Newton Hill Community School



Managing Medicines Policy
January 2026 – January 2027

Approved by GB Jan 26

This policy has been written using Wakefield Local Authority Guidance, the advice of the Health and Education Working Party and specialist nursing teams and as a development of the school's health, safety and welfare policy.

Introduction

The DfES publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance Supporting Pupils with Medical Needs: a Good Practice Guide, and circular 14/96 Supporting Schools with Medical Needs in School, which were published in 1996.

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the Department guidance Managing Medicines in Schools and Early Years Settings.

This policy document sets a clear framework within which this school can work alongside the Local Authority, NHS Primary Care Trusts, and families.

This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines.

This policy reflects the provisions of the Equalities Act 2010 with regard to long term medical conditions such as diabetes, epilepsy etc.

Children with Medical Needs

Children and young people are all individuals. We apply this policy with regard to the individual's beliefs, wishes, experience, and ability. Staff should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into the way in which they work with them.

Children with medical needs have the same rights of admission to a school or setting as other children.

As all medicines are potentially harmful it is important that staff who provide care are confident about their role in medicine management. This document intends to clarify for staff working in schools and setting the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.

Access to Education

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

At Newton Hill Community School, under the provisions of the Equality Act 2010, we do not discriminate against disabled pupils – this covers all aspects of school life including school trips, clubs and activities. We make reasonable adjustments for disabled children, including those with

medical needs at different levels of school life; and for the individual disabled child, in our practices, procedures and policies. Discrimination can be direct, indirect or by association. For example, refusing to allow a child to attend a trip because there is no one to administer medication for a condition such as diabetes would be direct discrimination. If the child had a sibling who was also then not allowed to attend this would be discrimination by association. Indirect discrimination occurs when you apply a provision, criterion or practice to all pupils or a particular pupil group e.g. a school rule forbidding eating in class could disadvantage a child with diabetes or cystic fibrosis who is required to eat throughout the day.

We plan strategically to increase access, over time, for disabled children, including those with medical needs. (Access Policy and Plan 2014) and provide effective learning opportunities for all pupils, in terms of setting suitable learning challenges, responding to pupils' diverse needs and overcoming potential barriers to learning. (SEN Policy 2014)
With regard to pupils with long term medical needs schools should ensure that they have sufficient information about the medical condition. A Health Care Plan may clarify for staff, parents and the child the help that can be provided. The Council for Disabled Children's Publication 'Including me' provides advice on managing complex heath needs in schools and early years settings.

Support for Children with Medical Needs

Although there is no legal duty that requires this school to administer medicines, we ensure that we have sufficient members of support staff who are appropriately trained to manage medicines.

The prime responsibility for a child's health rests with the parent/guardian; they are responsible for making sure their child is well enough to attend school. The parent/guardian should provide school with sufficient information about the child's medical condition either prior to the child attending school or as soon as the condition becomes known.

The administering of medicine in school is a voluntary role. Staff who undertake this role and/or support children with medical needs, receive basic training, information and instruction from the Headteacher, SENDCO and the child's parent/guardian.

Training and advice are also received from the local NHS Trust.

It is the responsibility of the parents/guardians to hand the medicine to the office, inform a member of staff (who will record the details in the medicines file) and collect the medicines at the end of the day or otherwise agreed eg., discard of empty bottle. Under no circumstances should children be allowed to be responsible for their own medicines (inhalers excluded).

It is the responsibility of the parents to ensure that all medicines are maintained in date and to collect and dispose of out-of-date medicines.

Teachers who have a child with medical needs in his/her class are aware of and understand the nature of the child's condition, knows when and where the child requires additional attention, have access to medicines and any emergency procedures.
Other staff are aware of and have access to relevant medical information. Any deterioration in a child's health will be reported to the Headteacher/SENDCO/SBM who can then inform the parent.

Administering Medicines and Record Keeping

Only medicines which have been prescribed by a doctor, dentist or nurse prescriber, to be taken four or more times a day will be administered by a member of staff. Whenever possible, parents should request that the dose-frequency is 3 times per day.

All medicines must be in the original container clearly marked with a printed prescription label, with the child's name, date of birth, prescribed dose, expiry date and/or prescription date and written instructions provided by the pharmacy.

