

MANAGING & ADMINISTERING MEDICATION FOR PUPILS POLICY & PROCEDURES

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1. Purpose

- 1.1 Schools have a statutory duty to support pupils with medical conditions under section 100 of the Children and Family Act 2014. The Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' explain the legislative requirements and good practice guidance with regards to medicine management in schools. The purpose of this document is to outline Jigsaw School's policy and related procedures for the management and administering of medicines.
- 1.2 By implementing this policy, Jigsaw School intends to achieve the following objectives:
- To safeguard the health and wellbeing of pupils and enable regular attendance for pupils who require medicines during the school day
 - To set expectations and standards for the management and administering of medicines in school
 - To identify roles and responsibilities with regards to medicine management
 - To take account of statutory responsibilities and ensure staff comply with legislation
 - To provide staff and parents with guidance and information regarding the management and administration of medication at the school
 - To reduce the risk of medication errors occurring

2. Definitions

- 2.1 'The school' and 'Jigsaw School' means Jigsaw CABAS® School
- 2.2 CABAS® is an acronym for Comprehensive Application of Behaviour Analysis to Schooling.
- 2.3 'Staff' refers to employees, consultants, bank workers and volunteers of the Jigsaw CABAS® School.
- 2.4 'Medication' or 'Medicines' for the purposes of this policy refers to any formulation of medicines and drugs that have been prescribed for the pupil by a UK qualified medical practitioner, which includes legally controlled drugs, and any formulation of non-prescription medicines that parents have purchased of their own accord.
- 2.5 'Prescription medicine', also known as prescription-only-medicines (POM), is a pharmaceutical drug that legally requires a medical prescription to enable this to be dispensed and supplied to a patient.
- 2.6 'Non-prescription medicines', also known as an over the counter (OTC) medicines, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale through retailers such as garages and supermarkets (GSL medications). Medications are classified as OTC (P or GSL), based on their safety profiles and to enable access to those medicines without recourse to a GP. Medicated toothpaste, allergy relief wipes and creams are included under non-prescription medicines, but non-medicated items such as body lotion, suntan lotion and lip balm are not considered as non-prescription medicines for the purpose of this policy.

- 2.7 'Controlled drugs' or 'CDs' are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments. The regulations categorise controlled drugs into Schedules 2 – 5. Commonly encountered medicines and their classification are Midazolam (schedule 3), Methylphenidate (schedule 2) and Diazepam (schedule 4).
- 2.8 'Rescue medicines' refer to medicines that are administered in an emergency situation such as an epileptic seizure lasting for longer than the specified time frame or adrenaline auto-injectors that are administered in case of severe allergic reaction. Most common rescue medicines in schools include buccal midazolam & rectal diazepam for epilepsy, adrenaline auto-injectors (e.g., EpiPen®) for allergic reactions and Salbutamol inhalers for asthma attacks.
- 2.9 PRN is the acronym for the Latin term 'pro re nata' and prescribers use this to denote medication needing to be administered only 'when required'.
- 2.10 'Medical Practitioner' refers to a regulated licensed medical professional i.e. GP, dentist, pharmacist or nurse practitioner.
- 2.11 'Medicine/medication occurrences' is a term used collectively to describe errors and near misses related to medicine administration and management.
- 2.12 MAR is an acronym for 'Medication Administration Record'.
- 2.13 MERT is an acronym for the Medical Emergency Response Team at Jigsaw School. The team is comprised of staff with appropriate first aid and medication administration training.
- 2.14 IHCP is an acronym for Individual Health Care Plan. All pupils at Jigsaw School have an IHCP that details key contact information, medical history and information such as allergies, regular medication(s) taken, emergency procedures, immunisation details. The document acts as reference for staff to ensure the appropriate support is in place. The document may be shared with emergency services or other professionals to ensure the safety and wellbeing of the pupil.
- 2.15 'SchoolPod' is an online platform that is used as the school's main information management system and is used for recording medication occurrences.
- 2.16 GSL stands for General Sales List.
- 2.17 'Common drive' is a share/drive on the school's internal server.
- 2.18 'Home Page' refers to a shared internal platform that provides staff with key information regarding the school, including policies, structure charts, lists and rotas, risk assessments. All staff have access to this platform which is accessed as the home page of the internet browser.
- 2.19 OPUS refers to Opus Pharmacy Services, a specialist provider of medicines training and audits.

3. Scope

- 3.1 This policy applies to all staff, pupils and parents and covers the management and administering of pupils' medicines. For details regarding staff medication, refer to the school's Health & Safety policy.
- 3.2 Medicines will only be administered at school when essential, that is, it would be detrimental to a child's health or school attendance not to do so.
- 3.3 This policy applies to all formulation of prescription and non-prescription medicines pupils may be taking with or without the advice of a medical practitioner. Homeopathic remedies will not be administered at school unless there are clear instructions from a UK medical practitioner for these to be administered during school hours.
- 3.4 The school does not keep any general use medicines on-site such as paracetamol. If pupils require any non-prescription medicines, these must be provided by parents.
- 3.5 Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Whilst administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach.

