

Administration of Medication and Management of Health Needs in Schools (EDU-HS-01)

Issue Date	January 2022	Review Schedule	3 yearly (or sooner if there has been a significant change)
Approvers	Schools H&S Advisory Group	Cross Reference Applicable Documentation	EDU-08 Healthcare Plan EDU-11 Medical Staff Training Record EDU-12 Medication Record EDU-13 Minimising Triggers for Medical Conditions at School Form EDU-15 Parent Permission and Medication Record
Group	Corporate Services & Governance	Service	Human Resources/ Workforce Development
Target Audience	All staff employed in schools by Gateshead Council	Compliance	Supporting Pupils with Medical Conditions at

	or who have a School SLA with Gateshead Council		<p>School (DfE), 2015 (amended 2017)</p> <p>Health and Safety at Work etc. Act, 1974</p> <p>Management of Health and Safety at Work Regulations, 1992 (amended 1999)</p> <p>Equality Act, 2010</p> <p>Schools Premises (England) Regulations, 2012</p>
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This document forms part of the Corporate Health and Safety procedural arrangements

Change Record			
Date	Controller	Version	Changes

January 2022	Lorraine Dixon	Issue 5	Review of document – main changes are to section 3.

Occupational Health and Safety Policy and Guidance in Gateshead Council

Gateshead Council's Occupational Health and Safety policies/procedures consider current legislation, rules, regulations and best practice guidance from a range of professional and public bodies, including the following: Statutory Guidance from the DfE – “Supporting Pupils with Medical Conditions at School” and “Safe Practice: In Physical Education, School Sport and Physical Activity”.

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1.0 Introduction

In most schools there are pupils who may need to take medication or will have medical conditions that require support so that they can attend school regularly and take part in school activities. Pressure on non-medical staff to administer medication in schools has increased as education has become more inclusive. Gateshead Council is committed to inclusive education and no pupil should be unnecessarily excluded from mainstream education or other educational activities by virtue of having a medical condition.

- 1.1 Schools must decide on the way in which they can meet pupil's needs. A clear policy which is understood and accepted by employees and parents on supporting pupils with medical needs should be developed. This will provide a sound basis for ensuring pupils with medical needs are supported by trained and professional staff in a safe and secure learning environment. A model policy for schools is available [EDU-MOD-02](#)
- 1.2 This policy provides guidance for schools on supporting pupils with medical needs and emphasises the importance of working in partnership with parents / carers and health professionals.
- 1.3 Schools should have a clear commitment to safeguarding children. Whilst safeguarding is not just about protecting children from deliberate harm, it also includes issues such as meeting the needs of pupils with medical needs. The requirements of inclusion and the Equality Act, 2010, mean that all schools will need to seriously consider their policy on administering medicines and supporting pupils with health needs during school hours and school activities.
- 1.4 The prime responsibility for a pupil's health rests with the parents; (the term 'parents' in this policy includes guardians and carers) they are responsible for making sure their child is well enough to attend school and for administering medicine or supervising them in taking their medicine. Each request for medicine to be administered to a pupil in school and by school staff should be

considered on an individual basis. No child under 16 should be given medication without their parent's written consent.

- 1.5 Head teachers should ensure that all parents are aware of the school's policy and procedures for supporting pupils with medical needs. The policy should make it clear that children should remain at home when they are clearly unwell. However, in certain cases it may be unavoidable for pupils to take medicine whilst at school. This will be true for pupils with long term medical needs or if a prescribed course of treatment is to be effective. To enable pupils requiring medical support to participate as fully as possible in school activities, it is hoped that, subject to the safeguards given in this policy, schools will in appropriate circumstances be able to assist parents in this matter.
- 1.6 Head teachers will need to agree with parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs or where the parents' expectations appear unreasonable, the head teacher can seek advice from the school nurse or other medical advisers.
- 1.7 It is important that responsibility for pupil safety is clearly defined and that each person involved in supporting pupils with medical needs is aware of what is expected of them. Risk assessments (where required), individual health care plans and school nursing health care plans compiled by trained and competent persons, in conjunction with parents, should determine the procedures schools will need to adopt to comply with the LA's policy of inclusive education. These assessments and plans should also identify any exceptions to normal participation in school activities.
- 1.8 It is the decision of the school head teacher whether to agree to administer medication or undertake a medical procedure for pupils, but they must consult with the staff that would be involved with the procedure. If a school chooses not to take on this responsibility, then parents must be informed. The decision of the head teacher must be reasonable.
- 1.9 No employee, including support and ancillary staff, has a duty to administer medicine or to supervise or assist with medical procedures (unless this is specifically stated in their job description.) However, anyone caring for children has a duty to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during

