PENK VALLEY
ACADEMY TRUST

Learning Together

Medication Policy

Adopted by Trustees:	
Signed:	
Date:	**Summer 2026**
This policy is reviewed annually by the Audit Finance and Risk Committee.	
Review date:	**Summer 2027**

COLLABORATION CHALLENGE CURIOSITY CARE

POLICY INFORMATION

Date of last review:	Summer 2024	**Review period:**	1 year
Date ratified by Trustees:	Summer 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 Oct 2025 Summer 2026	Policy created. No changes Section 11 added in regarding management of sharps	LMC LMC GH/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.

Contents

1. Introduction

This policy has been developed by PVAT and school senior leadership teams in accordance with the Department for Education statutory guidance *Supporting Pupils at School with Medical Conditions* (December 2015).

Supporting documents include:

- Early Years Foundation Stage Framework
- SEND Code of Practice
- Equality Act 2010
- Children and Families Act 2014 (Section 100)
- Staffordshire County Council Medication Guidance

2. Definitions

- Administration: 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.

PVAT is committed to ensuring that pupils with medical conditions are fully supported so that they have access to education, including school trips and physical education, and are not disadvantaged or excluded due to their medical needs.

4. Scope

This policy applies to all medication administered to pupils during the school day with appropriate parental consent.

5. Responsibilities

5.1 The Trust

The Trust will ensure that:

- This policy is regularly reviewed
- The policy is accessible to parents and staff
- Arrangements are implemented effectively

5.2 School Staff / Senior Leadership Team

The SLT will ensure:

- Staff receive appropriate training
- A register of trained staff is maintained
- Adequate trained staff cover is available
- Secure storage is provided for medication
- Authorised staff are recorded with signature samples

- An Allergy Lead should be identified within each school to coordinate allergy management arrangements in line with the Whole School Allergy Policy.

5.3 Other Professionals

- Health & Safety Manager
- Local Authority and SEND services
- Social care professionals

5.4 Parents/Carers

Parents/carers must:

- Provide up-to-date information on medical needs
- Complete consent forms at required intervals
- Supply medication in original containers with labels
- Ensure an adequate supply of medication
- Inform the school if medication has been administered prior to attendance

5.5 Pupils

Pupils will:

- Be involved in decisions where appropriate
- Follow their healthcare plans

6. Individual Healthcare Plans (IHPs)

IHPs will be developed where appropriate and in partnership with

- Parents/carers
- The pupil (where appropriate)
- Relevant healthcare professionals

They will include:

- Medical condition
- Medication and dosage
- Daily care needs
- Emergency procedures
- Staff training requirements

Plans will be reviewed annually or when needs change.

7. Management of Allergies and Anaphylaxis

Each school holds its own Whole School Allergy Policy, and the Trust has established a separate overarching Allergy Management Strategy.

The Whole School Allergy Policies are available on individual school websites.

The Allergy Management Strategy is available on the Trust website

8. 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.

9. 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.

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

10. Arrangements for Bringing Medication into School

- Medication must be handed to the school office
- Controlled drugs must be brought in by parents
- Controlled drugs will be stored securely and administered by trained staff

The school supports administration in:

- Long-term medication
- Short-term courses
- PRN (“as required”) medication
- Emergency situations
- School trips

11. Emergency Medication

The school will:

- The school will hold emergency medication, including spare salbutamol inhalers and adrenaline auto-injectors (AAIs), in line with current statutory requirements.
- Emergency medication will be stored securely but be readily accessible in an emergency. The location of this medication will be clearly communicated to all relevant staff.
- Staff will receive appropriate training in allergy awareness, recognising the signs of an allergic reaction and anaphylaxis, and the safe administration of AAIs.
- In line with the Whole School Allergy Policy, staff are expected to act immediately if anaphylaxis is suspected, even where there is uncertainty, as early intervention is critical.
- The management of allergies and the use of emergency medication will form part of the school’s wider arrangements for supporting pupils with medical conditions, including the use of Individual Healthcare Plans (IHPs) where appropriate.
- All incidents involving the use of emergency medication, including AAIs, will be recorded and reviewed to support learning and continuous improvement.

12. Safe Storage of Medication

- Access to areas of the school where medication is stored is restricted.
- Locked cupboard
- Within School including any dedicated medication administration rooms
- Transport between school and home
- During off site school visits and activities

This does not apply to emergency medication such as adrenaline auto-injectors, which must be readily accessible at all times in line with the Whole School Allergy Policy.

13. Disposal of Medication

Expired or unused medication will be returned to parents for safe disposal via pharmacies. Schools do not dispose of medication.

14. Management of Sharps

14.1 Definition

Sharps include needles, syringes, lancets or any object capable of puncturing the skin and causing potential exposure to blood-borne pathogens.

14.2 Safe Handling and Disposal

- Sharps must never be handled with bare hands. Appropriate PPE (e.g. disposable gloves) must always be worn.
- Sharps must be disposed of immediately after use in an approved sharps container and must not be passed between individuals.
- Sharps containers must:
    - Be clearly labelled and compliant with safety standards
    - Be kept secure and out of reach of pupils
    - Not be filled above the designated fill line
- Sharps containers should be stored in designated medical areas and disposed of using appropriate clinical waste arrangements.

14.3 Unexpected Sharps on Site

- Pupils must never touch sharps and must report them to a member of staff immediately.
- The area should be made safe and pupils kept away.
- Only trained staff should deal with sharps using appropriate equipment (e.g. litter picker/tongs and PPE).
- The item must be placed safely into a sharp's container.

14.4 Sharps Injury Procedure

In the event of a sharps or needlestick injury:

- Encourage the wound to bleed gently under running water
- Wash with soap and water (do not scrub or suck the wound)
- Cover with a waterproof dressing
- Seek immediate medical advice
- Report the incident in line with the school's incident reporting procedures

14.5 Training and Responsibilities

- Only trained staff should handle or dispose of sharps.
- Staff must be aware of safe procedures, location of equipment, and reporting processes.
- The school will ensure appropriate training is provided where a risk of sharps is identified.

15. Medication Errors and Incidents

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, and report onto the My Health and Safety Accident Portal.
- 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.

16. 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.

17. Record Keeping

Records include:

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

18. 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.

19. Complaints

Complaints should be directed to the school office in the first instance.

20. Monitoring and Review

The policy will be monitored regularly and reviewed annually or following significant incidents or guidance changes.

21. Transportation of Medication

21.1 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 is 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 a container as detailed above and the vehicle must be locked.

21.2 Home to School Transport

Appropriate supervision will be provided where required based on medical need.

21.3 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.

21.4 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.

21.5 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.

22.Trade Union National Policy Statements

22.1 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.

22.2 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.