Administration of Medicines Policy

School: Jigsaw Pupil Referral Unit

Date Approved by Management Committee: May 2026

Chair: Mr D. Hains

Headteacher: Ms E. Rothlisberger

Review Date: May 2028

Version 2nd September 2026

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Introduction

The Management Committee of Jigsaw PRU, as much as possible, will make sure medical conditions are supported so they can have full access to education, school trips and physical education. The Management Committee and school leadership team will where appropriate consult with health and social care professionals to ensure the needs of children are met. Regular school attendance is vital for every child at Jigsaw PRU. The school does all that it can to maintain high attendance figures. Nevertheless, from time to time children will become ill and may require some time out of school to recover. Children will be expected to attend school especially:

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler. Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible.

Legality

There is no legal duty for Teachers, Teaching Assistants, Welfare or Administration staff to administer medicines or to supervise a child taking it. It is not part of a teacher's professional duties; however they will take into account the needs of their pupils. Administering medicine is purely a voluntary role. Staff should be particularly cautious agreeing to administer medicines where:

- the timing is crucial to the health of the child;
- where there are potentially serious consequences if medication or treatment is missed;
- or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines will not agree to do so without first receiving appropriate information and / or training specific to the child's medical needs and must have the approval from the Head Teacher and or Deputy Head Teacher. Under no circumstances must any medication be administered without parental approval.
It is the responsibility of the Head Teacher, supported by the Deputy Head Teacher, to wherever possible ensure that the appropriate staff are fully trained when caring for a child. Training requirements may change as a child's needs change.

Long term medical needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. Jigsaw will draw up an SEN Support Plan or an Individual Health Care Plan maybe applied for such pupils, involving the parents and the relevant health professionals. Children who return to school after long term illness must receive support from the school enabling them to be fully involved in school life. Staff training may be required to cater for individual needs.

Children with disabilities

Some children with medical conditions may be disabled. Where this is the case, the Management Committee comply with its duty under the Equality Act 2010. Some pupils may

also have special educational needs (SEN) and may have a statement, or Education Health and Care (EHCP) plan which brings together health and social care needs, as well Non Prescription Medication as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

Health Care Plans.
It would be the role of the Head Teacher, Deputy Head Teacher and Class Teacher to ensure that an IHCP is put in place as stated in the Long Term Medical needs section.
It may 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.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, 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.
- 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;
- arrangements for written permission from parents and the head teacher 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.

An EHCP will be reviewed if circumstances change.

Managing medicines on school premises
Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
Safety checklist.

- Is any specific training required to administer medicines?
- Is this the first dose? Staff must not administer the first dosage in case there is a reaction.
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?

- What action is necessary in the event of an accident or failure of the agreed procedures?
- Details of this policy and procedures will be publicised widely and available from the school website.
- Will medication be stored in the same place and at a suitable temperature?

Specific instructions and training will be given to staff before they are required to assist with or administer medicines or medical procedures. This may include the identification of tasks that should not be undertaken.
Such safeguards are necessary both for the staff involved and to ensure the wellbeing of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Non - Prescription Medicine

It is Jigsaw's Policy that non-prescription medication is not administered by the school. This includes paracetamol and homeopathic medicines. Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. Parents or consenting relatives may come in to administer this medicine. The use of 'over the counter' throat lozenges are not permitted. Any lozenges must be prescribed before use in school.
If a pupil suffers regularly from a professionally diagnosed acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff will notify the parents that their child has requested medication (if they have symptoms) and supervise the pupil taking the medication if the parents have agreed to it being taken.

Prescribed Medication

It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this. Such medicines may only be taken into schools where it would be detrimental to a child's health if it were not administered during the day.
Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.
In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

All emergency medicines (asthma inhalers, epi-pens etc.) should be readily available and not locked away. If the medication must be kept refrigerated, proper arrangements should be implemented to ensure that it is both secure and available whenever required.
Under no circumstances should medicines be kept in the regular first-aid boxes

Asthma-inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)

The school will:

- All inhalers to be kept in a class specific medical box. These must be easily assessable to the child.
- Keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler. Copies are kept centrally and are accessible to staff.
- Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Appropriate support and training for staff in the use of the emergency inhaler in line with this wider policy on supporting pupils with medical conditions.
- Keep a record of use of the emergency inhaler as required and inform parents or carers that their child has used the emergency inhaler
- Have at least two volunteers responsible for ensuring the protocol is followed: Mrs Green, Mrs Fawcett and Miss Roper are all happy to support.

Emergency Adrenaline Auto-Injectors (AAIs) and Anaphylaxis Management

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered). This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold spare AAI(s) – this is a discretionary change enabling schools to do this if they wish. Only those institutions described in regulation 22 of the Human Medicines (No.2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold spare AAIs. Regulation 8 of the Human Medicines (Amendment) Regulations 2017 amends schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools.

