

THE SHROPSHIRE GATEWAY EDUCATIONAL TRUST
Administering Medications Policy

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1. Introduction

Shropshire Gateway Educational Trust wishes to ensure that pupils with medication needs receive appropriate care and support at school and that all relevant staff are trained and equipped appropriately.

2. Roles and responsibilities

2.1 Board of Directors

The Board of Directors has overall responsibility for the implementation of the Administering Medication Policy and procedures of the Shropshire Gateway Educational Trust (SGET).

The Board of Directors has overall responsibility for ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

The Board of Directors has responsibility for ensuring the correct level of insurance is in place for the administration of medication.

2.2 Headteachers

The Headteacher will be responsible for the day-to-day implementation and management of the Administering Medication Policy and procedures of each member school of the SGET.

2.3 Named Staff

Each school will have named individuals responsible for overseeing insulin, epipen, anapen or other required injections. Each school will ensure that a record of these people is kept up to date and is clearly displayed.

2.4 All Staff

Staff, including teachers, support staff and volunteers, will be responsible for following the policy and for also ensuring pupils do so also. Staff, including teachers, support staff and volunteers, will be responsible for implementing the agreed policy fairly and consistently.

2.5 Parents and Carers

Parents and carers will be expected to keep the school informed about any changes to their child/children's health. Parents and carers will be expected to complete a [medication administration form \(Appendix 1\)](#) prior to bringing medication (prescription or over the counter medicines) into school. Parents and carers will be expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.

3. Training of staff

Teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction. Teachers and support staff will receive regular and ongoing training as part of their development. Named staff will receive specific medicine and/or medicine administration training.

4. Guidelines

Where possible, medication should be administered outside of school (e.g. before or after school). If this is not sufficient the following guidelines are followed:

- Prior to staff members administering any medication, the parents / carers of the child must complete and sign a medication administration form. No child will be given medicines (prescription or over the counter medicines) without written parental consent.
- Over the counter medicines (See Appendix 2 for examples) will be administered if written parental consent is provided.
- Prescribed medicines will not be given unless they have been prescribed by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be prescribed by a doctor). Prescribed medicines **MUST** be **in date, labelled,** and provided in the **original container** with dosage instructions. Medicines which do not meet these criteria will not be administered.
- For chronic or long-term conditions and disabilities, an Individual Healthcare Plan (IHCP) will be developed in liaison with the pupil, parents/carers, headteacher, SENCO and medical professionals.
- Medications will only be administered at school if it would be detrimental to the child not to do so. If there is any uncertainty regarding the administration of medication the school may request that a parent attends.
- Medications will be stored securely and in an appropriate location; including medicine that requires to be stored in a fridge.
- Only qualified staff may administer a controlled drug.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children (Appendix 3).
- Children should know where their medicines are at all times and be able to access them immediately. They will never be prevented from accessing their medication. This is particularly important to consider when outside of school premises, e.g. on school trips.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
- Standard Paracetamol is the only pain reliever that should be used for pupils aged 12 years or over. Only preparations of paracetamol designed specifically for children or younger pupils should be used for pupils under 12 years. It is good practice for the member of staff administering the pain reliever to ensure the pupil swallows the tablets to prevent their accumulation. The pupil should also be asked if they have taken paracetamol or any other medication within the last 4 hours. The record log will information about an child requesting frequent analgesia (pain relievers) which can be brought to the parent's attention so that further medical assessment can be made.

The SGET cannot be held responsible for side effects which occur when medication is taken correctly.

5. Appendix 1 : Medication Administration Form

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

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

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

The office or other agreed person.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

6. Appendix 2: Over the counter medicines

The chart below provides examples of minor conditions that do not require a visit to a GP for a prescribed medication:

Acne (mild)	Hay fever/Seasonal rhinitis (mild to moderate)	Piles
Cold sores of the lip	Haemorrhoids	Ringworm/ Athletes foot
Constipation (infrequent)	Head lice	Scabies
Coughs and colds and nasal congestion	Infant colic	Skin rash
Cradle cap	Indigestion and Heartburn	Sore throat (acute)
Cystitis (mild)	Insect bites and stings	Sun protection
Diarrhoea (adult)	Mouth ulcer (minor)	Sunburn from excessive sun exposure
Dry eyes/Sore tired eye	Migraine (infrequent)	Threadworms
Dandruff	Minor burns and scalds	Teething/Mild toothache
Dry skin (mild)	Vitamins and Minerals (except to treat a clinically proven deficiency)	Toothache
Ear wax	Mild irritant dermatitis	Travel sickness
Eczema (mild)	Nappy rash	Vaginal thrush (Age ≥16)
Eye infection (conjunctivitis Age ≥2)	Oral thrush	Warts and Verrucae
Excessive sweating (mild-moderate Hyperhidrosis)	Period pain	Minor conditions associated with pain, discomfort and/fever (e.g. aches and sprains, headache, period pain, back pain)
Fungal skin infections	Prevention of dental cavities	Probiotics

8. Equality impact assessment screening form

Section one: screening for impact				
Name of policy		Administering Medications		
Project lead completing assessment:		Katie Jones		
Position:		Executive Headteacher		
1. What is the main purpose of the strategy/project/policy?				
Describe's SGET approach to Administering medications				
2. Who will be the main stakeholders/users of the policy? Please consider the impact of the policy on the different groups of stakeholder /users.				
Staff, parents and Pupils				
3. Use the table to show:				
<ul style="list-style-type: none"> ■ Where you think that the policy could have a negative impact on any of the equality strands, that is, it could disadvantage them – if no impact please note the evidence for this. ■ Where you think that the strategy/project/policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics. 				
	Positive impact	Negative impact	No impact	Reason and evidence (provide details of specific groups affected even for no impact)
Age			✓	The policy seeks to apply all staff, pupils and visitors to the school irrespective of their background.
Disability			✓	The policy seeks to apply to all staff, pupils and visitors to the school irrespective of their background.
Gender			✓	The policy seeks to apply to all staff, pupils and visitors to the school irrespective of their background.
Gender identity			✓	The policy seeks to apply to all staff, pupils and visitors to the school irrespective of their background.
Sexual orientation			✓	The policy seeks to apply to all staff, pupils and visitors to the school irrespective of their background.
Race			✓	The policy seeks to apply to all staff, pupils and visitors to the school irrespective of their background.



Religion or belief			✓	The policy seeks to apply to all staff, pupils and visitors to the school irrespective of their background.
4. If you have indicated there is a negative impact on any group, is that impact:				
Legal? (not discriminatory under anti-discriminatory legislation)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Intended?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of impact?			High <input type="checkbox"/>	Low <input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact you must complete a full equality impact assessment. If not, complete the rest of section one below.				
5. Could you minimise or remove any negative impact that is of low significance? Could you add any additional action to have a positive impact rather than no impact?				
Policy can be available in large print or different language if required; however, it is not considered that this will make any material difference.				
6. If there is no evidence that the strategy, project or policy promotes equality, equal opportunities or improved relations – could it be adapted so that it does? If so, explain how.				
7. Please list the outcome following this equality impact assessment (this could be no changes, some changes, further work needed around particular groups or cease development of the policy).				
Policy can be available in large print or different language if required; however, it is not considered that this will make any material difference.				
Signed: Katie Jones			Date: 08/02/22	