4. Equality Statement

- 4.1 Jigsaw School aims to design and implement policies and procedures that meet the diverse needs of our pupils and workforce ensuring that none are placed at a disadvantage. We consider the provisions of the Equality Act 2010 and advance equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment due to the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

5. Responsibilities

The Governing Body

- 5.1 Governors have oversight of this policy and related procedures and will ensure that
 - pupils who require medicines during the school day can access and enjoy the same opportunities as any other child and that they are effectively supported
 - there is a designated staff member(s) with responsibility for the management of medicines
 - this policy and procedures are reviewed and updated regularly.

The Director of Education

- 5.2 The Director of Education is responsible for the implementation of this policy, but delegates this to the Deputy Headteacher on a day-to-day basis, including:
 - ensuring that all staff, parents and pupils are aware of and comply with this policy and related procedures

- ensuring that there are sufficient numbers of trained and competent staff to support pupils who require medicines during the school day
- ensuring safe medicine administration in line with parental consent, pharmacy label instructions and manufacturer's guidance
- providing appropriate, safe, secure and functional resources for the storage and administration of medication
- ensuring that pupils' Individual Health Care Plans, including medication profile and emergency procedures are reviewed and updated at least annually
- appointing an emergency response team who would respond to any on-site requests for emergency medications
- ensuring that all medicine administration is recorded and communicated to parents as required
- ensuring that any PRN medicines administered follow protocols
- regularly reviewing training needs across the school and ensuring that up-to-date training records are maintained
- reporting to the governing body on any issues related to medicine management and administration
- investigating any medication occurrences and implementing measures to reduce the risk of these recurring

Medical Emergency Response Team (MERT)

5.3 The MERT will:

- respond to, manage and take the lead during medical emergencies and emergency medication administration on school premises or in the event of a poisoning or accidental overdose
- support the administering of emergency medication in line with agreed procedures
- call emergency services and liaise with operators and emergency services staff when emergency medication is administered
- accompany pupils to hospital, if required
- debrief staff team after the administration of emergency medication
- record administration of emergency medication on the relevant MAR sheet and complete a SchoolPod incident report

Teaching staff

5.4 Teaching staff are responsible for:

- following this policy and related procedures
- ensuring they are familiar with the medical conditions, allergies and medication routines of pupils they support

- informing parents of any medicine refusals and any administration of PRN medicines
- reporting any medicine refusals and other incidents on SchoolPod
- checking home-school communication for pupils they support each morning for information on medicines
- checking school bags, backpacks and lunchboxes of pupils they support each morning for any medicines, creams or other hazardous items
- completing induction and ongoing refresher training on medicine management in school
- reporting any concerns they have regarding the management of medicines to the School Management Team

Administration Team

5.5 The Administration Team will:

- complete daily checks of emergency medicines such as inhalers, adrenaline auto-injectors and midazolam
- complete regular checks of medicines kept at school in terms of expiry date and quantity and inform parents when a new supply is required
- liaise with parents on completing and updating Individual Health Care Plans
- check that medicine administration requests and consent forms are completed fully and in line with pharmacy label instructions or manufacturer's guidance, and that a copy is retained on the pupil's file
- complete spot checks of MAR sheets and report any inconsistencies or discrepancies to the Deputy Headteacher
- maintain up-to-date staff training records relating to the administration of medicines
- undertake regular reconciliations of the controlled drugs held to the controlled drugs register

The role of Parents

5.6 The administration of medicines is primarily the responsibility of parents and carers. This may be achieved by spacing required doses so that these do not fall within school hours, or by the parent coming into school to administer the medication. However, this might not be practical and in such cases, parents may request that medicines be administered during the school day. If a pupil requires medicines to be administered during the school day, parents must:

- make a request in writing by completing the Parental Request & Consent to Administer Medication Form (see Appendix 1)
- ensure that all medicines sent into school are in their original packaging, including manufacturer's guidance leaflet, and container and within expiry date and that

parental instructions are in line with pharmacy label instructions or manufacturer's guidance

- provide any necessary equipment, e.g., medicine spoons, syringes
- inform the school by emailing medical@jigsawschool.co.uk by 9.15 am when a supply of medicines is being sent in with the pupil
- inform the school of the time & dose of any PRN medication
- provide the school with regular replacement medication for their child as soon as this runs out or becomes out of date
- keep the school updated on any changes to their child's medication routines and health conditions

6. Prescribed Medication

- 6.1 Where prescription medicines are required to be administered during school hours, parents are advised to obtain two prescriptions from the prescriber, i.e., one for school and one for home, to avoid transporting medicines.
- 6.2 Prescription medicines will not be administered without written consent from parents.
- 6.3 Prescription medicines must be in date and provided in their original packaging, including manufacturer's guidance leaflet, and container with the pharmacy label intact and clearly stating the pupil's name, name of the medicine, strength, dose, time of administration and any cautionary advice or instructions for administering.
- 6.4 Prescription medicines will be administered according to the pharmacy label instructions.
- 6.5 Medicines labelled 'as directed' will be returned to parents to seek clear directions from the prescriber. Without the clear directions/instructions from the prescriber, medicines will not be administered.
- 6.6 Medicines labelled 'as required' will be administered in line with the parental consent instructions and the PRN protocol completed by the school in consultation with parents.
- 6.7 A pupil under the age of 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7. Non-prescribed Medication

