

# Health and Safety Guidance

## Administering Medication in Schools



### Background

The Headteacher and Governing Body have a duty under the Education Act 2002 for supporting learners with healthcare needs and ensuring they have full access to education (including educational visits and physical education).

There will be occasions in schools where pupils have long or short-term health conditions that require medication to be administered during the school day.

To meet these healthcare requirements, schools should have a robust system in place for administering, managing, and documenting any medication that has been administered.

### What do I need to do?

#### Creation of a Healthcare Needs Policy

Every school must have a healthcare needs policy in place which is readily available for parents to view. Welsh Government have produced a template for use by schools.

[healthcare-needs-policy-template-for-schools.docx \(live.com\)](https://www.live.com/healthcare-needs-policy-template-for-schools.docx)

#### Individual Healthcare Plans (IHP)

An IHP is a statutory document required under the Education Act 2002 for pupils with a long term or continual health condition. The purpose of this document is to evidence the measures in place to keep a pupil safe and healthy within school. The IHP is a practical document providing the information on the practical management of the healthcare needs of the pupil within school hours.

It is the school's responsibility for writing this. However, the Inclusion and Disability Team can support the school by reviewing the plan and providing comments.

The IHP should be written by the school with information provided from the relevant healthcare professional and parent/guardians. The school are in no way expected to be a 'consultant' in regards the medical needs of the pupil.

Where specific equipment is required as per the healthcare professional's advice, they are the person responsible for ensuring adequate training is provided, written information usually accompanies this. The IHP lists the training needs of specific staff and how often this is required.

The parent/guardians and (where age appropriate) the pupil should be involved in the creation, development, and review of the plan. It is the parent/guardian's responsibility to provide sufficient and up-to-date information to inform the plan, it is not the school's responsibility to chase for this information, parent/guardians are expected to share information and inform the school of any changes to medication and administration instructions.

If a pupil has a significant healthcare need and also has additional learning needs, the pupil needs both an IHP **and** an Individual Development Plan.

The headteacher is responsible for ensuring there are an adequate number of staff onsite that are trained, and for ensuring the plans are reviewed annually unless there are significant changes.

**The IHP should not be used to request for funding or additional support.**

A template for an IHP is included within Appendix A.

### **A nurse has supplied a Health Care Plan (HCP) for certain medication, does the child need an IHP?**

Nurses are very good at writing HCPs. For conditions such as epilepsy or diabetes these plans are extremely detailed, an IHP would only duplicate information that has already been provided and therefore in these circumstances the HCP can act as the IHP.

If you have any concerns about whether a IHP is required with a HCP in place, contact the Inclusion and Disabilities Team for further advice.

### **Administering Medication**

The Headteacher and Governing Body are responsible for meeting the needs of the pupil which may include administering medication within school hours. Any person can be asked by the headteacher to administer medication, however nobody can be made to do this.

Staff administering medication may need suitable training and support from healthcare professionals. Those responsible for administering medication need to understand the school's healthcare policy and arrangements, they also need to be aware **and** have access to the pupils IHP (where required).

### **What medication can I administer?**

Schools are insured to undertake:

- Administering medication according to written instructions.
- Giving bolus or continuous feeds via nasogastric or gastrostomy tubes.
- Injecting with prefilled syringes/pen devices.
- Intermittent catheterisation and catheter care.
- Stoma care.
- Administration of buccal or intra nasal midazolam.
- Emergency treatments covered in basic first aid training.
- Assistance with inhalers and nebulisers.
- Basic life support and resuscitation.

### **Schools are not insured to administer/undertake:**

- Injections involving drawing up injection fluids from a vial/bottle into a syringe.
- Administering intravenous/intramuscular drugs.
- Re insertion of nasogastric tube.
- Adjusting oxygen therapy without guidelines/training.
- Re insertion of gastrostomy tube.
- Tracheostomy reinsertion.

Where staff help with catheters, insurance must be informed.

Staff must not administer intravenous drugs or muscular injections. This is only done by healthcare professionals.

