# Leicestershire special schools medication policy

Complied by Jenna Hughes in consultation with the Head teachers from Ashmount, Birchwood, Birkett house, Dorothy Goodman, Forest Way schools and Menphys nursery.
Date: September 2026
Review date: September 2027

# MEDICATION ADMINISTRATION POLICY

The aim of this policy is to ensure that young people who require medication whilst in the care of school staff are given it safely and effectively enabling them to have a full and active role in school life.
On admission to school information should be sought about health and medicine needs required whilst at school. Ideally all medication should be given outside of the school day but often young people with health needs require these more frequently. Advise will be sought from our Diana school nurse about any additional health needs / medicines the young person may have and how to enable them to attend school. We deploy a health team within school to support the health needs of the young people and effectively implement this policy.

The governing body will ensure that

- Young people can access and enjoy the same opportunities at school as any other young person.
- The policy and process for medical condition management does not negatively impact on the child's ability to learn.
- Staff are trained properly to provide the support the pupils need.
- The pupil's needs are met by the implementation of the Individual healthcare plan.
- School insurance covers all situations.

The Head teacher will ensure that

- Staff are suitably trained and informed about the medicine needs of the young people. School staff have a recognised qualification in medicines or have completed medicine training from the Diana service or other reputable source.
- Staff have the necessary equipment to administer medications.
- Staff and partners are aware of the policy and their roles within it.
- Individual healthcare plans are developed and reviewed annually.
- Authorise staff to administer medication.
- Arrangements are made in case of staff sickness or absence.
- Risk assessments are made with the class teacher for school trips, residential visits and activities outside of the school setting to ensure medicines are still administered.
- Work alongside the Diana service to monitor and review healthcare plans and medication forms.

Parents / carers will ensure

- The young person has a written consent form for the administration of the medicine.
- An in-date supply of medication is given to the school when requested with a clear pharmacy label matching the authorisation form.
- Provide a supply of syringes / spoons to be able to administer medications.
- The school is informed of any changes as soon as possible.
- Medication supplied to the school has a legible and up to date dispensing label.
- Allow information sharing between the school and healthcare providers.

Young person will ensure (where appropriate)

- As they feel able to contribute to their Individual Health Care Plan (IHCP)
- Move towards self – administration.
- Report any symptoms or side effects of medication.

The Diana school nurse will ensure

- Support and guidance is offered to school staff for medication issues

- Provide support to parents for medication issues.
- Medication training is offered to identified school staff within schools and coaching sessions by the Diana school nurse are offered.
- Support staff on implementing a young person's IHCP

For this policy the health care team refers to school staff with health care responsibilities within school, Diana school nurses and Diana health care workers if appointed in school.
The term young person refers to a child / young person who attend school.

Information for parents and carers
Before a young person attends school, parents must inform school about medication that needs to be administered at school. This should only include medicines that are required more frequently than twice a day or in an emergency. (This can be discussed on an individual basis) If a young person starts a medication or changes dose this needs to be communicated to the school by the parent/carer or medical practitioner asap.

A medication authorisation form needs to be completed for medicines to be given at School.

## CATEGORIES OF MEDICATION

- Prescriptions only medicines (POMS)

  These are medicines that are supplied to a named person and require a prescription and will have a prescription label. The prescription label must match the authorisation administration form.

- Prescription only medicines (P)

  These can only be purchased from a registered pharmacy and do not require a prescription. The information about doses for different ages must match the young person and the dose on the bottle or packet and be correct on the medication authorisation form.

- General sale list medications (GSLM)

  These are medicines that do not require a prescription or be sold by a registered pharmacy, and they are widely sold in supermarkets etc. These need a medication authorisation form and the dose on the box or bottle must have the correct dose for the young person.

  E.g. Paracetamol 240mg in 5mls, dose for a 6 – 8 year old is 5mls. If a young person required a higher dose and was 6 – 8 years old they would need a prescription from a prescriber.

- Controlled drugs (CD's)

  These medicines need to have an authorisation form and come into school in a sealed envelope detailing quantity enclosed (see further information in CD section)

## OBTAINING MEDICATION

- The health care team will request medicines from parents in writing / or via the School communication system 7 days prior to running out to prevent delay in receiving further supply.