- 7.1 Non-prescription medicines will not be administered without written consent from the parent of the pupil.
- 7.2 All non-prescription medicines must be in date and supplied in their original packaging and container with manufacturer's guidance leaflet included. Staff will consider guidance from the manufacturer and parents before administering medicines.
- 7.3 Non-prescribed (over the counter) medication will not be administered for longer than 72 hours without authorisation from a medical practitioner. A separate authorisation

letter is required for each bout of illness/sickness when non-prescribed medication is required, irrespective of the length of time between the illnesses.

- 7.4 Where non-prescription medicines are administered on an 'as required' basis, staff will follow the PRN protocol that has been established by the school in consultation with parents.
- 7.5 Non-prescription medicines, e.g., for pain relief, should not be administered without first checking maximum dosages and when the previous dose was taken. Staff should refer to the PRN protocol for instructions.

8. Controlled Drugs

- 8.1 Controlled drugs will be kept in a separate secure cupboard in the school office and only named staff will have access. Any access to the controlled drugs cabinet will be recorded and witnessed on the Controlled Drugs Access form.
- 8.2 All controlled drugs supplied to the school will be entered into the Controlled Drugs register under dual control.
- 8.3 Controlled drugs will be readily accessible in an emergency.
- 8.4 A record will be kept of any doses used and the amount of the controlled drug held/administered.
- 8.5 Register entries will be made in black ink and in chronological order. The register will be retained for at least for two years from the date of the last entry.
- 8.6 Administering of any controlled drug will be witnessed by a second member of trained and competent staff. Both members of staff will sign the relevant MAR.
- 8.7 The stock of controlled drugs held should be reconciled to the information in the controlled drugs register on at least a monthly basis.

9. Rescue/Emergency medicines

- 9.1 Schools are permitted to keep generic auto-injectors and Salbutamol inhalers for emergency use in case a pupil's own prescribed rescue medicine fails, or cannot be administered correctly, without delay.
- 9.2 A pupil may be prescribed an inhaler which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The school's generic Salbutamol inhaler can be used in an emergency if the pupil's own prescribed reliever inhaler is not accessible, empty or broken.
- 9.3 Written consent for administering the school's generic emergency medicines will be sought from parents.

10. Emergency procedures

- 10.1 For non-emergency situations advice will be sought from a relevant first aider. Where the matter concerns medicines, advice should be sought from the Deputy Headteacher and/or Medical Administrator.

- 10.2 For pupils, who have rescue medication (e.g., Buccal Midazolam or adrenaline auto-injectors), staff will follow the pupil's emergency procedures. Each pupil's emergency procedure outlines when the rescue medication needs to be administered and when to call emergency services. Staff should call for support from the MERT. Staff will endeavour to administer the rescue medication and call for an ambulance if appropriate simultaneously.
- 10.3 Parents/carers will be contacted as soon as possible where medical emergencies arise.
- 10.4 If off site, staff should follow the emergency procedures agreed within the specific off-site risk assessment and contact the school office as soon as possible.
- 10.5 A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the parents/carers arrive.

11. Receipt and storage of medicines

- 11.1 Where pupils are transported by taxis, parents must notify the school before sending medicines into school via their child by emailing medical@jigsawschool.co.uk by 9.15am on the day the medicine/s are sent to school. The school will not accept responsibility for medicines during journeys between school and home/respite setting. Parents are advised to inform their transport provider in advance if they are to send medicines into school with their child.
- 11.2 Where parents transport their child to school, they must hand in medicines in person at the school office.
- 11.3 All medicines brought to school must be signed in and stored safely and securely in locked medicine cabinets in designated locations across the school. The keys to medicine cabinets must be kept in secure key safes next to the medicine cabinets.
- 11.4 All medicines must be stored in line with storage requirements outlined on the packaging or in the manufacturer's guidance leaflet. Where medicines require refrigeration, these must be stored in the designated secure medicine refrigerator.
- 11.5 Under no circumstances should any medication be transferred into another container for keeping/storage. Any medicines not received in their original container or packaging will be returned home and parents notified to provide the medicine in the correct container and packaging.
- 11.6 Some medicines may have instructions restricting their usage after a given period once the medicine has been opened. For example, many eye drops can be used for 28 days after first opening after which they must be discarded. Parents are advised to send unopened bottles or clearly indicate on the packaging the date the medicine was first opened. When liquid medicines have been opened for the first time in school, staff must label the medicine with the opening date and new expiry date. Any liquid medicines or eye drops that have restrictions regarding period of usage once opened, will not be administered unless the opening date is clearly indicated. Medicines will be returned home and parents advised to provide a new supply. For further guidance on expiry dates of medicines, please refer to Appendix 3.