### **Can I administer medication that has not been prescribed by a medical professional/pharmacy?**

Long standing medication administration should be prescription only.

Where medication is needed on a short-term basis, it is advisable this is prescribed by a medical professional or pharmacist, however, where not administering the medication would be detrimental to health, schools may administer without a prescription. However, this needs to be confirmed by the headteacher and consideration needs to be given to whether the child is well enough to be in school. If non prescribed medication is to be given, this needs to be considered on an individual basis and agreed between the school and parent prior to administering the medication.

A parent will need to fill in a form to request non prescribed medication and include an explanation as why it would be detrimental to the child if it is not given. The school should check what the medication is for, why it is needed and whether the need meets the purpose of the medication. If the school deem it not appropriate to administer within school hours, they should provide the parent with a reason as to why.

In general, if short term medication is needed, the child is unlikely to be well enough to attend school.

If medication such as antibiotics are required and these are to be administered three times a day, it is reasonable to expect parents to administer these at home. However, if administration is on a more frequent basis, it would be considered appropriate for the school to administer a dose within school hours.

### **What do the school need to do to administer medication?**

A parental request form **must** be completed prior to any medication being administered (Appendix B).

All medication provided by a parent/guardian must have:

- The child's name,
- The child's age,
- The name of the medication,
- The strength of the medication,
- The frequency it needs to be given and time,
- An expiration date,
- Storage instructions.

Prior to administering any medication, checks need to be undertaken to ensure the medication is being given to the right child, the medication is correct (including dose and strength), and the product is in date.

A patient information leaflet (PIL) should be given with the medication so the school can check the details and ensure the medication is the same as what has been prescribed e.g., if the PIL states the tablets are round and white and the tablets provided are capsules this should be questioned.

If no PIL is provided, the school can use the following website to find information about the medicine and look at advice on specific medical conditions.

[www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)

**Medicines can only be given as prescribed by a medical professional.** If a parent requests that medication is placed in food or within a drink, the school cannot do this.

All medication should be provided in its original packaging. Where a parent supplies a bottle with no box, the bottle should be labelled by the pharmacy or medical professional.

Medication that requires measuring should be given in a syringe and not measured on a spoon. A pharmacy can supply syringes for this purpose.

Staff should be aware of the potential side effects that medication may have so they can monitor this.

### **Do we have to have the child's consent to administer medication?**

Yes.

A child cannot be forced to take medication. There are different types of consent that are deemed acceptable-

1. Informed consent- The child knows what the medication is, what it does, and they are happy to take it.
2. Implied consent- The child doesn't really know what the medication is, or what it is for, but they are happy to take it.
3. Explicit consent- The child requests their medicine.

It is appreciated that a child may not understand the potential implications if they do not have their medicine, however if consent is not obtained by the child, it cannot be given. In these instances, it is recommended that the school tries a little bit later or a different member of staff tries to obtain consent. The school should try to encourage the child to take the medication but if this cannot be achieved, the parent/guardians should be contacted so they can decide if they will come into school to administer the medication themselves, or whether they will wait to do so when they get home.

Where a child refuses medication, this should be documented.

If a child spits out medication or throws up following taking it, do not re administer the medication as you cannot be sure how much of the medicine they ingested. Notify the parents and document the situation.

### **A parent has told us the dose of the medication has been changed, what do we do?**

Any amendments to medication e.g., dosage from the prescription label must be provided in writing by a medical professional. The school must not administer medication if an amendment hasn't been approved by a medical professional.

## How do we record the administering of medication?

It is important to document the administering of medication as evidence of what has been given to a pupil. It allows any member of staff administering medication after you to understand what was given and when. It also serves as document to evidence you have given the child medication as per the product instructions.

A template for recording is available in Appendix C (specific learner) & Appendix D (all learners).

The administering of medication must be witnessed by two members of staff. The documentation should be signed by the member of staff who administered the medication, and counter signed by the witness.

The record is proof the medication was given and taken, you should not record that a child was provided a tablet and then they left with it, all medication provided and taken should be witnessed.

