MEDICINES POLICY
OAKWOOD JUNIOR SCHOOL

‘Every child is a learner and can achieve ’.					
Safety	Positivity	Aspirational	Helpful	Resilience	Kindness

Written by:	Mrs Fray, Deputy Headteacher
Approved by:	Governing Body
Date Approved:	September 2026
Date of Review:	September 2028
Version:	4

We as a school consider our equality duties under the Equality act 2010. The general duties are to:

- Eliminate discrimination,
- Advance equality of opportunity
- Foster good relations

This policy understands the principle of the Act and the work needed to ensure that those with protected characteristics are not discriminated against and are given equality of opportunity.

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Children with Health Needs Who Cannot Attend School

Rationale

At school we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care. This policy is to be reviewed annually by the Governing Body, and displayed on the School Website for parents and staff.

Designated Roles

Designated Teacher: Mrs Atwal, Head Teacher
Deputy Designated Teacher: Mrs Fray
Link Governor: Mr Blackwell
Designated Officer-Health Care Plans (DOHCP): Mrs Fray
First Aid/Equipment/Administration of Medicine (FAEAoM): All Teaching Assistants

The Designated Teacher is responsible for:

- Ensuring sufficient staff are suitably trained.
- To ensure relevant staff are made aware of the child's condition.
- To arrange cover in case of staff absence.
- To brief supply teachers
- To ensure adequate risk assessments are in place for school visits, holidays and other school activities outside of the normal timetable.
- To monitor individual healthcare plans.
- Ensuring the medical board in is up to date.

Notification of a pupil with a medical condition:
The DOHCP is responsible for individual healthcare plans to support children with medical conditions and will:

- Meet with the parents and record the medical needs of the child
- Devise a Health Care Plan in consultation with School Health when possible
- Arrange staff training and support as required to meet the needs of the child.
- Ensure plans are reviewed each year, unless medication/care/provision changes.

Healthcare and Intimate Care Plans

Healthcare Plans will include:

- the medical condition, its triggers, signs, symptoms and treatments;

- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

- who in the school needs to be aware of the child's condition and the support required;

- ensure that written permission has been obtained from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Intimate Care Policy will include information regarding:

- information about the level of care needed and any action that needs to be taken;

- named member/team of staff (who has been appropriately trained) involved with the individual child;

- location named where the intimate care will be carried out (e.g. disabled toilet);

- information about who will provide medication (medically prescribed), equipment/resources, medical or toileting equipment.

Medical Equipment

It is to be the responsibility of FAEAoM staff in school to ensure that the first aid stocks are checked and replenished every half term and that all first aid equipment is maintained. Where deficiencies are identified ensure new stock is ordered through liaison and monitoring with the School Business Manager.

Managing medicines on school premises:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- First Aid staff dispense all oral medicine to children in accordance with Statutory Guidance (2014). As a school we will ensure that there are sufficient support staff appropriately trained to administer medicines. It will be the parent's responsibility to make school staff aware of any possible side effects of the medicines and what to do if the occur.

- In accordance with Statutory Guidance (2014) children with asthma need to have immediate access to their inhalers when they need them. These will be stored in a central accessible location in the classroom. A record sheet will be kept with the name of the child, date of expiry and dosage check. These sheets will be checked every half term. Spacers will be provided by parents whose child needs it. All children will administer their own asthma medication under the supervision of a First Aider. Teaching Assistants will check the dates to

ensure that they are in date. From 1st November 2016 the school will keep an emergency inhaler as part of their First Aid Kit.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- School will not administer non-prescription medicines.

- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage are to be accepted by the school. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- All medicines should be stored safely. Children should know where their medicines are stored and who to go to for administration. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

- For safety reasons, all medicines (with the exception of children's asthmatic inhalers and epi-pens) are stored centrally in the staff room. Inhalers will be kept in the child's classroom. Medicines are to be handled by adults only. Parents are asked to deliver any medication to school via the school office and to collect them at the end of the day in the same way. At no time should children be given medicines to bring in or take home from school. Only medicines that have parental authorisation and are appropriately named are allowed in school. All medication must be collected by parents at the end of Summer Term or it will be taken to the local chemist to be destroyed.