12. Medicine refusal

- 12.1 Some pupils may find taking medicines challenging and require specific strategies to teach them how to take medication. All efforts will be made by the school to administer the required medication in line with best practice guidance and procedures agreed with parents and /or medical professionals.
- 12.2 ‘Covert’ administration of medicines must be avoided. Medicines should not be mixed with food or drinks in order to disguise these or to deceive someone. When pupils have difficulties taking medicines, parents should contact the medical practitioner to ascertain if a different medication or formulation can be prescribed. If all other options have been exhausted, ‘covert’ administration can be agreed by medical professionals, parents and school as part of a ‘Best Interest’ decision . The agreement and procedures must be recorded in writing.
- 12.3 When a pupil refuses to take a medicine, staff will dispose of the dispensed dose and will record the refusal on the MAR sheet. Staff will offer the medicine again within half an hour of the first attempt. If the pupil refuses the medicine on the second attempt, staff will dispose of the dose and record the refusal on the MAR sheet. Parents will be informed of the refusal in line with the agreed procedures outlined in the pupil’s IHCP. A SchoolPod report must be completed for all medicine refusals. *See Medication Administration Guidance point 12 for more details on refusals.*

13. Medicine disposal

- 13.1 Unused or date expired medication will be returned to parents either directly or via the pupil’s transport provider or passenger assistant for disposal and this recorded on the relevant MAR sheet.
- 13.2 Any contaminated medication (e.g., dropped on the floor) or medication that has been dispensed but not administered due to refusal, will be disposed of in designated pharmaceutical (dry medicines such as tablets, capsules and powder only) and clinical (liquid medicines and any medicines that were spat out) waste bins and this recorded on the MAR sheet.

14. Self-administration of medicines by pupils

- 14.1 Parents must indicate and give written consent on the Parental Request & Consent to Administer Medication form if they wish their child to take responsibility for self-administering medication. A medication risk assessment will be completed for all pupils to identify the level of support they require.
- 14.2 Self-administration of medicines by pupils will be supervised by staff. Staff will indicate self-administration on the MAR sheet under the ‘administered by’ column. The member of staff supervising the pupil will sign as a witness.

15. Administration of medicines by staff

- 15.1 The administration of medicines may only be undertaken by trained and competent staff and witnessed by a second trained member of staff.

- 15.2 Staff will take standard precautions to minimise the risk of infection and contamination when administering medication (i.e. washing hands before and after administering medication) and consider the privacy and dignity of the pupil.
- 15.3 Staff must not interfere with the medicine formulation prior to administration (e.g. crushing a tablet) unless there is specific agreement with the prescriber in place.
- 15.4 Before administering medication, staff will check:
- the identity of the child/young person and the prescription label matches
 - written parental consent for administering the medicine is held
 - that parent/carer instructions match the prescription label or manufacturer's instruction
 - the dosage and route of medication
 - any additional or cautionary information
 - the MAR sheet to confirm that the medicine is due at that time and has not already been administered
 - the expiry date of the medication
 - all the necessary equipment required to administer the medication is available e.g. medication spoon, oral syringe, scales

16. Medicine occurrences

- 16.1 Any medication errors or near misses must be recorded via SchoolPod. Medication errors are considered a safeguarding concern and the Designated Safeguarding Lead will determine whether a referral to the LADO is appropriate.
- 16.2 Medication errors include:
- administering to the wrong pupil
 - administering the wrong medicine
 - administering the incorrect dose
 - administering at the incorrect time
 - forgetting to administer
 - administering date expired medicines
 - not recording administration on the MAR sheet
- 16.3 Medication near misses include, but are not restricted to:
- medication not being sent to school in original packaging and containers
 - medication not stored in line with storage requirements e.g., temperature exceeds maximum temperature
 - medication left unattended i.e. medication left in pupil's bag and not locked away immediately after pupil arriving on school premises

17. Record keeping

- 17.1 All administration of medicines should be recorded on the MAR sheet immediately. A separate MAR sheet should be held for each medicine a pupil requires. The MAR sheet is a legal document and must be completed in black ink using legible handwriting. All entries must be in a chronological order and each page must be numbered. Records must not be altered, and any mistakes/errors are to be indicated with an asterisk (*) or crossed out with a single line and initialled. An explanation must be provided in the comments section.
- 17.2 Additionally, the school will hold the following documentation and records:
- medicine management and administration training records
 - IHCPs for each pupil recording medication profile, management procedures for conditions such as epilepsy, asthma and allergy and an action plan in case of a medical emergency
 - completed written parental consent forms for each request that a medicine to be administered or if there is a change to previous instructions
 - controlled drugs register
 - risk assessments and medication guidelines for individual pupils which highlight the level of support a pupil requires and the details of instructions for administering medicines
 - register, checks and audit of medication kept on-site
- 17.3 To ensure consistency and effective management of pupils' medical needs, the school has standard forms/documents. Staff, parents/carers and medical professionals are required to complete these standard forms/documents as required in line with this policy.
- 17.4 The school is committed to comply with data protection legislation and regulations. All records and information related to medical needs will be treated in a confidential manner and held securely in line with the school's records management and retention procedures. Details on the school's policies and procedures (e.g., data protection policy, privacy notice and retention schedule) can be found on the school's website.