You must include the following in the record-

- The child's name,
- The child's date of birth,
- The brand name of the medication (not the generic name e.g. calpol),
- The dose provided,
- The strength of the medication,
- The time the medication was administered,
- Any issues during the administration (e.g. child spat some out),
- Name of the staff administering the medication,
- Name of the staff witnessing the medication being given,
- Signatures of both staff.

The person witnessing medication being administer should check to ensure the correct dose has been given. However, in circumstances where medication needs to be 'drawn up' / measured, the person who has done this should be the person who is administering the medication.

## What do we do if medication is out of date?

Prior to administering any medication checks should be made to ensure it is in date. It is important to note that some medication must be used within a certain time frame after opening it. Where this is the case, the school should label the medication with the date it was first opened and the 'new' expiry date (which must be in line or prior to the expiry date listed on the unopened medication).

Where medication is out of date **it must not be used**. Parents are responsible for disposing of any out of date or unwanted medication.

There are standard templates that can be used which are included in Appendix C. However, as long as the correct information is recorded, the school are able to use their own template.

## Can an older child administer their own medication?

It is advised that children under the age of 16 have their medication administered or are witnessed doing so by the school. However, pupils in secondary school may administer their own medication depending on what it is they are taking and what it is for. For example, its reasonable for pupils that menstruate that take paracetamol or ibuprofen for pain relief do so

themselves. However, it is still recommended that the school administer this (or witness it) and that it is recorded. Where older pupils administer their own medication, this needs to be documented in their IHP and discussed with the parents and pupils, so the child is aware of their responsibility.

Under no circumstances should pupils be sharing their medication.

A template is available for a request for a child administering their own medication (Appendix E).

### **What if I administer the wrong medication or wrong dose?**

If you have administered a dose that is less than required, the dose can be topped up as soon as possible and the parents informed.

If you have forgotten a dose, give it as soon as possible and notify the Headteacher and the parent. If you have any concerns, ring 111 for advice. This information should be documented. It is important parents are informed about the time the dose was given as they may need to amend the schedule for the next dose(s).

If you have administered a dose that is too high or the wrong medication, **do not** give any more medication. Check the child is feeling ok and ring 111 or 999 for advice (depending on how the child is feeling and the potential side effects of the medication). Notify the Headteacher and the parent. The information should be documented.

A template for incident reporting is included in Appendix F.

### **Storage of Medication**

This will depend on the storage requirements for the specific medication. If a medicine requires storage in a refrigerator, this can be placed in the staff refrigerator (if no specific fridges are available for medication). All medication must be stored in a sealed container and clearly labelled.

Where medication can be kept at room temperature, it must be securely locked away from pupils and other persons onsite. The key should be in an accessible place for designated staff, and only staff that need to know the location of the key should be informed.

If older children have their own medicine, they can store it within their bags, however this needs to be stated within the IHP and discussed with the pupil and parent before permitting it.

Where a large amount of medicine is stored within school and potentially the same medication for different pupils, it is advised that a picture of the pupil is attached to the container/box/bottle to prevent it being administered to the wrong pupil.

Where long term medication is being administered to a pupil it is recommended that this is returned to parents after each half term so they can check to ensure it remains in date and the dosage/ strength remains appropriate.

### **Can we keep communal medication onsite?**

Some medications such as paracetamol or allergy tablets may be used by several pupils onsite. However, under no circumstances should a school be purchasing or keeping communal medication onsite. All medication needs to be for a specific pupil and labelled.

## **Emergency Medication**

A pupil should not be in school where emergency medication may be required for a condition and the school do not have it onsite. In these circumstances a parent/guardian needs to bring in the medication immediately or the child must be collected.

Where emergency medications are required, this should be documented within the IHP.

Emergency medication must be easily accessible to relevant staff (whilst still being secure).

Staff must receive appropriate training on administering emergency medication.

Where emergency medication has been administered, the parent and GP must be informed.

If an Epi-pen has been used, it is advised that an ambulance is called anyway.