The details must be recorded in the medicines file, which is kept in the office.

We don't accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions (secondary dispensed). Alteration to the label is not acceptable. Any alteration to dosage must be accompanied by written instructions provided by the prescriber.

It is the parent/carer's responsibility to monitor when further supplies of medication are needed.

No child under 16 should be given medicine without their parent's written consent.

All medicines must be signed in and out of the office each day by parents/guardians and staff unless this is a long-term medication or otherwise agreed to keep in the school office. Staff must complete and sign an accurate record each time they give medicine to a child.

This includes medicines or emergency equipment needed for children who have a Healthcare Plan.

Medicines not prescribed by a doctor, dentist or nurse prescriber will not be administered by any member of staff. If a parent wishes to administer a dose of paracetamol at mid-day for example, they should inform the school and make their own arrangements to do so.

In exceptional circumstances, and at the discretion of the Headteacher, where a pupil has a long-term condition—such as a broken bone or menstrual pain—it may be permitted for a member of staff to administer a dose of paracetamol. This arrangement must be discussed and explicitly approved by the Headteacher, and the medication must be provided in its original packaging. This can only be administered 4hours or more after their arrival at school.

Any emergency medicine given to a child with a Healthcare Plan will be recorded in the Medical File and parents informed as soon as possible.

Any instance of a child refusing to take medicine will be recorded in the Medical File and parents/guardians informed.

Where the possible side effects of medicines have been communicated by the prescriber or pharmacist to a member of staff, they must ensure that this information is shared with all staff and recorded in the child or young person's file and individual health care plan. If a member of staff notices side effects they must report this to a member of Senior Leadership Team (SLT) who will notify the prescriber and ask for advice. Information regarding side effects can also be obtained from the Patient Information Leaflet, which must be supplied with every medicine.

Crushing of tablets (or opening of capsules unless specified) is not advocated, as it is an unlicensed use of the medication. If the patient is unable to take oral medication in the solid dosage form it should be referred back to the prescriber/pharmacist for amendment to a suitable liquid/soluble preparation.

Medicines must not forcibly be given. This includes the crushing of tablets etc. into food or drinks in order to deceive. Where children and young people refuse to take medication that is essential to their health, a multi–disciplinary meeting must be held which must include the children and young person (where appropriate), the G.P., parents/persons with parental responsibility and representative (if applicable) to decide how to proceed. Any decision must be reached after assessing the care needs of the individual and the decision must be recorded in the individual health care plan. A written procedure must be developed that is specific to the child or young person.

A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor.

Storage and Access

Medicines are kept in either a cupboard or locked medicine fridge in the office. All staff are aware and have access to the cupboard. Children are aware of where their medicines are stored.

Children have access to their inhalers, diabetic emergency supplies, testing kits and sharps disposal units in the classroom. Emergency inhalers are kept in red bags in each class.

Swimming (Year 5) – One staff member responsible for medication, which will be at the poolside.

Visits – Children responsible for inhalers, member of staff responsible for Epipen, emergency diabetic kit and any other medicines.

Residential Visit - one member of staff will be responsible for the collection, administration and recording of medicines.

We understand that anyone caring for children including teachers, other school staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. 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 taking place off site, such as visits, outings or field trips.

The Headteacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day.

Staff who are not medical healthcare professionals are supported by us in carrying out specified duties, and covered by the Local Authority's insurance arrangements in the circumstances listed in Appendix 1, provided that they follow this policy, act in good faith and act in accordance with their training.

Home to School Transport

The Local Authority has a duty to ensure that pupils are safe during journeys. Trained escorts are provided if considered necessary. These escorts know what to do in the case of a medical emergency and some support pupils with complex physical needs at this school.

Wakefield operates a 999 policy where drivers call an ambulance or drive directly to hospital if less than 10 minutes away should a medical emergency arise rather than delay to administer medication themselves.

The Wakefield Metropolitan District Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the LEA's guidelines.

For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect does is negligently given or where the administration is overlooked, in practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

Emergency Procedures

As part of the general risk management processes, we have arrangements in place for dealing with emergency situations. This is part of our health, safety and welfare policy.