18. School trips

- 18.1 Individual pupil risk assessments and trip specific risk assessments will consider the medical needs of pupils and the measures required to support pupils safely and effectively with their medication needs during school trips.
- 18.2 The group leader must ensure that emergency medicines are available during the school trip for pupils who have these prescribed. The emergency medicine must be held at all times by the teacher supporting the pupil. If there is a swap between staff, the medicine must be transferred to the staff member taking on support of the pupil.
- 18.3 Any medicines taken on an educational visit or residential trip must be stored safely and securely. Emergency medicines should be in orange medpacks for each pupil and

the medpacks carried in secure backpacks. On residential trips, medicines should be placed in separate bags for each pupil and stored in a lockable container. Where refrigeration is required, a lockable metal storage box should be used and the box stored in a general refrigerator if no allocated medicine refrigerator is available at the site.

- 18.4 For residential trips, parents will be asked to provide detailed information on their child's medication routines and complete consent forms for each medicine in advance. Parents may be asked to provide two sets of emergency medicines for residential trips. Parents will be notified of this in advance if this is required.
- 18.5 Medicines taken on school trips must be signed out and returned immediately to the specified medicine cabinet following the trip. Emergency medicines should be signed in and out in the school office.
- 18.6 There will be at least one first aider on each school trip. Where pupils with emergency medicines are attending a school trip, there will be at least one member of staff who has been trained in administering such emergency medicines. Trips with reception year pupils will have at least one member of staff with full paediatric first aid training.
- 18.7 On residential trips, the school will ensure sufficient number of trained and competent staff will be available to administer medicines.
- 18.8 Parental consent to administer medicines, IHCPs and emergency procedures will be available electronically on tablets during all school trips and a printed/hard copy will not be required but may be taken. MAR sheets will only be available in paper format. Staff must ensure that they check parental consent and MAR sheet before administering medicines during school trips and record the administration immediately.
- 18.9 The group leader and first aider for each educational visit/residential trip will make decisions on contacting emergency services and parents/carers if there are concerns for the welfare of a pupil.

19. Staff training

- 19.1 Medicines may only be administered by trained and competent staff.
- 19.2 Training is provided outlining this policy, its related procedures, emergency medication procedures and how to call emergency services to all staff during their 3-month probationary period.
- 19.3 For training requirements for staff who agree to administer medicines to pupils, refer to *Appendix 2* of this policy.
- 19.4 A current list of staff who are trained and competent to administer medication is held on the school's common drive (Home Page).
- 19.5 Parents/carers should bear in mind that there may be circumstances when further training may be required for specialist medication or treatment. Alternative arrangements may need to be put in place (e.g., parents coming to school to administer the medicine) until training by an appropriate specialist has been completed by staff.

20. Staff Indemnity

20.1 All staff members who volunteer to administer medicines must act within the remit of their job and responsibilities and follow the school's policy and procedures. The school's insurance indemnifies staff against allegations of negligence provided they acted within their remit and responsibilities and followed policy and procedures.

21. Related policies

21.1 This policy is closely linked to other school policies, namely:

- Supporting pupils with medical conditions
- First aid
- Health & safety
- Learning outside the classroom and educational visits
- Safeguarding and child protection
- Equality, diversity & inclusion

22. Monitoring and Evaluation

22.1 The implementation, monitoring and evaluation of this policy is the responsibility of the School Management Team. Training needs are monitored by the medical administrator and Deputy Headteacher. Medication occurrences, are reviewed on a monthly basis by the School Management Team.

22.2 Reports are provided to the governing body on a termly basis and the effectiveness of the policy may be reviewed during monitoring visits.

22.3 The following will be considered when evaluating the effectiveness of this policy:

- School Dashboard data for medicine occurrences
- Staff training records
- Parent feedback (survey and individual feedback)
- Staff feedback (survey and individual feedback)
- Periodic external audits

23. Policy Review

23.1 This policy and related procedures will be reviewed and updated annually or as necessary to reflect best practice and to ensure compliance with any changes or amendments to relevant legislation.

23.2 This policy was last reviewed in July 2024.

24. Version History

No.	Date	Amendment
1.1		
1.2	July 19	Date update
1.3	Nov 19	6.1.6 amended on advice from OPUS Pharmacy Services and local pharmacist at Cranleigh Pharmacy on the use of ibuprofen. Section deleted include 'and medication containing ibuprofen (e.g. Nurofen)'
1.4	July 2020	Policy reviewed and updated. Parent Consent form and guidelines updated in line with change in administration of Nurofen. Supervisor and M & WO responsibilities updated.
1.5	July 2021	Purpose – relevant legislation referenced, and links added under point 17.
1.6	September 2021	Merged separate medication procedures document with policy document. Appendix 2 & 3 added. Amendments made to sections 2.6 definition of medicine occurrences added, 6.5 emergency medication, 8.4, 9.2-6 added and 10.2 added.
1.7	July 2022	Changed Medication & Welfare officer to School Nurse throughout. Minor changes to responsibilities to reflect current practice.
2.1	July 2023	Policy overhaul
2.2	Feb 2024	13.2 Medicine disposal procedures updated to reflect current procedures for disposal.
2.3	July 2024	7.3 Change from 48 to 72 hours for non-prescription medicines. Added Appendix 3 guidance on expiry dates, updated parent consent form to reflect changes to non-prescription medicines.