any other school activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency.

2.0 Legal and Insurance Position

- 2.1 There is no legal requirement for teaching or non-teaching staff to administer medicine, to supervise a pupil taking his/her medicine or to undertake medical procedures (except in an emergency or if specifically included in their contract of employment). Where employees do agree to participate in this duty it should be recognised that these duties are a voluntary action.
- 2.2 The legal implications for employees administering medication on behalf of their employer, are no different from those arising in any other way during the course of their employment. If a client or another employee makes a civil law claim for damages, this claim will invariably be against the “employer”.
- 2.3 In the extremely unlikely event of a civil claim being made against an individual employee, then providing they are acting within the scope of their employment and have been provided with appropriate training, Gateshead Council has a policy of indemnifying the employee against any claims made against them, including costs awarded. Employees working in voluntary aided or academy schools where the governors are the employer, should check the terms of their insurance provider.
- 2.4 For the purposes of indemnity, the administration of medicines falls within this definition and hence employees can be reassured about the protection their employer provides. In practice, indemnity means the employer and not the employee will meet the cost of damages should a claim for negligence be successful. This is unless the employee has acted with gross or wilful negligence or recklessness without regard for the consequences of his or her actions.



When administering medicines or medical procedures, it is important that the school checks with their insurance team/provider as to whether there is **adequate cover in place to protect employees** that are undertaking these procedures. In some cases, **additional cover may need to be provided.**

- 2.5 Whether or not a member of staff volunteers to administer medicine, he/she must act as a reasonable parent would in the case of an emergency. For emergency purposes, it is important that each school has an agreed procedure for employees to follow. This can be part of the individual care plan. It should provide a sound basis for ensuring pupils receive proper care and support in school and during school activities.

3.0 Medicines in Schools

- 3.1 Medicines should only be taken into school when it would be detrimental to a child's health if the medicine is not administered during the school day. Medicines should normally be given to children at home. Parents should be encouraged to ask the prescriber, where clinically appropriate, if they can prescribe in dose frequencies which enable the medicine to be taken outside school hours.
- 3.2 A prescribed or non-prescribed medicine which should be administered three times a day could be taken before school, immediately after school and at bedtime. Other than where an antibiotic needs to be administered four times a day, there should be no obligation for antibiotics to be administered during school hours.
- 3.3 Schools should accept medicines which have been prescribed by a doctor, dentist or other medical practitioner. Prescribed medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. The container should be clearly marked with:
- the pupil's full name
 - the name of the drug and the dosage frequency
 - the date of issue and expiry
 - the written instruction on the label or container
 - storage requirements (if applicable)
- 3.4 A head teacher may in some circumstances decide that it is acceptable to provide medication that has not been prescribed, but written parental consent must still be obtained. The bullet points in point 3.3 apply also to non-

prescribed medicines, except for the requirement to have the child's name on the medication.