- Children who are prescribed controlled drugs will be issued with a Health Care Plan. Permission must be granted by the Headteacher for controlled drugs to be kept on the school premises.

  - Only 1 weeks' supply will be allowed on the premises.
  - The medication must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and name of recipient. The medication must be kept in a locked cupboard in a locked room at all times.
  - Two members of staff that have had Administration of Medicines training must issue the medication and keep a controlled, signed record each time the medicine is issued to the child.
  - It is the parent's responsibility to inform staff if the medication needs to be crushed over the child's food to be administered.
  - Two members of staff must be present when any controlled drug is collected and administered.
  - The medication will be administered in the Reception area only.

- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. This is kept in the Caretaker's office.

Timing of Administration of Medicines:

Medicines will be administered as required by the dosage label or at a time suitable to the child's needs. Wherever possible this will be 12.20 when pre-food and 1.30 when post food.

Administration of Antibiotics:

The administration of antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime.

Benedict's Law - Allergies (statutory guidance in effect from Sept 2026)

Please read the following paragraph in conjunction with the Allergy Safety Policy on the school website. Children's Wellbeing and School Act 2026.

8% of school children suffer from at least one serious allergy, and 20% of serious allergic reactions to food happen while a child is at school.

'A whole-school approach to allergy management equips all staff with the skills they need to not only be able to manage an emergency situation but also to ensure that they have the knowledge and understanding to create a safe and inclusive learning environment for all children'. (Benedict Blythe Foundation).

The core expectations of the statutory guidance are:

- Whole school allergy safety policy – October 2026 on school website
- Allergy awareness and emergency response training for all staff - training file monitored by Office Manager
- Spare adrenaline auto-injectors (AAIs) - year group first aid boxes, staffroom medical cabinet
- Individual healthcare plans where necessary – kept on Teams and in each class SEND/Medical folder
- Clear communication and record keeping

Benedict's Law aims to ensure that children with allergies can attend school safely, participate fully and receive a prompt effective response in an emergency.

Record Keeping

Parental Authorisation Forms:

Before medication can be given in school, parents must complete the appropriate authorisation for administering medicines in school form, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office. All forms must be checked and authorised by a FAEAoM on a regular basis to ensure accuracy of information and expiry dates of medicines. For regular medication a health care plan will be completed.

New medication forms need to be completed at the start of each academic year and not carried over.

Emergency Procedures

Please refer to individual Health Care Plans

- Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits and Sporting Activities

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- The school will consider what reasonable adjustments to make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This

will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable Practice

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

Liability and Indemnity

The school is fully insured through Risk Protection Arrangement (RPA – DfE) with the policy providing liability cover relating to the administration of medication.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Name of child _____ Class

Name of drug Dosage

Controlled Drug Log Sheet

Date and time	Dosage given	Administered by signature	Witnessed by signature

Appendix 1

Children with Health Needs Who Cannot Attend School

Due to the nature of their health needs, some pupils may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, children should receive their education within their school and the aim of the provision will be to reintegrate them as soon as they are well enough.

If a child is unable to attend school, we have a continuing role in a child's education whilst they are not attending school and will work with all relevant parties to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

In the event of absence

Parents/carers are advised to contact the school on the first day their child is unable to attend due to illness.

Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the parents/carers to arrange schoolwork, as soon as the child is able to access such an activity, or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the parents/carers and if, age appropriate, the pupil as well as relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the headteacher, or someone acting for the headteacher, will take responsibility for the child and their education.

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. If the school makes such arrangements, class work will be sent on a weekly basis to the child's home (if they are at home) or sent to the hospital school if they are still accessing this provision. In the case of the child accessing the hospital school provision, the class teacher will liaise with the hospital teacher to support the learning.

If the school cannot make suitable arrangements, Derby City Council, will become responsible for arranging suitable education for these children. This is likely to be for pupils who are admitted to the Royal Derby hospital and are resident on a ward, but well enough to be taught; returning for regular treatment as outpatients or have been specifically referred by a hospital based consultant. Within Derby City this provision is made through referral to the Hospital and Medical team at Kingsmead School.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same

curriculum and materials that they would have used in school as far as possible Enable the pupil to stay in touch with school life