25. Related Legislation & Guidance

Document	Location
Children and Family Act, 2014	https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
Early Years Foundation Stage (EYFS) statutory framework	https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
Equality Act	https://www.legislation.gov.uk/ukpga/2010/15/contents
Surrey County Council Guidance on Supporting Pupils with Medical Conditions, January 2023	Supporting children and young people with medical conditions (surreylocaloffer.org.uk)

26. Related Internal Documentation

Document	Electronic Copy Location
Health & safety policy	common / MyJigsaw / Policies / School
Hygiene & infection control procedures	O-drive/Policies and Procedures
First aid policy	common / MyJigsaw / Policies / School
Supporting pupils with medical conditions policy	common / MyJigsaw / Policies / School
Equality, diversity & inclusion policy	common / MyJigsaw / Policies / School
Learning outside the classroom and educational visits policy	common / MyJigsaw / Policies / School
Safeguarding and child protection policy	common / MyJigsaw / Policies / School

APPENDIX 1 – Parental Request & Consent to Administer Medication

PARENTAL REQUEST & CONSENT TO ADMINISTER MEDICATION

PLEASE READ THE GUIDELINES OVERLEAF **BEFORE** COMPLETING THIS FORM

Full Name of Pupil		Date of Birth	
Address			
Reason for Medication			
Name and Strength of Medication (as described on container)	Prescribed (indicate if applicable)	<input type="checkbox"/>	
	Non-prescribed, over-the-counter (indicate if applicable)	<input type="checkbox"/>	
Dosage & Method			
Frequency / Timings			
Self-Administration (delete as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special precautions / other instructions			
Are there any side effects the school needs to know about?			

FOR NON-PREScribed, OVER-THE-COUNTER MEDICATION ONLY

<input type="checkbox"/>	I confirm my child has taken this over-the-counter medicine without ill effect
<input type="checkbox"/>	I confirm this over-the-counter medicine does not interact with the other medicines my child is taking and is not contraindicated with my child's medical condition

- I give consent to school staff administering the above medicine.
- I confirm that the information I have provided is accurate at the time of writing and I agree to inform the school immediately, in writing, if there is any change to my child's medical needs and/or medicines.
- I confirm that the medicine provided to Jigsaw CABAS School is in its original packaging and has not exceeded the expiry date.
- I have read the guidelines on the back of this form.

Parent/carer name		Date	
Signature			

GUIDELINES FOR PARENTS/CARERS

Please read these guidelines & procedures carefully before completing the form overleaf

- Medicines will only be administered if written parental consent was provided.
- The term 'medicine' or 'medication' applies to all prescribed medicines and drugs, over-the-counter medicines and drugs obtained from a chemist, over-the-counter creams, ointments and lotions, homely remedies such as pain relief or cold remedies.
- We are unable to administer homeopathic or herbal medicines without specific instructions from a medical professional.
- Where possible the need for medicines to be administered at school should be avoided. Parents/Guardians are therefore requested to arrange the timing of doses accordingly.
- Parents are asked to notify the school before sending in medication by emailing medical@jigsawschool.co.uk by 9.15am
- Parents who transport their child to school must hand in any medication, together with completed form, to reception in person.
- Prescription medicines must be prescribed by a UK Medical Practitioner and provided in their original container and packaging with the pharmacy label intact. Prescription label must clearly state the dosage, frequency and/or time that the medication is to be administered, cautionary advice and instructions for administration. Prescription medication will be administered according to the pharmacy label instructions.
- Non-prescribed medicines must be provided in their original container and packaging. Non-prescribed medicines will be administered according to the manufacturer's instructions.
- Jigsaw CABAS School will not administer non-prescribed medicines for longer than **72 hours** without authorisation from a medical practitioner.
- A new parental consent form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of medication.
- **A child/young person under 16 will only be given aspirin if prescribed.**
- Unused/expired medication will be returned to parents/carers either directly or via the child's transport provider or passenger assistant.
- Parents/carers have the responsibility to dispose of any unused or expired medication.
- Parents/carers will be notified if a child has refused to take the medication recorded on this form or if the medication has not been administered.
- Staff administer medication on a voluntary basis and Jigsaw CABAS School will ensure that they receive the appropriate training for the administration of basic medication.
- Parents/carers should bear in mind that additional training will need to be organised for specialist medication or treatment, for example, eye drops, ear drops, nebulisers, pessaries, injections, emergency medication. Therefore, Jigsaw CABAS School will not be able to administer these medications until such training has been carried out and alternative arrangements for the administration of these medications will need to be put in place.

APPENDIX 2 - Administering & Managing Medication – Staff training requirements

Only staff who are suitably trained and competent may administer and/or manage medicines.

There is no requirement for individuals to be First Aid trained to administer or manage medicines.

