



**PENK VALLEY
ACADEMY TRUST**

*Learning
Together*

Medication Policy

Adopted by Trustees:	
Signed:	
Date:	Autum 2025
This policy is reviewed annually by the Audit Finance and Risk Committee.	
Review date:	Autumn 2026



COLLABORATION



CHALLENGE



CURIOSITY



CARE

POLICY INFORMATION

Date of last review:	Autumn 2025	Review period:	1 years
Date ratified by Trustees:	Autumn 2026	Trustee committee responsible:	Audit Finance and Risk
Policy owner:	Chief Operations Officer	Executive team member responsible:	Chief Operations Officer

Reviews/revisions

Review date	Changes made	By whom
July 2024	Policy created.	LMC
Oct 2025	No changes	LMC

Equality and GDPR

All Penk Valley Academy Trust policies should be read in conjunction with our Equal Opportunities and GDPR policies.

Statement of principle – Equality

We will take all possible steps to ensure that this policy does not discriminate, either directly or indirectly against any individual or group of individuals. When compiling, monitoring and reviewing the policy we will consider the likely impact on the promotion of all aspects of equality as described in the Equality Act 2010.

Statement of principle – GDPR

Penk Valley Academy Trust recognises the serious issues that can occur as a consequence in failing to protect an individual adult's or child's personal and sensitive data. These include emotional distress, physical safety, child protection, loss of assets, fraud and other criminal acts.

Penk Valley Academy Trust is therefore committed to the protection of all personal and sensitive data for which it holds responsibility as the Data Controller and the handling of such data in line with the data protection principles and the Data Protection Act (DPA)/GDPR.

Penk Valley Academy Trust will be referred to as **PVAT** for the remainder of the document which includes all schools who are members of PVAT, business operations and centralised services.

Medication Policy

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1. Introduction

1.1 This policy has been developed between PVAT (Penk Valley Academy Trust) the school Senior Leadership team and is written in accordance with the Department for Education (DfE) Statutory Guidance “Supporting pupils at school with medical conditions” December 2015.

Other supporting documents include:

- Statutory Framework for the Early Years Foundation Stage.
- Special educational needs and disability (SEND) code of practice.
- Equality Act 2010
- Medication Management Arrangements and Guidance (Staffordshire County Council).
- Section 100 Children and Families Act 2014,
- The Department for Education's statutory guidance on Supporting Pupils with Medical Conditions, which provides practical advice on how to support pupils with medical conditions.

2. Definitions

Within this policy administration refers to “the giving of a medicine or treatment”

3. Purpose

This policy outlines the roles and responsibilities of everyone involved in the handling of regular, emergency, and short-term medicines within Penk Valley academy Trust schools. To ensure that all pupils with medical conditions are supported in school, so they have full access to education, including school trips and physical education.

4. Scope

This policy covers the administration of all medicines for individual pupils are expected to be administered in school in accordance with the signed parental request form.

5. Responsibilities

5.1 Penk Valley Trust

Will ensure that:

- This policy is reviewed regularly and is readily accessible to parents and school staff.
- The arrangements set out in this policy are implemented.

5.2 School Staff

The Senior Leadership Team (SLT) is responsible for accessing safer handling of medicines training for staff, maintaining a register of trained staff and ensuring adequate cover of trained staff throughout the school. SLT will ensure that:

- All staff involved in handling and administering medicines have received the appropriate training.
- An accurate list is maintained of all staff who are declared competent to handle and administer medicines along with the type of medication training they have received.

- A list of all staff authorised to administer medication is maintained along with a sample of their signature and initials.
- There is safe and secure storage for medicines within school.

5.3 Other interested parties

- H&S manager

5.4 Other professionals (Social Care, local authorities)

County council, SEND.

5.5 Parents

Must provide:

- Timely and up-to-date information about their child's medical needs. Especially any changes to medication.
- A completed consent form at the specified intervals such as start of each new school year or when medication changes.
- The medicines to be administered in school. All medications sent into school must be in the original container and include a label stating pupil name, dose, frequency of administration and expiry date.
- An adequate supply of emergency/rescue medication held in school.
- Information via detail communication route if any emergency/rescue medication has been administered prior to the pupil attending school that day along with dose and time.