- Responsibility for ordering the prescription and obtaining the medicines from a prescriber rest with the parents.
- Parents will inform the school of any changes in medications as soon as possible.
- Any delay in receiving medication should be reported to the Head teacher and the Diana school nurse.

## RECEIPT OF MEDICATION

Upon receipt of medicines the following must be checked to ensure it is correct and acceptable.

- Name of medication.
- Strength and formulation on the box, bottle/strip and pharmacy label is consistent with request.
- Patients name on the pharmacy label.
- Manufacturer's expiry date. If the expiry date is shorter after opening, this needs to be noted.
- Medication remains in original container or that decanted by pharmacy.
- Date on the pharmacy label. Any medicines dispensed over 3 months ago should be questioned with parents (to ensure current dose/medicine is current)
- If doses are frequently changing e.g. increasing dose speak with parents and request written confirmation in the form of a clinic letter or letter from G.P.
- If the medicine label states 'as directed' for dose and/or times confirmation must be sought from any authorised prescriber (which could be the G.P; consultant, nurse or independent prescriber) in written form – this can be requested from parents. Parents should always be contacted to inform them when clarification is needed.
- When sending in creams, ointments, eye drops or liquid medicines etc. parents must label the product with the date the preparation was opened.
- The dosage amount should be written and recorded in milligrams (mgs). Liquid medication should be recorded in millilitres (mls) and milligrams (mgs)
- A daily medication check list may be completed by staff as an aide memoir.
- Medications coming into school need to be checked in using the checking in medication form or school equivalent.

## CONTROLLED DRUGS

Receipt of Controlled Drugs (CDs)
Some young people have medication that is classified as a controlled drug (schedule 2, marked CD on box). These drugs must be received in the following manner and stored in the locked controlled drugs cabinet.

- If CDs are sent into school via a third party (i.e. Transport) ensure they are supplied in a sealed envelope with the quantity written on the outside. Open and verify amount.
- Complete all checks as per receipt of medication.
- In addition, CDs must then be recorded in the CD register (CD Book) kept in the secured CD drugs cupboard
- Medication must be counted in, counted down as administered and counted out if they leave the building – this is to be witnessed and recorded in the CD book. The balance of controlled drugs must be checked each time a controlled drug is administered.

- For controlled drugs that are returned via transport, staff should seal the CDs in an envelope and write the quantity contained within on the outside of the envelope to ensure parents know what quantity they will be receiving.
- Use one page per young person, per medication.
- All CDs on school site need to be recorded in the CD book and any that are no longer being administered at school should be returned home following the correct procedure.

## MEDICATION STORAGE

All medicines must be stored in a locked cupboard or drug trolley intended for medicines only. If a drugs trolley is used this must be secured such that its movement is restricted when not in use. An exception to this would be emergency medication such as adrenaline and salbutamol inhalers.

- CDs (schedule 2) to be recorded and locked in a secured cupboard.
- Schedule 3 drugs (Buccolam, paraldehyde) should be stored in the secured cupboard/trolley but not recorded in the CD register.
- Medication that needs to be kept refrigerated must be stored in the locked medication fridge or locked box in a fridge in a locked room. Fridge temperatures must be recorded daily (appendix 2) if the temperature falls outside 2 – 8oc, advice needs to be sought from a pharmacist before using the medication or fridge. Fridges need to be cleaned/ defrosted regularly.
- All other medicines to be stored in a locked drugs cupboard/ trolley.
- Medical room should be locked when not in use.
- Only medicines requiring cold storage should be kept in the medication fridge – No other items such as food or drink should be stored in there.
- Whilst security of medicines is important, consideration should be given to having easier access to emergency medicines.