Administering Medicines:

Staff require the following training and assessment in order to be deemed suitably trained and competent:

- Induction and ongoing refresher training on the school's medication policy, guidance & procedures including emergency medication procedures
- Successful completion of the Medicine Awareness Foundation Course provided by OPUS
- Successful Competency Assessment either online provided by OPUS, or internal competency assessment by a member of staff who has completed the OPUS Advanced Medication Management and Competency Assessment course. - Competency assessments must be renewed at least annually

Witnessing Administration of Medicines and Signing in/Out Medicines:

Staff require the following training to be deemed suitably trained and competent:

- Induction training and ongoing refresher training on the school's medication policy, guidance & procedures including emergency medication procedures, and
- Successful completion of the Medicine Awareness Foundation Course provided by OPUS

Emergency Medication:

Only staff who received specific training in the use of rescue medication and been assessed as competent may administer the following medicines:

- Buccal Midazolam
- Adrenaline Auto-Injectors
- Inhalers (Salbutamol)

Suitable training includes, but is not restricted to:

- First Aid training that includes the use of Adrenaline Auto-Injectors – including EpiPens & other Auto-injectors
- OPUS Epilepsy & Buccal Midazolam training
- OPUS Supporting Pupils with Asthma training
- OPUS Anaphylaxis (EpiPen® & Auto-Injectors) training

Anyone involved in the management of medicines (i.e. auditing, checking) should be suitably trained, including:

- Induction training and ongoing refresher training on the school's medication policy & procedures including emergency medication procedures, and

- Successful completion of the Medicine Awareness Foundation Course provided by OPUS
- Successful Competency Assessment provided by OPUS
- Successful completion of the Advanced Medicine Management and Competency Assessment course provided by OPUS
- Training related to assessing staff competence on specific medicines i.e., buccal midazolam and rectal diazepam training for epilepsy

There may be circumstances, where administration of medication requires further training, for example, administering controlled drugs and medication via a gastrostomy.

APPENDIX 3 – Guidance on medicine expiry dates in community settings

Preparation	Unopened and stored in accordance with manufacturer's guidance	Opened and stored in accordance with manufacturer's guidance
Tablets and capsules packed in manufacturer's blister strips - where expiry date is intact	Manufacturer's expiry date	Manufacturer's expiry date
Loose tablets and capsules in medicine bottles	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in pharmacy brown glass bottle	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in original manufacturer's bottle	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months, whichever is sooner
Creams and ointments	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months from opening, whichever is sooner.
Ear drops	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL)
Eye drops/ eye ointment	Manufacturer's expiry date	28 days from opening unless otherwise stated
Inhalers	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL). Inhaler holders and spacers should be washed weekly or according to the manufacturer's instructions and replaced at least annually.
Nutritional supplements and thickeners	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL).

APPENDIX 4 – Medication Administration Guidance

1. General Guidance

- 1.1 The following guidance must be read and interpreted alongside the school's policy for managing and administering medication.
- 1.2 When giving medications by mouth such as pills or liquids, the following needs to be considered:
 - 1 Make sure that the pupil is in an upright and sitting position. Never give pills or liquids to a pupil lying down.
 - pupils may only be able to swallow one pill at a time. Be careful to give only the number of pills and amount of liquid the pupil can swallow safely and easily.
 - If a pupil is having trouble swallowing pills or liquids, record this on the MAR sheet under comments and notify your Supervisor or other senior member of staff immediately.
- 1.3 Make sure that the pupil is completely alert when giving medications. Never give medication to a pupil who is drowsy or not fully awake.
- 1.7 Stay with the pupil to ensure that all medication has been taken and swallowed.
- 1.8 Some pupils may need to have their medication put into food or liquid to help them to swallow this. This must only be done if agreed with the pupil's GP as a Best Interest decision and is recorded on the pupil's Individual Health Care Plan and Medication Risk Assessment.
- 1.9 If permission has been given to mix a medication with food or liquid, stay with the pupil until they have finished the food or liquid to ensure that they have taken all of the medication.
- 1.10 Never leave medications unattended and be especially careful when medications are mixed in food or liquid: other pupils could mistake them for a snack and take the medication. This is a poisoning and is a very serious issue.
- 1.11 Good hygiene is essential when administering medicines. Wash hands before and after administering medicines and where required wear gloves, e.g., for the administration of steroid creams.
- 1.12 The 6-point check must be followed when administering any medicines including: RIGHT pupil, medicine, dose, time, route and right to refuse. Cautionary warnings relating to the medication must also be checked.



2. Liquid Medications



2.1 When giving liquid medications, always:

- Check expiry date.
- Mark new bottles with dates of opening and the new expiry date, if applicable (e.g where the medicine needs to be used within a certain time period from opening).
- Shake the bottle well before giving liquid medications.
- Measure the dosage carefully using an approved measuring device. This could be a small clear plastic measuring cup, a syringe, a dropper or a specially designed measuring spoon.
- Hold the measuring device at eye level, fill to the right level using the markings on the device as a guide and then **re-check on a level surface**.
- Pour the bottle with pharmacy label facing up to minimise spillage onto the label and making this difficult to read.
- If using an oral syringe, remove air gap and direct the syringe to the side of the pupil's mouth, squirting a little liquid at a time.
- Wipe the bottle with a damp cloth after pouring to prevent the label from becoming soiled.