Pupils

Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

6 Consent.

Each school will send out a consent form for medicine within school, without this completed your child will not have medicine administered in school. Please contact your school office directly if you have not received this.

7 Administration

The privacy and dignity of pupils is paramount, and medicines outside of paracetamol will always be administered in an area where this will not be compromised.

We will ask pupils and parents about any cultural or religious needs relating to the taking of medication or any prohibitions that apply. This information will be recorded as part of the pupil's healthcare plan or in the pupil's personal record.

To minimise the need for medication in school and where clinically appropriate parents are encouraged to ask the pharmacy or prescriber to prescribe medicines in dose frequencies that enable them to be taken outside of school hours. Medicines that need to be taken three times a day could be taken in the morning before school, after school hours and at bedtime.

We only allow paracetamol as a non-prescribed medicine; this will only be given after 12 midday and the standard recommended dose for the age group.

Prescribed medicine can be administered within schools but only when accompanied with the original medicine. Only medicines prescribed for the individual will be administered within school. Medicines bought over the counter other than paracetamol will not be administered.

Instructions such as “when required” or “as necessary” are discouraged.

If a pupil refuses to take their medicine, they will not be forced to do so. Refusal will be documented, parents informed and agreed protocols followed.

8. Arrangements for bringing medicine to school.

- Medicine should be checked in with the school office / reception.
- Controlled medicine must be brought in by the parents.
- Controlled medicine will be locked away when not in use and administered with two members of staff present.

Include administering medication in different situations such as:

- Long term (regular/daily) medication
- Short term (seasonal/short courses) medication
- “As required” Medication (PRN)
- Self management of medication
- Emergency medication
- School trips and off-site activities (e.g. residential visits, sporting activities)
- Epilepsy medication
- Asthma medication
- Administration of anaphylaxis medication
- Administration of insulin

9. Safe Storage of Medicine

Access to areas of the school where medication is stored is restricted.

Locked cupboard

9.1 Within School including any dedicated medication administration rooms

9.2 Transport between school and home

9.3 During off site school visits and activities

10. Disposal of Medicine

All unwanted/expired medicines will be returned home with the pupil for destruction at a community pharmacy. This school has no facilities for disposing of unwanted medication.

11. Management of Errors and Incidents (Misused medication or suspected theft)

Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.

- Telephone for an ambulance if the child's condition is a cause for concern. Notify the Manager/Person in Charge. Contact the young person's Parents/Carers as soon as practicable.
- Contact the young person's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the young persons file/Care Plan using the Medication Incident Report Form HSF36. (copy in Medicines folder)
- The Settings Manager must complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.
- The Setting Manager must commence an immediate investigation about the incident, inform the Health and Safety Team, Statements should be taken from both staff and young persons if they are self medicating.
- The medication administration record sheet should reflect the error. Young person's parent/carer/guardian should be informed formally in writing.

The school SLT will be informed of:

- Any medication that cannot be accounted for
- Suspected or known misuse of medication

In the first instance the school SLT will instigate an investigation and report the incident following the school's incident reporting systems and disciplinary and capability policies.

The trust H&S manager will be informed, This will allow for trends to be monitored with supported improvement actions to be put in place.

12. Training

- School staff involved in the administration of medication to pupils will receive suitable training. **Staff must not administer medicines without appropriate training.**
- A record of who delivered the training and who received the training, along with the date the next training is due will be maintained by the school.
- At least two members of permanent staff will receive pupil specific medication training. This training will be provided by the relevant healthcare professional.

13. Record Keeping

The following records may be kept by the school:

- Confirmation of Medication Details and Parental consent
- Self Medication Assessment

- GP Consent Form – Self Medication
- GP Consent Form – Over the Counter Medication (Homely Remedies)
- Protocol for Administration of PRN Medication
- Receipt of Medication- Transport
- Medication Incident Report Form
- Medication Administration Record sheet
- Staff Training Records including Medication In-house Training Record

14. Confidentiality

The school will maintain confidentiality and comply with GDPR regulations, the school and trust have lawful basis to share information with our staff and medical practitioners where it may be in the pupil's best interests to share information about their condition/treatment/medication. Parent consent will be sort where the pupil is aged below age 12 or deemed not able to understand the use of their data. Over age 12 the pupil's consent will suffice. In emergency situations the best interests of the pupil will take priority.