## **Offsite Visits**

Medication must be taken if a pupil is leaving the school site for an educational visit. This can be the medication that is kept within school, the parent does not need to provide additional medication. It must be stored within the school upon return.

For any concerns regarding meeting the healthcare needs of a learner on a residential trip, the Inclusion and Disabilities Team can be contacted for further advice and guidance.

## **Training**

The medical professional involved in creating the IHP should provide training to staff who are administering this medication.

Some training (such as the use of Epi-pens) may be a training video/link rather than delivered in person. In these circumstances the video/link must be provided by a medical professional.

If staff are worried about the level or training that has been provided, they can contact the REACH team for advice.

For training on meeting the healthcare needs of learners in school, the Inclusion and Disabilities team provide an online training session once a term. Nicola Phelps [NPhelps@cardiff.gov.uk](mailto:NPhelps@cardiff.gov.uk) can be contacted to book onto this training.

A training record template is available in Appendix G.

## **Hygiene and Infection Control**

Staff must follow any hygiene and infection control guidance listed in the PIL.

Staff must always wear gloves and aprons when dealing with bodily fluids, dressing equipment and/or applying creams.

## **Further Information**

Further information and advice regarding administering medication can be obtained by contacting your schools Health and Safety Officer or the Inclusion and Disabilities Team.

Welsh Government documents and templates for supporting learners with healthcare needs are available via [Supporting learners with healthcare needs: templates and guidance | GOV.WALES](#)

Quick guides for staff, parents and young people are available via the following links:

<https://www.gov.wales/supporting-learners-healthcare-needs-quick-guide-support-staff-and-teachers>

<https://www.gov.wales/supporting-learners-healthcare-needs-quick-guide-parents>

<https://www.gov.wales/supporting-your-healthcare-needs-school-summary-young-people>

## **Appendix A- Individual Healthcare Plan (English)**

**INDIVIDUAL HEALTHCARE PLAN (IHP)****SCHOOL****LOGO**

An Individual Healthcare Plan identifies the necessary measures to ensure that a child or young person with a significant physical healthcare has their needs met whilst attending a setting/ school. This may include regular interventions as well as what to do in an emergency.

This plan should be written in partnership with the parents/carers and supported by relevant healthcare professionals.

Setting/School/FEI name:	
Group/Class/Course:	

Child/Young Person's name:	DoB:
Address:	

Contact names of family/carers/Social Worker (CLA)	Contact Numbers:
	Work: Home: Mobile:
	Work: Home: Mobile:
	Work: Home: Mobile:

**KEY CONTACTS**

GP Name & GP Surgery:	Contact Number:

NHS health professionals contacts:			
Job Title:	Name:	Contact Number:	Healthcare Information Provided? Yes/No/N/A


**MEDICAL DIAGNOSIS OR HEALTH CONDITION**

Medical diagnosis or health condition (diagnosed/confirmed)	Description of main symptoms as experienced by the child or young person named in this IHP.	Is this referenced in the risk assessment?
	1.	
	2.	
	3.	
	4.	
Actions required in relation to the medical diagnosis or health condition and associated symptoms previous stated: (Refer to healthcare information provided by health professional, if available)		
What needs to be done	When	By who

Medical diagnosis or health condition (diagnosed/confirmed)	Description of main symptoms as experienced by the child or young person named in this IHP.	Is this referenced in the risk assessment?
	1.	
	2.	
	3.	
	4.	
Actions required in relation to the medical diagnosis or health condition and associated symptoms previous stated: (Refer to healthcare information provided by health professional, if available)		
What needs to be done	When	By who


Medical diagnosis or health condition (diagnosed/confirmed)	Description of main symptoms as experienced by the child or young person named in this IHP.	Is this referenced in the risk assessment?
	1.	
	2.	
	3.	
	4.	
Actions required in relation to the medical diagnosis or health condition and associated symptoms previous stated: (Refer to healthcare information provided by health professional, if available)		
What needs to be done	When	By who

**DAILY CARE REQUIREMENTS-in addition to the above**

Does the learner have any dietary requirements? If yes, describe what is required whilst the learner is in school.