- 3.5 Schools should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to the dosages even if requested by parents/ carers.
- 3.6 Non-prescription medication (also known as “over the counter” medicines), can be administered to pupils for minor ailments, but must be with the approval of the head teacher and the written permission of the parents obtained. A very clear policy statement should be made on the circumstances in which such medicines will be administered. For example, administration of travel sickness tablets to children going on trips. As long as the procedures are clear, there is no reason not to do this. A record of the administration of the medication should be kept, (e.g. time administered and dose given) and the parent/carer informed.
- 3.7 For non-prescription medication, it is acceptable to follow the supplier or manufacturers dosing instructions. There is no need to request medication from the GP or Primary Care provider for this reason.
- 3.8 The administration of non-prescribed medicines should be time limited. If a child is unduly receiving non-prescribed medication on an ongoing basis, for example, continuous use of paracetamol, then recommendation for a GP appointment should be made.
- 3.9 The recommendation to administer non – prescribed medication, have been taken in consultation with the Senior Medicines Optimisation Pharmacist at the Newcastle Gateshead Clinical Commissioning Group (CCG), so that schools are supported to help pupils that have minor ailments.
- 3.10 The attached weblink provides a list of conditions for which non-prescribed medicines could be used for a time-limiting period:
<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>



Under **no circumstances** should aspirin, or other preparations containing aspirin, be given to children under the age of 16.

- 3.11 Head teachers can decide whether to allow paracetamol-based medication (e.g. Calpol) to be administered during residential trips. This must only be undertaken if prior parental consent has been sought and it has been made clear what dosage should be administered. The dosage should be the same as that on the bottle or less if the parent requests this. For example, if the dosage on the bottle is 5 – 10ml, the parent may request that only 5ml is given. Dosages must not exceed that on the container.

4.0 Governing Body and Head Teacher Roles

- 4.1 The decision as to whether a school is able to meet the medical needs of individual pupils is the responsibility of the head teacher /governing body. If they have agreed to support pupils with medical needs, they should ensure that their school has developed its policy and procedures accordingly.



Head teachers should ensure that all employees who assist with medical procedures or the administration of medication receive suitable and sufficient information, instruction and training to be able to undertake these functions in a safe and effective manner.

- 4.2 When a request from a parent for the school to administer medication or undertake medical procedures for a pupil has been accepted by the school, the head teacher should ensure the parental consent form is completed. Where appropriate, health care plans for individual pupils should be drawn up.
- 4.3 The head teacher is responsible for putting the policy and procedures into action. They will need to consider systems for information sharing. For example, even if a class teacher is not responsible for administering medication, they should still be informed of any medical conditions or if a pupil is taking medication, so they can look out for side effects.
- 4.4 Refusing admission to a child with a medical condition or preventing them from taking up a school place because of the need to make arrangements to manage the medical condition is unlawful, as children and young people with

medical conditions have the same rights of admission as other children. However, in line with safeguarding duties, a head teacher can refuse admission to a child if it would put others' health at unnecessary risk, for example, if it promotes transmission of an infectious agent.

- 4.5 Under Regulation 5 of the Schools Premises (England) Regulations, 2012, maintained schools must have accommodation that is appropriate and readily available for use for medical examination and treatment of sick or injured pupils.
- 4.6 It is essential that all parents, (not just those who have children with medical needs), understand the policy and what the school is able to take responsibility for.

The main points that need to be covered are:

- Procedures for managing prescription medicines or medical procedures that need to be taken/given during the school day
- Procedures for managing prescription medicines or medical procedures on trips and outings
- Roles and responsibilities of staff managing and supervising the administration of medication or medical procedures
- Responsibilities of parents in respect of their child's medical needs
- The need for prior written agreement before medicines can be administered or medical procedures be undertaken
- The circumstances in which non-prescription medicines can be administered
- Policy on assisting children with long term and complex medical needs
- Policy on children carrying and administering their own medication
- Employee information, instruction and training
- Record keeping
- Safe storage/and disposal
- Emergency procedures and what to do if a pupil requires hospital treatment or action to be taken if agreed procedures fail
- Risk assessment and management procedures

- Parent to submit completed request to administer medication form EDU-15
- Details of the school nurse or specialist nurse to arrange staff training, (as provided through Gateshead Primary Care Trust)
- Back up cover to be provided for those occasions when employees who administer medicine to pupils are absent or unavailable and ensure that all staff and pupils are aware of the arrangements which have been made
- Arrangements for the return of prescribed medicine to the parents at the end of the course of treatment or at the end of each term

