original container alongside the instructions
 - Clearly labelled with the name of the pupil and the name and correct dosage of the drug.
 - Clearly labelled with the frequency of administration, any likely side effects and the expiry date.
 - Alongside the parental consent form.
- 5.9. Medication that does not meet these criteria will not be administered.

- 5.10. Medication that may be required in emergency circumstances, e.g. asthma inhalers and EpiPens, will be not be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to students who may need them and can self-administer, and staff members who will need to administer them in emergency situations.
- 5.11. The school will allow students who are capable of carrying their own inhalers to do so, provided parental consent has been obtained.
- 5.12. The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced. The emergency inhaler(s) can be found at the following locations:

- **In the medical cupboard in the main office**

- 5.13. The school will not store surplus or out-of-date medication, and parents will be asked to collect containers for delivery back to the chemist.
- 5.14. The school will ensure that students know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these students.
- 5.15. Needles and sharp objects will always be disposed of in a safe manner, e.g. the use of 'sharp boxes'.

6. Administering Medication

- 6.1. Medication will only be administered at school if it would be detrimental to the student not to do so.
- 6.2. Staff will check the expiry date of each medication being administered to the student each time it is administered.
- 6.3. Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.
- 6.4. Only suitably qualified members of staff will administer a controlled drug.
- 6.5. Medication will be administered in a private and comfortable environment. This will normally be in the school medical room.
- 6.6. The room will be equipped with the following provisions:
 - Arrangements for increased privacy where intimate contact is necessary,

- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment after use if necessary.
 - Available PPE for use where necessary.
- 6.7. Before administering medication, the responsible member of staff should check:
- The student's identity.
 - That the school possesses written consent from a parent.
 - That the medication name and strength and dose instructions match the details on the consent form.
 - That the name on the medication label is the name of the student who is being given the medication.
 - That the medication to be given is within its expiry date.
 - That the child has not already been given the medication within the accepted timeframe.
- 6.8. If there are any concerns surrounding giving medication to a student, the medication will not be administered and the school will consult with the student's parent or a healthcare professional, documenting any action taken.
- 6.9. If a student cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the student's parent, following advice from a healthcare professional.
- 6.10. Where appropriate, students will be encouraged to take their own medication under the supervision of a staff member, provided that parental consent for this has been obtained.
- 6.11. If a student refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.
- 6.12. The school will not be held responsible for any side effects that occur when medication is taken correctly.
- 6.13. Written records will be kept of all medication administered to students, including the date and time that medication was administered and the name of the staff member responsible. (Appendix E)

6.14. Records are stored in accordance with the Record Management Policy.

7. Non-Prescription Medicines

7.1 The Governing Body of Penwortham Girls' High School adopts Lancashire County Council's (LCC) policy of not accepting and administering non-prescription medication in school. If parents wish to administer non-prescription medication to their child during the school day, it is the responsibility of the parent to attend school and administer the medicine. Parents must inform the school of their intention to do so and agree a mutually convenient time, preferably during morning or lunch break.

7.2 Parents should note that guidance received in school states that a young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

8 Out of School Activities and Trips

- 8.1 In the event of a school trip or activity which involves leaving the school premises, medication and devices such as insulin pens and asthma inhalers, will be readily available to staff and students.
- 8.2 If possible and appropriate, students will carry certain medications themselves, e.g. asthma inhalers.
- 8.3 If the medication is not one that should be carried by students, e.g. capsules, or if students are very young or have complex needs that mean they need assistance with taking the medication, the medication will be carried by a designated staff member for the duration of the trip or activity.
- 8.4 There will be at least **one** staff member who is trained to administer medication on every out-of-school trip or activity which students with medical conditions will attend.
- 8.5 Staff members will ensure that they are aware of any student who will need medication administered during the trip or activity and will make certain that they are aware of the correct timings that medication will need to be administered.
- 8.6 If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, the school will ensure that there is a record of the frequency at which students need to take their medication, and any other information that may be relevant. This record should be kept by a designated trained staff member who is present on the trip and can manage the administering of medication.

- 8.7 All staff members, volunteers and other adults present on out-of-school trips or activities will be made aware what should be done in the case of a medical emergency with regard to the specific medical needs and conditions of the student, e.g. what to do if an epileptic student has a seizure.

10 Individual Healthcare Plans (IHP)

10.1 For chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the student, their parents, the SENCO and any relevant medical professionals.