Are there any activities (on site/off site) which require additional consideration or precautions?

Is medication required to be administered? Please give details below  
Please specify if supervised self-administration or administration by staff member (follow safe administration of medicines procedures)

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Is there any further information that should be reported regarding the above actions that needs to be considered? (e.g. emotional, social needs, awareness of the condition, development, including the view of the child/young person)

--

Are there training needs associated with actions described above?

Who needs training?	What training is required?	Who will deliver the training?	By when does the training needs to be delivered?	Date of training delivered.

**IN CASE OF AN EMERGENCY**

Emergency contacts (if different from above):	Contact Numbers:
1.	
2.	
3.	

Emergency Protocol for ..... :

Description of the emergency situation:

**ON-SITE:**

Steps to be taken & by who

**OFF-SITE:**

Steps to be taken & by who:

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<b>Emergency Protocol for ..... :</b>
<b>Description of the emergency situation:</b>
 <b>ON-SITE:</b> Steps to be taken & by who
 <b>OFF-SITE:</b> Steps to be taken & by who:

<b>REVIEW OF IHP</b>
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<b>Are there any events which should trigger a review of this IHP? If yes, list below</b>	
<b>What event(s):</b>	<b>Who to contact:</b>
<b>Planned review dates:</b>	<b>By who:</b>

<b>OTHER INFORMATION</b>
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<b>Any other information:</b>	
Has the Transport Department been informed of the existence of the IHP (if the learner has been agreed transport?)	Yes/ No
Does the learner have an Individual Development Plan for identified ALN?	Yes/ No

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**SIGNATURES**

Name:	Signature:	Date:
Parents:		
Head/Nominated Person:		

**Please ensure that staff working with the learner are fully aware of the Individual Healthcare Plan and Emergency Procedures.**

This document is available in Welsh

**Appendix B****Parental agreement for education setting to administer medicine**

**[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.**

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

**Medicine**

Name/type of medicine

(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that  
the setting needs to  
know about?

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date

Signature(s) .....

**Appendix C**

**Record of medicine stored for and administered to an individual learner**

Name of setting

Name of learner

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature .....

Signature of parent/carer .....

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

**Appendix D**

**Record of medicines administered to all learners – by date**

Name of setting

<b>Date</b>	<b>Learner's name</b>	<b>Time</b>	<b>Name of medicine</b>	<b>Dose given</b>	<b>Any reactions</b>	<b>Signature of staff</b>	<b>Print name</b>

## **Appendix E**

### **Request for learner to carry/administer their own medicine**

This form must be completed by the parent/carer.

**If staff have any concerns discuss this request with healthcare professionals.**

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer

Administer from stored location

Procedures to be taken in an emergency

**Contact information**

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer ..... Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date

**Form F: Medication/healthcare incident report**

Learner's name \_\_\_\_\_

Home address \_\_\_\_\_ Telephone no.

\_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

\_\_\_\_\_

**Correct medication and dosage:**

\_\_\_\_\_

\_\_\_\_\_

**Medication normally administered by:**

Learner	<input type="checkbox"/>
Learner with staff supervision	<input type="checkbox"/>
Nurse/school staff member	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

**Type of error:**

Dose administered 30 minutes after scheduled time

Omission  Wrong dose  Additional dose

Wrong learner

Dose given without permissions on file  Dietary

Dose administered by unauthorised person

\_\_\_\_\_

**Description of incident:**

\_\_\_\_\_

**Action taken:**

Parent notified: name, date and time \_\_\_\_\_

School nurse notified: name, date and time \_\_\_\_\_

Physician notified: name, date and time \_\_\_\_\_

Poison control notified  Learner taken home  Learner sent to hospital

Other:

\_\_\_\_\_

**Note:**

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## **Appendix G**

### **Staff training record – administration of medicines**

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] ..... has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated [please state how often] .....

Trainer's signature ..... Date

I confirm that I have received the training detailed above.

Staff signature ..... Date

Suggested review date