- Keys giving access to the medicines must be kept with the health care professional or the designated education personnel at all times. When not needed, keys must be stored in a locked receptacle. (such as a draw or filling cabinet) These must be accounted for at the end of each working day.
- Schedule 2 CDs. Stock check must be done and recorded at least once on each working day during term time. A stock check is done by ensuring that the physical quantity and written quantity correspond
- As required (PRN) CDs that are not routinely used (such as midazolam and diazepam). These should be placed in a tamper evident pouch and a stock check should be done at least once weekly by ensuring that the seal number remains the same as before (appendix 3). If the seal number is different to that recorded previously, that implies that the pouch has been opened and therefore staff need to establish the circumstances around this.
- Expiry date check must be carried out once in each term. A note of medicines expiring before the next check must be made to ensure that it is not used after the expiry date. Where the expiry date is stated as month and year, the product can be used until the last day of that month.
- A list of controlled drugs can be found at www,gov.uk (crtl and click to follow link) https://www.gov.uk/government/publications/controlled-drugs-list--2

## AUTHORISATION OF MEDICATION

- Only medicines that have a signed authorisation from the parent/legal guardian can be administered.
- The health and wellbeing team or designated member of staff will administer all medication at the time specified on individual medication sheets.
- One other person will check all medication administered.
- Diana special School nurses can single check medications except CD drugs where a witness will be needed to verify amounts.
- Ensuring the name of drug, dose, frequency and signature of parent and date are present and legible the medication can be given.
- Ensure that the detail on the authorisation correlates with the details on the pharmacy label and details on the medicine box/strip/bottle.
- One authorisation form needs to be completed for each medicine to be administered.

## ADMINISTRATION OF MEDICATION

- Ideally, administration of medicines should be carried out in a setting that is free from distraction. Privacy and dignity of the child must also be considered when administering medicines.
- When transporting medicines within the school, a drug trolley or an alternative suitable device must be used to ensure safety and security of the medicines.
- Staff members must make sure that the instruction on the authorisation corresponds to that on the pharmacy label. Ensuring the drug name, dose, strength and time are correct.
- Ensure syringes used for oral medication and enteral tubes are used as directed by the manufacturer. All syringes are single patient use only and should be washed and stored as per manufacturer instructions.
- When administering the medication care should be taken to identify the correct young person, by the use of the photo I.D. (these should be updated yearly) if appropriate he/she should be asked their name or to read their name from the medicine container.
- Positively encourage the young person to be as independent as possible when taking their medication eg. Place tablet into hand allowing them to put it into their own mouth or support to do so if needed. Staff must supervise the young person during this procedure to ensure the medication has been taken.
- Once medication is checked it should be administered to the young person by the two members of staff that have prepared the medication. Staff must ensure they follow the checklist for administration sheet before administration.
- On no account should there be any bulk preparation of medication.
- Only tablets that are scored can be halved / quartered.
- Only tablets that have it indicated on the pharmacy label can be crushed / dissolved /dispersed or confirmation from a prescriber in writing.
- Once the medication has been given a record should be made of medicines administered or omitted. A record of administration can simply be an initial against the relevant time, day and medicine on the medication sheet. In addition to the above, the time of administration should be recorded if the medicine was administered over an hour either side of the required time or if there are other reasons where this information would be useful (e.g. “prn” medicines, hand-over for parent etc.)
- A record of initials should be kept alongside names to identify persons.
- For missed doses/omissions, reason for omission must be recorded and parent contacted.

- For schedule 2 CDs, in addition to the above the following must also be recorded in the appropriate page of the CD register: (a) date (b) time (c) dose administered (d) dose wasted (e) running balance (f) staff signature.
- Any un-used / out of date medicines must be returned to the parent at the end of the academic year.
- Health care team are to ensure there is a system in place for the monitoring of expiry dates of prn medicines and removal of expired medicines from use.

## REFUSAL OF MEDICATION

- If medication is refused by a young person then this should be documented as such on the medication administration sheet with a reason if possible and signed by the Staff member and medication checker.
- Strategies in the health care plan should be followed.
- Parents should be informed by telephone and the refusal documented. The refused medication should be placed in kitchen roll if liquid and disposed of in usual waste. Small quantities of tablets (1-2 tablets) can also go into the usual waste.

Vomited Medication

- Should a young person vomit shortly after receiving medication the medication must not be re-administered. Parents must be informed by telephone and if the young person is unwell, he/she must go home. The incident must be documented. The exception to this is when medication is given as required with an allergy plan, this will state if the medication is vomited it can be readministered.