From September 2026 **i**n accordance with current statutory guidance, the requirements of "Benedict's Law", and guidance issued by the UK Government regarding the use of emergency adrenaline auto-injectors (AAIs) in schools, the school is committed to safeguarding pupils at risk of anaphylaxis and ensuring an effective emergency response.

As of this date

The school will:

- Maintain a supply of in-date spare adrenaline auto-injectors for emergency use on site.
- Ensure that emergency AAIs are readily accessible, clearly labelled, and stored securely in locations known to all relevant staff.

- Maintain an up-to-date register of pupils identified as being at risk of anaphylaxis, together with individual healthcare plans, prescribed medication details, parental consent, and emergency contact information.
- Ensure that pupils prescribed AAIs are encouraged to carry their own prescribed devices where age and understanding permit.

- Provide appropriate allergy awareness and anaphylaxis training for all staff, including recognition of symptoms, emergency procedures, and the safe administration of AAIs.
- Ensure that sufficient numbers of staff are trained to respond promptly to suspected anaphylaxis during the school day, educational visits, extracurricular activities, and off-site events.
- Conduct regular checks of expiry dates, storage arrangements, and replacement procedures for all spare AAIs held by the school.
- Ensure that emergency procedures include immediate administration of adrenaline where anaphylaxis is suspected, followed by calling emergency services (999) and informing parents/carers as soon as practicable.

Emergency AAIs will only be administered:

- To pupils known to be at risk of anaphylaxis; and
- Where written parental consent and medical authorisation have been provided as part of the pupil's healthcare plan.

In an emergency, any member of staff who has received appropriate training and is judged competent may administer an adrenaline auto-injector in order to preserve life.

The Headteacher has overall responsibility for ensuring compliance with this policy and for ensuring that allergy management procedures are reviewed regularly in line with national guidance and legislative requirements.

Record keeping
Parents / guardians should provide details of medicines their child needs to take at school. A form should be filled in as a way of consent. This could be for long or short term administration.
School will keep records of all medicines administered.
Staff will complete and sign a record each time they give medicine to a child this will be countersigned by another member of staff. Staff members, who are happy to administer should do so by following the procedures and instructions for the individual child's administration and dosage on the clearly labelled box. The administration sheets should be completed.
For administration of medication on off site visits see also (Educational visits policy)
Staff will also keep a track of the quantity of tablets that are in the building due to the nature of these medications on the sheets provided.
Self-Management
It is important that as children get older they are encouraged to take responsibility and manage their own medication. This is mostly relevant to anaphylaxis, asthma or hay fever sufferers, however some children may need a care plan and this will be put together as and when necessary.
Staff should be aware of the need for asthmatics and anaphylaxis suffers to know where their inhalers/auto-injectors are kept and use (or for staff to take appropriate action) when it is deemed necessary to do so. The size of the school means that a sufferer is never further than a minute away from their inhaler box or auto-injectors. We also hold emergency inhalers on site and of September 2026 we should also hold an emergency AAIs kit.

Refusing medication
If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If necessary the school should call the emergency services.

Defibrillator
The school has acquired a defibrillator and first aid staff have been trained in its use. It is located at the school office

Offsite visits
It is good practice to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments should be conducted.
To the best of our ability a member of staff who is trained to administer any specific medication (e.g. asthma inhalers, AAIs) accompanies the pupil and that the appropriate medication is taken on the visit.
Medicines should be kept in their original containers (an envelope is acceptable for a single dose- provided this is very clearly labelled, for example travel sickness tablets) but these must be kept secure by the trip leader and must not be accessible to any other child. There is a lockable wallet available in the office.

Sporting Activities
Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan.
If restrictions apply, individual risk assessments should be conducted.
Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (E.g. asthma-inhalers or AAIs).
Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

Unacceptable practice
Every effort is made at Jigsaw to ensure that children are cared for. Staff will use their discretion whenever and wherever possible and seek advice from a member of the SLT. Each case will be considered on its own merit; however it is generally not acceptable to:

- prevent children from easily accessing their inhalers, AAIs 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 unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- 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 medication or provide medical support to their child, including with toileting issues. No parent may feel they have to give up work 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.

Emergency situation

As part of general risk management processes, Jigsaw has arrangements in place for dealing with emergencies. Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff is aware of emergency symptoms and procedures. Other pupils in the school may 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.

First Aiders

Jigsaw has first aid trained staff and one will be available for any offsite visit or at the destination.

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 can make a formal complaint via the school's complaints procedure.

Process for developing Individual Health Care Plans