The above points are covered in the model policy - [EDU-MOD-02 Administration of Medication and Management of Health Needs in Schools.](#)

5.0 All Employees

5.1 Some employees maybe naturally wary about their ability to support pupils with medical conditions, particularly if it is potentially life threatening. Therefore, all employees (including supply and temporary ones) who have pupils with medical needs in their class or group should be provided with the following information:

- The nature of the medical condition
- When and where the pupil may need extra attention and support with administration of medication or medical procedures
- Where the medication is stored or if the pupil carries or self-administers
- The likelihood and the action to be taken if an emergency occurs
- Arrangements for back up cover when the responsible member of staff is absent or unavailable

Any employee, who has concerns about a child's medical condition, should share those concerns with the head teacher in order that parents can be informed and the appropriate action taken.

6.0 Employees Authorised to Administer Medication or Undertake Medical Procedures

- 6.1 Employees who either contractually or who volunteer to accept responsibility for administering prescribed medicine or undertaking medical procedures for a pupil, must do so with the agreement of parents and the head teacher. Employees authorised to administer medicine or undertake medical procedures must receive appropriate training. The level of training will depend on each individual case. They must also be fully aware of and act strictly in accordance with the Council's and the school's policy on the "Administration of Medical Needs Policy" at all times.
- 6.2 If pupils must take medication or have a medical procedure undertaken, employees should not force them to do so. The parents should be informed as soon as possible and asked to come into the school to either administer the medicine or medical procedure themselves if practical. If necessary, call the emergency services. The refusal must be recorded.
- 6.3 All employees should be made aware of the importance of respecting the confidentiality of medical information. Parents should be informed that information might be shared with other staff in school as required. If information is withheld from employees, they cannot be held responsible if they act incorrectly in giving medical assistance otherwise in good faith. The cultural issues of both pupil and parents should be always respected.

7.0 Parents' Responsibility

- 7.1 Parents have the primary responsibility for their child's health needs and are responsible for ensuring their child is well enough to attend school. They must provide the head teacher with detailed information about their child's medical condition, whether this is before the child starts school or if a condition develops whilst the child is attending school. They should liaise with the school to reach an agreement on the school's role in supporting their child's medical needs.
- 7.2 Parents are also responsible for supplying written information about the medication or medical procedures their child needs in school and informing the

school in writing of any changes to the prescription or procedures, the administration regime or the support required. This should be provided in conjunction with the GP or other medical professional as appropriate. The information should be recorded on form EDU-15 which also allows for a record of the consent of the parent. A copy of this form should be kept in an accessible place and a copy held on the pupil's file.

- 7.3 All medication must be delivered directly into the keeping of either the head teacher or authorised person in the original container as originally dispensed.
- 7.4 The child's GP or medical practitioner will provide information that the school will need and can also provide advice on the arrangements that the school should have in place on how the condition should be managed during the school day.

The information provided should include:

- Details of medicines or medical procedures the child needs and when they're needed
- Any side effects of the medicines or medical procedures
- What constitutes an emergency?
- What to do and not to do in an emergency?
- Special requirements, such as dietary needs
- Whether the child will need to be absent from school regularly to attend medical appointments

- 7.5 Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines, dosage or medical procedures. For pupils

on long-term medication, the request form should be renewed following any changes or at the beginning of each new school year.

- 7.6 Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.

