



**HURLINGHAM  
SCHOOL  
AND NURSERY**

EST. 1947

# **Administering Medication Policy**

This policy applies to all activities of Hurlingham School, including the Early Years Foundation Stage.

**Date of Review: September 2024 (previously incorporated into our First Aid Policy)**  
**Date of Next Review: by 31 May 2025**

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## **Statement of intent**

**Hurlingham School** will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils' medication.

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 pupil 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:
  - Equality Act 2010
  - 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 (and additional policies contained therein)
  - Supporting Pupils with Medical Conditions Policy (and any additional policies contained therein)
  - Record Management Policy
  - Complaints Procedures Policy

## 2. Definitions

- 2.1. Hurlingham 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 **Principal** is responsible for:
  - The implementation of this policy and procedures.
  - Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
  - Handling complaints regarding this policy, as outlined in the school's **Complaints Procedures Policy**.
  - Ensuring the correct level of insurance is in place for the administration of medication.
  - Ensuring that members of staff who administer medication to pupils, or help pupils self-administer, 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 pupils with medical conditions are properly supported.
  - Managing any complaints or concerns regarding the support provided or administration of medicine using the school's **Complaints Procedures Policy**.

- 3.2. The **Head** and **Head of Nursery** are 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 pupils 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 Request for Short Term Administration of Medicine 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.
- 3.5. It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with the school office or other members of staff.

#### **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 Head will ensure that a sufficient number of staff are suitably trained in administering medication.
- 4.3. All 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, pupils 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 pupils, and that this is entirely voluntary, unless the supporting of pupils 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 pupil is necessary

4.7. Staff members will be made aware that if they administer medication to a pupil, 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.

## **5. Receiving and storing medication**

5.1. The parents of pupils who need medication administered at school will be sent a medication administration consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication at either the Nursery or Prep-School.

5.2. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present.

5.3. Consent obtained from parents will need to be supplied each time a new medication is prescribed or annually in the case of ongoing medication.

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 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 5.9, are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils, e.g. locked cupboards.

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 not be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to pupils 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 pupils 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.
- 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 pupils 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 pupils.
- 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 pupil not to do so.
- 6.2. Staff will check the expiry date of each medication being administered to the pupil 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. In the Prep-School this will (other than in exceptional circumstances) be in the School Medical Room adjacent to the School office where there is also a fridge in which the medication will be stored. In the Nursery, medication will be administered in the School office and medication stored in the fridge in the staff room on the first floor.
- 6.6. The Medical room at the Prep-School is 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

In practice, at the Nursery most everyday over the counter medication will be administered in the most practical location according to the age of the child but the Medical room at the Nursery can be used when required and is also 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 pupil'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 pupil 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 time frame.
- 6.8. If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.
- 6.9. If a pupil 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 pupil's parent, following advice from a healthcare professional.
- 6.10. If a pupil 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.
- 6.11. The school will not be held responsible for any side effects that occur when medication is taken correctly.
- 6.12. Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible.
- 6.13. Records are stored in accordance with the **Record Management Policy**.

## **7. Out of school activities and trips**

- 7.1. 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 pupils.
- 7.2. If possible and appropriate, pupils will carry certain medications themselves, e.g. asthma inhalers.
- 7.3. Medication will be carried by a designated staff member for the duration of the trip or activity.
- 7.4. There will be at least **one** staff member who is trained to administer medication on every out-of-school trip or activity which pupils with medical conditions will attend.
- 7.5. Staff members will ensure that they are aware of any pupil 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.
- 7.6. 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 pupils 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.

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

## 8. Individual healthcare plans

- 8.1. For chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parents, the **Head**, the **Deputy Head Pastoral and Operations**, the **SENCO** and any relevant medical professionals.
- 8.2. When deciding what information should be recorded on an IHP (see [appendix 2](#)), the **school** will consider the following:
- The medical condition, as well as its triggers, signs, symptoms and treatments
  - The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, equipment and dietary requirements
  - The specific support needed for the pupil's educational, social and emotional needs
  - The level of support that is needed and whether the pupil 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 pupil'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
- 8.3. The **Principal** will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by **the Principal**.