15. Complaints

Complaints regarding this policy should in the first instance be directed to your school office.

16. Monitoring and Review

The school's designated lead for this policy will monitor the implementation of this policy and provide the SLT with information regularly (state time periods) on medication incidents.

- PVAT will review this policy annually or when there is a significant incident or change in guidance.

17. Transportation

17.1 Transporting medication

When medication is transported, it must be placed in a suitable lockable carrying case or box that is secure during transportation. Controlled drugs must be kept in a lockable container within a lockable container during transportation. The Medication Container must always be kept out of public vision.

During community outings, trips and educational visits, medication (with the exception of emergency medication) can be left in a vehicle if necessary. On hot days it may be necessary for medicine to be stored in a cool box / bag, under no circumstances should this be stored with food. It must be in a container as detailed above and the vehicle must be locked.

17.2 Home to School Transport

Council Provided Transport

Where the County Council arrange home to school transport, children must be safe during the journey. Most pupils with medical needs do not require supervision on school transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the child's parent/carers and health professionals as to whether supervision may be required.

Parents must advise the Local Authority and its transport contractors of issues for individual children.

<https://www.staffordshire.gov.uk/Education/Schooltransport/homepage.aspx>

17.3 School / PVAT transport minibuses and coaches out of catchment

PVAT minibuses drivers, are trained in H&S and know what to do in the case of a medical emergency. Drivers will not administer medicine during the home to school journey.

If the administration of medicines during home to school transport is likely and it is agreed that the driver or escort will administer (i.e., in an emergency) they must receive training and support and fully understand what procedures and protocols to follow.

Where training has not taken place, drivers and escorts must phone the emergency services when an emergency occurs. Drivers and escorts must be clear about roles, responsibilities and liabilities with regard to the administration of medication. Where pupils have life limiting conditions, specific individual healthcare plans should be carried on vehicles.

17.4 Holidays, Outings and Educational Visits

Where required, Staff will take charge of the medicines and return the remainder on return to the setting or to parents/carers as appropriate.

Where a young person is self medicating, this should continue whilst on holiday or educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

17.5 Individual Transport Healthcare Plans

In some cases, individual transport healthcare plans will be required (e.g., for children with more complex medical needs). These will require input from parents and the responsible medical practitioner for the child concerned. The care plans should specify the steps to be taken to support the normal care of the pupil during transport as well as the appropriate responses to emergency situations. Additionally, trained escorts may be required to support pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

17.6 Allergic Reactions

Some children and young people are at risk of severe allergic reactions. Schools undertake planning to reduce the likelihood of the risk of allergic reactions by ensuring that service users/children do not come into contact with the material or foodstuffs which may cause a reaction.

For example, where allergies are known to be food related risks can be minimised by not allowing anyone to eat on vehicles.

Where it is necessary, escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate. **These pens must only be used for those children for whom they are prescribed.**

18. Trade Union National Policy Statements

18.1 UNISON Policy

UNISON's National Policy is that its members should not undertake invasive medical procedures. This document does not seek to change that policy. UNISON members however may already carry out these procedures voluntarily or may in the future carry out such procedures. If UNISON members do volunteer to carry out invasive medical procedures, then the guidelines in this document should be followed to ensure members are adequately covered by the Employer's insurance cover.

18.2 NASUWT Policy

There is no general contractual requirement for any teacher to administer medication to a pupil. NASUWT advises its members not to do so. Health and Safety Representatives should advise members who do nevertheless administer medication that they must be confident that they are properly trained and qualified to undertake the task. Where a member of staff chooses to administer medications on a voluntary basis, the following guidelines should always be strictly followed. Health and Safety Representatives working in a special school or unit where the administration of medicines is of a sizeable proportion, and where medically vulnerable children are in attendance, should press for the appointment of a qualified community nurse to the staff who would take responsibility for the administration of medication to the children.