8.0 Information, Instruction and Training

- 8.1 It is essential that prior to any delegation of clinical tasks to non-health qualified staff, that there are arrangements in place for the following:
- Initial training and preparation of staff
 - Assessment and confirmation of competence of staff
 - Confirmation and arrangements for on-going support, updating of training and re-assessment of competence of staff
- 8.2 Employees providing complex medical assistance will require special training. It is the head teacher's responsibility to ensure that employees who either contractually or voluntarily assist with medical needs receive information, instruction, training and support as guided by the medical professionals. Employees should not administer any medication or carry out medical procedures until they have been trained to do so and all protective clothing and equipment should be provided before the medication is administered.
- 8.3 If the administration of medicines or a medical procedure requires technical/medical knowledge, then individual training should be provided for employees by a qualified health professional. Training should be specific to the individual child concerned. Refresher training should be provided by a qualified health professional at a suitable interval as specified by the professional and a formal record of the training be recorded and accessible.
- 8.4 Training must include the identification of tasks that should not be undertaken. Such safeguards are necessary for both the staff involved and to ensure the

wellbeing of the pupil. (First aid training alone does not qualify staff to administer medicines or medical procedures).



Head teachers must be satisfied that any training has provided employees with sufficient understanding, confidence and expertise. A health care professional will need to confirm proficiency in medical procedures to be undertaken.

It is imperative that a record of formal evidence of competence is retained.

9.0 Record Keeping

9.1 The administration of medicines or medical procedures should be recorded so that it is easily apparent when a dose has been given. Clear records of the medicine or medical procedures administered are vital to prevent errors.

There should be a record available for each individual pupil which lists:

- The medicine or procedure to be administered
- The date the medication was received into the school
- The time, date and dose administered
- The name of the person administering and their signature
- Where appropriate, the signature of any person who has witnessed the administration of the medication or medical procedure



Witnesses to the administration of medication **must not sign their name as having witnessed the administration of medication** if they were not present at the time it was given. Neither should witnesses sign prior or in advance of medication being given.

- 9.2 If there are any problems, such as refusal or dropped tablets this too should be recorded.
- 9.3 Records should be kept for audit and safety purposes for at least three years.
- 9.4 During an inspection, Ofsted will check that schools have adequate policies, procedures and records in place regarding the administration of medication and management of health needs in schools.

10.0 Invasive Medical Procedures

- 10.1 There may be some pupils who have unusual or specific medical needs which may require treatment in an emergency. An example would be extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts or an epileptic seizure, which may involve invasive medical procedures. There could also be other instances where pupils may require special personal care involving intimate or invasive treatment including assistance with catheters or the use of equipment for children with tracheotomies or stoma bags.
- 10.2 For the protection of both staff and pupils a second member of staff should be present while the more intimate procedures are being followed and appropriate personal protection must be worn. Staff should protect the dignity of the child as far as possible, even in emergencies.
- 10.3 Head teachers may refuse to undertake administration/procedures where this is seen to be the reasonable decision in the best interests of the school/pupil. For example, where specific higher level technical or medical knowledge and/or training are required or where administration would make unacceptable intimate contact with the pupil necessary.

11.0 Risk Assessments

- 11.1 In some cases, pupils with medical needs may be more at risk than their classmates. Schools may need to take additional steps to safeguard the health and safety of such pupils. Therefore, individual risk assessments may need to be completed for certain activities, for example physical activities, external

visits and residential visits. The risk assessment should consider such issues as the pupil's medical needs, medication requirements, physical abilities and emergency procedures, etc. All employees supervising visits should be aware of any medical needs and relevant emergency procedures. Risk assessments should be regularly reviewed and amended as necessary.

12.0 Educational Visits and Sporting Activities

- 12.1 Pupils with medical needs should not be excluded from any school activity unjustifiably. Schools will need to consider how their needs, including medication are dealt with in these circumstances, as additional safety measures may need to be taken. In light of the Equality Act, schools should encourage and support the participation of pupils with medical needs during off site activities.
- 12.2 It will be necessary to consider the medical needs of pupils and the support required as part of the educational visits risk assessment. Employees and volunteers involved in the visit should be made fully aware of the medical needs and procedures in place to support the pupil for the duration of the visit, together with any the relevant emergency procedures. Additional training should be provided as required, for example, to support with night time routines that a school would not normally undertake.
- 12.3 A member of staff who is trained to administer any specific medication (e.g. epipens) must accompany the pupil, and ensure that the appropriate medication is taken on the visit.
- 12.4 Most pupils with medical conditions can participate in PE and extra- curricular sport. Any restrictions on a pupil's ability to participate in PE should be recorded in their health care plan. Where necessary, individual risk assessments should be conducted.
- 12.5 Some pupils may need to take precautionary measures before or during exercise and may need immediate access to their medicines, (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures. (Chapter 2: Section 14 of Safe

Practice: in Physical Education, School Sport and Physical Activity provides further advice).