## 9. Adrenaline auto-injectors (AAIs)

- 9.1. 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 pupils who are at risk of anaphylaxis, but whose devices are not available or not working.
- 9.2. The **Head** will ensure that all relevant staff members are aware of how to submit a request to the pharmaceutical supplier to purchase these AAIs 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.
- 9.3. The **Head**, in conjunction with the **school appointed person**, will decide which brands of AAI to purchase.
- 9.4. Where possible, the school will hold one brand of AAI to avoid confusion with administration and training.
- 9.5. The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the school adheres to the correct dosage requirements. These are as follows:
- For pupils under age 6: 0.15 milligrams of adrenaline
  - For pupils aged 6-12: 0.3 milligrams of adrenaline
  - For staff aged 12+: 0.3 or 0.5 milligrams of adrenaline
- 9.6. Spare AAIs are stored in the School Medical Room at the Prep School and in the Head of Nursery's Office at the Nursery.
- 9.7. The school will arrange specialist training for staff on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.
- 9.8. Designated staff members who are suitably trained and confident in their ability to do so will be appointed as the administrators of AAIs.
- 9.9. . As part of their training, all staff members will be made aware of:
- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
  - Where to find the pupil's AAI in the case of an emergency.
  - If using one of the School's emergency AAIs, the correct dosage amounts in correlation with the age of the pupil.
  - 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 AAIs 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.
- 9.10. There will be a sufficient number of staff who are trained, and consent, to administer AAIs on site at all times.
- 9.11. Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit can be found at the following locations:
- **The School Medical Room at the Prep School**
  - **The Head of Nursery's Office at the Nursery**
  - **In trip bags where appropriate.**

- 9.12. 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.
- 9.13. The spare AAls will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent.
- 9.14. Where consent and authorisation has been obtained, this will be recorded in their IHP.
- 9.15. The school will maintain a **Register of AAls and details of to whom and how they should be administered on the Code Red posters around the building.** This includes the following:
- Name of pupil
  - Class
  - Known allergens
  - Risk factors for anaphylaxis
  - Whether medical authorisation has been received
  - Whether written parental consent has been received
  - Dosage requirements

## **10. Medical emergencies**

- 10.1. Medical emergencies will be handled in line with the ***First Aid Policy***.
- 10.2. 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.
- 10.3. The **Head** will ensure that there is a sufficient number of staff who have been trained in administering emergency medication by an appropriate healthcare professional.

## **11. Monitoring and review**

- 11.1. This policy will be reviewed **annually** by the **Principal** and the **Head**.
- 11.2. Records of medication which have been administered on school grounds will be monitored and the information will be used to improve school procedures.
- 11.3. Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.
- 11.4. **Hurlingham School** will seek advice from any relevant healthcare professionals as deemed necessary.

## **Appendix 1**

Hurlingham School – HS MED 2

Request for Short Term Administration of Medicine Form – please use the link below:

[Request for Short Term Administration of Medicine](#)



## Appendix 3

### Staff Guidance for Short Term Administration of Medicines

Staff must refer parents to the School Office if a request to administer medicines is made to them.

#### The procedure for School Office:

1. Check that the 'Request for Short Term Administration of Medicines' form (**HS MED 2**) is correctly filled in and signed by the parent/carer when medicine is handed in by parent/carer.
2. *Check that the dosage details requested on the form (HS MED 2) are the same as those detailed on the medication.*
3. Check that the medicine has been placed in either the fridge or First Aid cupboard.
4. Place 'Request for Short Term Administration of Medicines' form (**HS MED 2**) in the Medicine Form pigeon hole in the office.
5. When the period of time for administering the medicine is complete, file the 'Request for Short Term Administration of Medicines' form (**HS MED 2**) in the child's folder.

#### The procedure for Staff Designated to Administer Medicines:

When administering medicine:

1. Check that the 'Request for Short Term Administration of Medicines' form (**HS MED 2**) is correctly filled in and signed by the parent/carer.
2. Check that the medicine is the correct medicine for the child.
3. Check the expiry date of medicine.
4. Ensure a witness is present.
5. Administer medicine as per instructions on 'Request for Short Term Administration of Medicines' form (**HS MED 2**).
6. Complete time, date and signature on the form (**HS MED 2**).
7. Ensure that the person witnessing the procedure also signs the form.