## SELF ADMINISTRATION

- We encourage where appropriate young people to take responsibility for managing their own medications. This may be by encouraging the young person by putting a tablet in their hand to take to carrying their own medication.
- An individual health care plan will be discussed with the parents and young person if able and should they wish to self-administer their own medication competence and capability need to be established and the level of supervision that may be required. (see appendix)
- If a young person has a dosette box for administering their own medication at home a care plan needs to be completed with the support of the Diana nurse if they wish to do this at school. Dossette boxes must be prescribed by a GP and dispensed by a pharmacist. A parental authorisation form will need to be completed for each medication to be administered in the dossette box.
- The self – administration of medication in School form needs to be completed to ensure the safety of pupils and staff members. (see appendix)

## EMERGENCY MEDICATION

Rectal diazepam, buccal Midazolam, rectal Paraldehyde

- Rectal Diazepam/ buccal Midazolam/ rectal Paraldehyde should only be administered according to the young person's Individual seizure care plan.
- Staff must have undergone training and a record of who can administer emergency medication be kept. Training must be documented and reviewed at least annually.
- Once rectal Diazepam/ buccal Midazolam/ rectal Paraldehyde has been administered then an ambulance must be called if not already done so.
- Parents should be contacted immediately. Once a parent/carer arrives the responsibility for that young person rests with the parent/carer who can then decide whether or not to send them to hospital.
- If parents cannot be contacted the young person must go to hospital if advised by the paramedics (a member of staff will escort the young person and remain with them until parents or a named alternative has arrived)
- A young person may not remain in school once rectal diazepam, buccal Midazolam, rectal paraldehyde has been given.
- After the incident has been dealt with a 'Rectal Diazepam/ buccal Midazolam/ rectal Paraldehyde Administration Report form' or school equivalent form should be completed, two copies made and one given to parents/carers and one to remain on site.

Adrenaline Auto – injector devices (AAI)

- AAI's must be readily available for School staff to access when needed and must always stay with that young person and when out in the community.
- Please see own school policy on allergy management in school.

Reliever inhalers

- Reliever inhalers must be readily available to be administered to a young person.
- The authorisation and prescription label must be followed.
- Some children may have an asthma plan to follow.
- If out in the community the reliever inhaler must also accompany the young person.
- Volumatic/ spacer devices must also be labelled to ensure single patient use.
  **Please see separate section on Emergency salbutamol inhaler**

## PRN MEDICATION (as required)

- As required medication should only be given when full consent given by parents and approved by the Head.
- As required medication can only be given for indications detailed on the medication information.
- The use of non – prescribed medicines should be limited to a 24-hour period and not exceed 48hours. If symptoms persist, parents must seek medical advice.

- Before administering the medication, information must be sought as to when the last dose was given.
- Only the dose for the age stated on the medication can be given and must match the parental authorisation.

## ADVERSE REACTION TO MEDICATION

- All medication can have side effects. If a young person has a minor reaction to medication Parents should be notified. Staff should obtain advice from the young person's G.P. as soon as possible and advice followed.
- If the young person has a severe reaction such as swelling of hands, face and body, reddening of skin, sweating, blotchiness or a feeling of faintness, difficulty breathing, expert help is needed immediately. Dial 999 for medical assistance and contact parents. Follow advice from medical staff on the phone until paramedics arrive. Documentation must be completed.

All suspected adverse reactions in children and young people should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) via the webpage: https://yellowcard.mhra.gov.uk/ . This can be done by non-healthcare staff

## OVER THE COUNTER MEDICATION (OTC) AND PHARMACY ONLY (P)

- Generally, it is not necessary for an over-the-counter (OTC) or pharmacy only (P) medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed.
- Aspirin must not be given to children under 16 years of age unless prescribed.
- A medication authorisation form needs to be completed for OTC including pharmacy only (P) medicines by parents.
- These medicines should only be given as directed on the package; this includes the dose. School staff will seek advice from the Diana school nurse before the commencement of these medicines and if they do not match the indications for use on the packaging.

## MEDICATION ERROR

In the event of a drug error the affected young person's safety is the priority therefore staff should:

- Check on well-being of the young person
- Seek medical advice immediately from the young person's GP or out of hour's service doctor and follow any advice give; ensure you give all information regarding any other

medication the young person has taken or should take. If there are any concerns re the condition of the young person then take them to hospital or dial 999
- Inform Head teacher / senior management team
- Inform parents / carers
- Inform Diana school nurse
- Amend medication sheet re advice from GP
- Inform all staff involved in error
- Complete all appropriate forms

Head teachers will investigate and take appropriate action. If Diana service staff are involved they will complete school and Diana incident reports. The Diana school nurse lead will then liaise with the head teacher and take appropriate actions.