13.0 Pupils Who Self Administer

- 13.1 There is no set age at which pupils can make the transition into self-medication. Where practicable, pupils should be encouraged to take responsibility for administering their own medicine and employees need to supervise only. This is particularly the case where pupils are on long term medication, (for example, diabetics and asthmatics) and need to develop the independence and discipline to cope with this. Details should be clearly set out in their health care plan in agreement with the parents, (always bearing in mind the safety of other pupils).
- 13.2 Employees should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action), when for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

14.0 Medical Health Care Plans (MMHCPs)

- 14.1 Pupils with complex or long-term medical needs will require a MHCP. In all cases, the pupil, his/her parents and where necessary healthcare professional, should be consulted in the formulation of the individual MHCP and associated risk assessments. The MHCP should also include emergency procedures. The MHCP should be reviewed at least annually or sooner if circumstances change.
- 14.2 The main purpose of the MHCP is to identify the intervention that is needed. An individual plan clarifies for staff, parents and the pupil what support is to be given. Each pupil should have a plan that is specific to their particular needs. The MHCP must be signed by pupils (where appropriate) and parents and

should be kept in a place that is accessible to required staff, but which takes into account the need for confidentiality.

- 14.3 Further information on healthcare plans should be obtained from The School Nurse Team.

15.0 Common Medical Conditions

- 15.1 There are a number of common conditions which at some time all schools will encounter. For example, asthma, epilepsy, diabetes, and anaphylaxis. Detailed information on these conditions is available on the NHS Choices website <http://www.nhs.uk/Conditions/Pages/hub.aspx>

16.0 Storage, Access to and Disposal of Medicines

- 16.1 Pupils must have immediate access to their medicine when required. Special arrangements should be made for accessing emergency medicine kept in schools. It is also important for schools to make sure that medicine is only accessible for those for whom they are prescribed. This should be covered as part of the school's policy on pupils carrying their own medicine. It may be appropriate for pupils to carry medication such as inhalers or an Epi-pen with them. However, where this is not practicable, suitable arrangements must be in place for accessing, handling and storage of medicines and medical aids for use in emergencies. Emergency medication should be placed in a suitable sealed container with the pupil's name and "Emergency Medication" clearly marked.
- 16.2 Medicine should be stored strictly in accordance with the product instructions (paying particular attention to temperature) and in the original container in which it was dispensed. Prescribed medicine kept at the school must be suitably stored and arrangements made for the medication to be readily

accessible when required. Under no circumstances must medicines be kept in first aid boxes.

- 16.3 Where a pupil needs two or more prescribed medicines, each should be in a separate container. Medication must never be transferred from its original container.
- 16.4 Some medicines need to be refrigerated and arrangements should be in place to ensure that this medicine is both secure, but available when required. The medicine should be kept in an airtight container and clearly labelled. If required, further guidance should be obtained from the GP or school nurse on the suitable storage arrangements for this medication.
- 16.5 Emergency medication such as asthma inhalers and adrenaline pens must be readily available to pupils and must not be locked away. Where practicable, schools should allow pupils to carry their own inhalers. Parents in consultation with the GP should decide when their child is old enough to do this and should inform the school in writing.
- 16.6 Schools can keep a spare adrenaline auto-injector (AAI) for emergency use and salbutamol (blue) inhaler. Further guidance for schools to follow can be found at:
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- <https://www.gov.uk/government/publications/using-emergency-adrenaline-autoinjectors-in-schools>
- 16.7 At the end of each term any unused medicines must be returned to the parents for disposal. This would also apply if a pupil leaves the school, ceases to need medication or if a medicine has passed its expiry date. The local pharmacy can also arrange for disposal of any medication left at the school.
- 16.8 Where needles are used, a sharps container and adequate arrangements for collection and disposal should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids.
- 16.9 The Control of Substances Hazardous to Health Regulations, 2002 (COSHH) covers the use and storage of hazardous substances and some medicines

could fall into this category. Where a school agrees to administer this type of medicine, they must ensure that the risk to employees and others are properly controlled.