10.2 When deciding what information should be recorded on an IHP (see [appendix B](#)), the headteacher will consider the following:

- The medical condition, as well as its triggers, signs, symptoms and treatments.
- The student's resulting needs, such as medication, including the correct dosage and possible side effects, equipment and dietary requirements.
- The specific support needed for the student's educational, social and emotional needs.
- The level of support that is needed and whether the student will be able to take responsibility for their own health needs.
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role.
- Which staff members need to be aware of the student's condition.
- Arrangements for receiving parental consent to administer medication.
- Separate arrangements which may be required for out-of-school trips and external activities .
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised.
- What to do in an emergency, including whom to contact and contingency arrangements.
- What is defined as an emergency, including the signs and symptoms that staff members should look out for.

10.3 In addition to the input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- The Lead Adult;
- The parent;
- The student;
- The RAC and/or form tutor;
- Support staff working with the pupil;
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures.

10.4 The Lead Adult will ensure that information on individual children is shared with relevant staff and that all school staff that may need to deal with an emergency are kept fully informed.

10.5 The headteacher will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by the SENCO.

11 Self-Management

11.1 At Penwortham Girls' High School, we acknowledge that it is good practice to support and encourage students, to take responsibility to manage their own medicines. We also recognise that the age at which students are ready to take care of and be responsible for their own medicines will vary.

11.2 In some circumstances, such as the use of an inhaler to treat asthma, the student may carry and administer her own medication. In such cases, parents are required to complete and return as 'Asthma Card' and 'Consent Form' (appendix C and D).

12 Adrenaline Auto-Injectors (AAIs)

12.1 The school has obtained a supply of spare AAIs from a pharmaceutical supplier that can be used in the case of a medical emergency for students who are at risk of anaphylaxis, but whose devices are not available or not working.

12.2 The headteacher will ensure that all relevant staff members are aware of how to submit a request to the pharmaceutical supplier to purchase these AAI's and the need to include in the request:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

12.3 The headteacher, in conjunction with the pharmacist, will decide which brands of AAI to purchase.

12.4 Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

12.5 The school will purchase AAI's in accordance with age-based criteria, relevant to the age of students at risk of anaphylaxis, to ensure the school adheres to the correct dosage requirements. These are as follows:

- For students aged 6-12: 0.3 milligrams of adrenaline
- For students aged 12+: 0.3 or 0.5 milligrams of adrenaline

12.6 Spare AAI's are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAI's;
- Instructions on how to use the device(s);
- Instructions on the storage of the device(s);
- The manufacturer's information;
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks;
- A note of the arrangements for replacing the injectors;
- A list of students to whom the AAI can be administered;
- An administration record;

12.7 The school will arrange specialist training for staff on an annual basis where a student in the school has been diagnosed as being at risk of anaphylaxis.

12.8 As part of their training, staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAls in the case of an emergency.
- The correct dosage amounts in correlation with the age of the student.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members who will administer AAls are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

12.9 The school will ensure that risk assessments regarding the use and storage of AAls on the premises are conducted and up-to-date, as well as any risk assessments pertaining to minimising the risk of anaphylaxis in the school, e.g. with regard to food preparation.

12.10 Spare AAls are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- In the medical cupboard in the main school office.

12.11 Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of these spare AAls in emergency situations (Appendix F).

12.12 The spare AAls will not be used on students who are not at risk of anaphylaxis or where there is no parental consent.

12.13 Where consent and authorisation has been obtained, this will be recorded in their IHP.

12.14 The school will maintain a Register of AAls, copies of which will be kept in the **medical cupboard in the school office**, which lists students to whom spare AAls can be administered. This includes the following:

- Name of student;

- Class;
- Known allergens;
- Risk factors for anaphylaxis;
- Whether medical authorisation has been received;
- Whether written parental consent has been received;
- Dosage requirements;

13 Medical emergencies

13.1 The school will ensure that the [Medical Emergency Risk Assessment](#) is kept up-to-date.

13.2 Medical emergencies will be handled in line with the First Aid Policy.

13.3 The school will ensure that emergency medication is always readily accessible and never locked away, whilst remaining secure and out of reach of other pupils.

13.4 The headteacher will ensure that there is a sufficient number of staff who have been trained in administering emergency medication by an appropriate healthcare professional.

13.5 For all emergency and life-saving medication that is to be kept in the possession of a student, e.g. EpiPens or prescribed AAI's, the school will ensure that students are told to keep the appropriate instructions with the medication at all times, and a spare copy of these instructions will be kept by the school in the office.

10.6 If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They should not take students to hospital in their own car.

14 Monitoring and review

14.1 This policy will be reviewed every **two years by the governing board**. Records of medication which have been administered on school grounds will be monitored and the information will be used to improve school procedures.

14.2 Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.

Penwortham Girls' High School will seek advice from any relevant healthcare professionals as deemed necessary.

This policy has been agreed by the Governing Body	DATE
Reviewed – Curriculum & Standards	February 2015
Reviewed – Curriculum & Standards	February 2017
Reviewed – Curriculum & Standards	February 2018
Reviewed – Curriculum & Standards	February 2020
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