## SCHOOL TRIPS

- Risk assessments must be completed by the leader of the trip and given to the health care team to establish if medication will be required for the trip and how this will be carried out.
- Medication administration forms must be obtained, paying attention to any additional drugs outside of the school day.
- An identified named person must be identified to supervise the storage and administration of medication. The correct amount of medication must be supplied for the duration of the time away from school.
- Medication that needs to be taken on a trip must not be drawn up prior to the outing.
- Medication must be signed out of school and back in on their return.
- Medication must be kept in a locked container and should not be left unattended in a vehicle

## TRANSPORT MEDICATION

- Transport staff may bring in emergency medication for a young person to keep at school that is used for transport staff. This is due to transport staff not being able to store the medication whilst the young person is at school.
- School staff will only store emergency medication whilst the young person is at school and not overnight.
- This will be signed in and out using the appropriate forms.

## EMERGENCY PROCEDURES

- Within a young person's IHCP it will clearly state what an emergency is for that young person and what steps to take.
- All staff will have a clear understanding of what to do in the event of an emergency.
- An ambulance will be called if it is deemed necessary and if any emergency medication is required to be administered.

- If a young person needs to go to hospital a member of staff will stay with them until a parent arrives.
- All staff will ensure they know how to direct emergency services to their location including school trips.

## UNACCEPTABLE PRACTICE

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

- Staff medication on the premises must be securely stored, and out of reach of children always and not dispensed by any other person.
- Staff medication should not be stored with young people's medication. This is to prevent errors and to minimise the number of people with access to the medication cupboard / trolley.
- Excess medication should not be kept on site and sent home when completed or no longer in use.

## Signing In / Out of medication

| Date / Time | Medication | Amount (1 bottle, 1 box 1tube etc) | Sign out | Sign in |
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## Signing In / Out of travel medication

| Date / Time | Medication | Amount (1 bottle, 1 box 1tube etc) | Sign out | Sign in |
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**Checklist to administer medication**

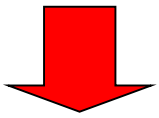
Authorisation sheet from parents received and filled in correctly

All details on Pharmacy label matches parental authorisation

**Yes**

If a CD record in CD register. Store all medication correctly as indicated.

**No**

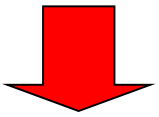


Parents contacted; medication / authorisation sheet sent home to be corrected.

At time indicated, prepare medication checking right medication, right pupil, right route, right dose / strength and expiry date. Make sure the manufacturers expiry once opened is not before the expiry date.

Identify young person either asking their name and from their photo and give their medication.

Medication given – document on medication sheet.



Medication refused – document on medication sheet and inform the Head and parents.

## Appendix 2

### Royal Pharmaceutical Society of Great Britain

**Refrigerator Temperature Record**

**Month:** **Year:**

| Date / Day | Max Temp C | Min Temp C | Action taken if outside range 2-8 C | Checked by (initials) | Thermometer reset (tick) |
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Please record the date(s) the fridge was defrosted:

**Review:**

Has the fridge temperature been checked every day? ☐ Yes ☐ No

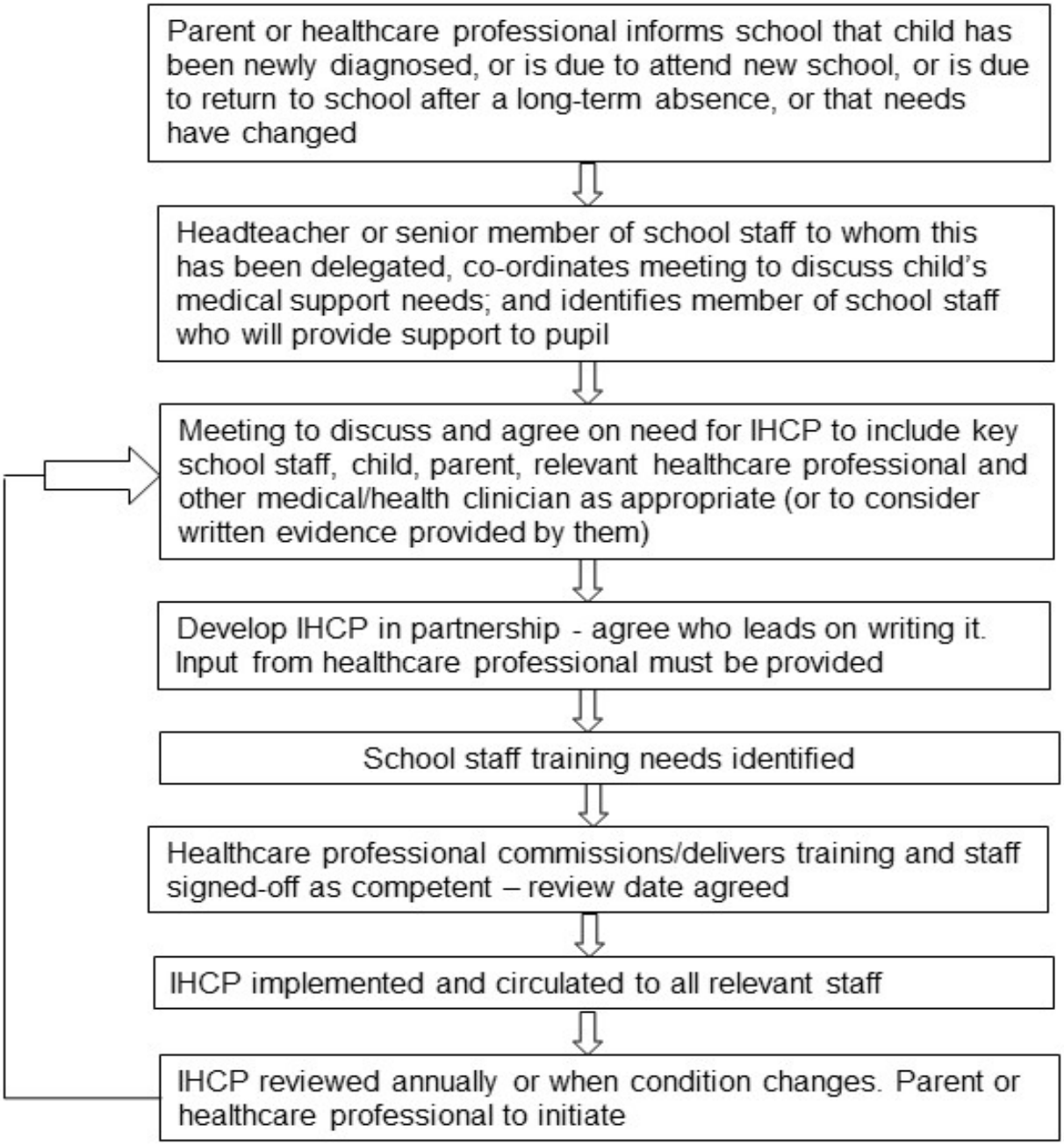
Has any necessary action been taken? ☐ Yes ☐ No

If yes, what was the action?

Reviewed by: ……………………………………… Date:……………………………

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturer's advice where appropriate.

Development of an individualised health care plan (IHCP)



## Self – administration of medication in School

| | |
|---|---|
| Full Name | |
| Date of birth | |
| Address | |
| School | |
| Does the young person have mental capacity and competent to make decisions?<br>To include being able to read and understand the labelling on medication and concepts of time?<br><br>Head teacher to assess | **Yes** ☐ Proceed with the rest of this form<br><br>**No** ☐ Reassess next term<br><br>**Signature of Head:** **Date:** |
| Can the student open the containers / draw up the medication? | **Yes** ☐<br>**No** ☐ **-** What support will they need: |
| Student consent to administer own medication with a school staff member checking | **Signature of student:** **Date:** |
| Parent / legal guardian agrees to the self – administering of medications by the student. | **Signature of parent / legal guardian:**<br>**Date:** |
| The use of this form does not include any emergency medications or dosed boxes / pre -made medication. Self-administering can be reviewed at any point and **will be reviewed every term.** | |