17.0 School Emergency Procedures

- 17.1 As part of general risk management, all schools should have arrangements in place for dealing with emergency situations. Pupils should know what to do in the event of an emergency such as informing a member of staff. All employees should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.
- 17.2 Every effort must be made to contact the parent if a pupil needs to be taken directly to hospital. If the parent is unable to accompany their child to hospital or a delay in waiting for a parent to arrive at the school would be detrimental to the pupil's health, a member of staff must always accompany a child to hospital and should stay until a parent arrives. Health professionals are responsible for any decisions on medical treatment when a parent is not available. However, any medical information and contact details held by the school should be taken to hospital by school staff.

18.0 Controlled Drugs

- 18.1 The supply, possession and administration of some prescribed medicines are controlled by the Misuse of Drugs Act, 1971 (amended 2012) and its associated legislation. For example, Ritalin is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Ritalin is a controlled drug and has specific storage and administration requirements. Therefore, it is imperative that any controlled drugs are strictly managed between the school and parents.
- 18.2 Controlled drugs should be stored in a locked, non-portable container and only named staff allowed access. Each time the drug is administered it must be

recorded on the pupil's medication record, including if the pupil refuses to take it.

- 18.3 As with all medicines, any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible, it should be returned to the dispensing pharmacist. It should not be thrown away.
- 18.4 A pupil who has been prescribed a controlled drug may legally have it in their possession, but passing it to another child is an offence. It is strongly advised that schools store and administer all controlled drugs.

19.0 Refusal or Forgetting to Take Medication

- 19.1 Pupils should not be forced to take their medicine. If they refuse to do so, their parents should be informed. Schools should ask the parents to come into the school to either administer the medicine or medical procedure themselves if practical or in the case of emergency medication consider calling the emergency services. Details of the refusal should be recorded.
- 19.2 Under no circumstances should employees attempt to hide the medicine in food or drink, (unless in the opinion of health professionals there are exceptional circumstances and written permission from parents with a medical professionals input has been received).

20.0 Hygiene and Infection Control



Good hygiene is an essential requirement for all medical procedures. Hands must be washed thoroughly before and after. All employees should be familiar with normal precautions for avoiding infection.

- 20.1 Employees should have access to disposable gloves/aprons and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment. Clinical waste bags must be used where there is significant waste and suitable arrangements made for collection and disposal.

However, where there are very small volumes of clinical waste, this can be thoroughly wrapped and sealed before placing in a general refuse bin.

- 20.2 A personal protective equipment (PPE) risk assessment should be carried out and employees provided with any necessary protective clothing or equipment as identified in the medical risk assessment. Training on how to put the PPE on (donning) and how to safely remove it (doffing) must be given. The weblink below may help:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878677/PHE_11606_Putting_on_PPE_062_revised_8_April.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878678/PHE_11606_Taking_off_PPE_064_revised_8_April.pdf

21.0 Support

Guidance available to supplement this policy:

- [EDU-15 Parental Permission and Various Administration Forms](#)
- [EDU-MOD-02 Model Policy for schools - Administration of Medication and Management of Health Needs](#)

All of the above are available in Education Handbook (available via the intranet).

Please contact the following if additional information or support is required:

Email: CSGhealthandsafety@Gateshead.Gov.UK

Telephone: 0191 433 (ext)

Extensions: 2272 / 2237 / 2236 / 2270

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<http://www.nhs.uk/Conditions/Pages/hub.aspx>

SUPPORT