Risk Assessment and Management Procedures

We ensure that risks to the health of others are properly controlled. This involves undertaking individual risk assessments for pupils with long term medical needs. We are aware of the health and safety issues of dangerous substances and infection and the safe disposal of items associated with medicines.

Self-Administration of Medication

Whilst DfE guidelines state that it is good practice to encourage children and young people to take responsibility for the self-administration of medication we give serious consideration to whether this is appropriate in all cases.

Each case should be considered individually taking into account the age and needs of the child or young person. Schools should act as a "prudent parent" (Point D3 of LA Guidance, p35 DfE Guidelines) and should seek medical advice, written parental consent and undertake risk assessments to ensure the safety of children and young people in their care. The individual health care plan should detail arrangements for self-administration of medication and the supervision for this.

All individual health care plans will identify whether and at what level child or young person requires help to take medicines as follows [the 3 A's]: -

- Advise – to ask the service user if they have taken their medication, and if not to advise them that this is what they need to do. Staff will not be responsible for ensuring service users take their medication, this remains with the service user.

- Assist - to help service users who are cognitively able to retain responsibility for management of their medicines but are not able to physically administer their medication. In these circumstances staff will physically assist the service user to take their medication from the original container as instructed on the label. Staff will not be responsible for ensuring that service users take or have taken their medication; this remains with the service user.

- Administer – where a service user is not able to maintain responsibility for managing their own medicines, staff will be responsible for ensuring that the service user receives the correct medication at the right time.

Staff Training

The Headteacher or his/her representative will seek the advice of health care professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Training for members of staff undertaking the administration of medicine is essential and advice and information from health colleagues should be sought.

Training: can only be given by the Health Care professional authorised to assess the competence of the person being trained. This should be documented on the appropriate form (see example form for recording medical for staff). Examples of such procedures would include catheterisation, tube feeding, suction, rescue medication.

Health Care Plans

In order to ensure that all relevant information about the child's condition is available it is recommended that schools should complete an individual Health Care Plan as and whenever necessary. This should be in consultation with the school nursing service, parents and school staff.

Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

Key Issues

1. The Head Teacher has a duty to arrange for all appropriate staff in the school to be briefed about any children with medical conditions and about the contents of this document.

2. The school will safely store any necessary medication prescribed by a medical practitioner and to which the attached appropriate instructions for use are provided.

3. The school will store any necessary equipment required to carry out procedure.

4. The school will keep written records of medicines given to pupils.

Activity/Treatment	Cover Available
Acupuncture	No
Anal plugs	No
Apnea monitoring	Yes – in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring
Bathing	Yes – following training and in accordance with written guidelines
Blood samples	Yes – but only by Glucometer following written guidelines
Buccal medazolam	Yes – following written guidelines
Bladder wash out	No
Catheters	Yes – following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes
Colostomy/Stoma care	Yes – following written guidelines in respect of both cleaning and changing of bags
Chest drainage exercise	Yes – following written health care plan provided under the direction of a medical practitioner
Dressings	Yes – following written health care plan for both application and replacement of dressings
Defibrillators/First Aid only	Yes – following written instructions and appropriate documented training
Denture cleansing	Yes – following appropriate training
Ear syringe	No
Ear/Nose drops	Yes- following written guidelines
Enema suppositories	No
Eye care	Yes – following written guidelines for persons unable to close eyes
First Aid	Yes – Should be qualified first aiders and applies during the course of the business for the benefit of employees and others
Gastronomy tube – Peg feeding	Yes – cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion
Hearing aids	Yes – for assistance in fitting/replacement of hearing aids following written guidelines
Inhalers, and nebulisers	Yes – for both mechanical and held following written guidelines
Injections	Yes but only for the administering of a pre-packaged dose on a regular basis pre prescribed by a medical practitioner and written guidelines
Medipens	Yes – following written guidelines with a preassembled epipen
Oral Hygiene	Yes
Naso-gastric tube feeding	Yes following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion which should be carried out by a medical practitioner.
Occupational therapy	No

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone numbers
   01924 303680
2. Give your location as follows
   Newton Hill Community School Leeds Road Wakefield
3. State that the postcode is
   WF1 2HR
4. Give exact location in the school/setting
5. Give your name
6. Give name of child and a brief description of child's symptoms

7 Give details of any medicines given or prescribed

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the area of school