3. Sublingual Medications



- 3.1 Sublingual medications are also given orally. They are different from other oral medications because they must not be swallowed.
- 3.2 Sublingual medications are placed under the tongue where they are left until they dissolve.

4. Eye Medications



- 4.1 Eye drops or ointments may not be administered by staff unless they have received specialist training.
- 4.2 When giving eye medications, such as eye drops or eye ointment, the following needs to be considered::

- Check expiry date.
- Mark new bottles with date of opening and the new expiry date if applicable (e.g where the medicine needs to be used within a certain time period from opening. .
- Check the label: eye medications should always be labelled as "ophthalmic" drops, solutions or ointments.
- Inspect the eye drops even if still in date.
- Wash hands and wear gloves if appropriate.
- Use a warm moist cotton wool/gauze/facecloth to remove any crusting around the eye. Wipe from the inside part of the eye to the outer part of the eye.
- Use a separate facecloth for each eye and use only warm water on the face cloth.
- Ask the pupil to sit with their head tilted back, looking "up" or lying down on their back.
- Use your finger to gently pull the lower lid down to form a "pocket".
- Hold the drops or the ointment container between your thumb and index finger and rest your hand against the pupil's forehead to steady your hand.
- Do not touch the dropper to the eyeball.





- For eye drops, gently squeeze the drop(s) into the “pocket” that you have made with the lower lid.
- For eye ointment, gently squeeze the ointment from the inner part of the “pocket” toward the outer part of the “pocket”.
- Wipe away any liquid from the pupil’s cheek with clean tissue.



5. Ear Medications

5.1 Ear medication may not be administered by staff unless they have received specialist training.

5.2 When giving ear medication, the following needs to be considered: :

- Check expiry date.
- Mark new bottles with date of opening and the new expiry date if applicable (e.g where the medicine needs to be used within a certain time period from opening).
- Check the label: ear medications should always be labelled as "otic" solutions or "otic" drops.
- Wash hands and wear gloves if appropriate.
- Ask the pupil to tilt their head to the side or to lie down on their side with the ear that requiring the ear drops facing up.
- Use a warm moist facecloth/gauze/cotton wool to remove any crusting within or around the ear and use a separate facecloth for each ear.
- Gently grasp the ear lobe/ or the top of the ear and lift it slightly up and outward. This helps to straighten the ear canal so that the drops can get in to do their work.
- Do not touch the ear with the dropper. Gently squeeze the dropper and allow the medication to flow into the ear canal.
- Ask the pupil to keep their head tilted or to remain lying on their side for 5 minutes to keep the medication from draining back out of the ear.
- If instilling drops into both ears, wait 5-10 minutes between ears to allow the ear drops to turn into the ear canal.



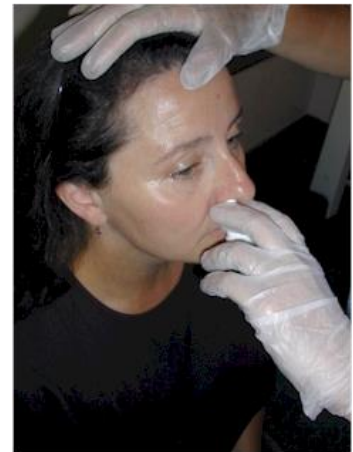
6. Nasal Medications



6.1 Nasal medication may not be administered by staff unless they have received specialist training

6.2 When giving nasal medications, the following needs to be considered: :

- .
- Check expiry date.
- Mark new bottles with date of opening and the new expiry date, if applicable (e.g where the medicine needs to be used within a certain time period from opening).
- Wash hands and wear gloves if appropriate.
- When giving nasal medications, ask the pupil to blow their nose to clear the nostrils. Using a warm, moist facecloth/cotton wool/gauze, remove any crusting or debris within or around the nose.
- When giving nasal sprays or a nasal inhaler, ask the pupil to sit up with their head in an upright position.
- Shake the bottle prior to use.
- Gently insert the rounded spray nozzle or the inhaler nozzle into the nostril. Ask the pupil to “sniff” as you gently squeeze the bottle or pull down on the spray nozzle.
- Ask the pupil to stay in a still position for 2 minutes.



7. Inhalers

7.1 When giving medications by inhaler, the following needs to be considered:

- Wash hands and wear gloves, if appropriate.
- Check expiry date.
- Ensure pupil is in an upright position.
- Always shake the inhaler well.
- If inhaler is new or has not been used for a week or more, spray into the air first to check this is functioning .
- Ask the pupil to exhale/breathe out deeply just before placing the device into the mouth.
- Place the inhaler in the pupil's mouth and ask the pupil to breathe in slowly and deeply as you push down on the top of the inhaler canister to deliver a "puff" of medication.
- Ask the pupil to hold the medication in for 10 seconds with each puff.
- You may be using a device called a "spacer". This helps to make sure that the medication gets into the lungs and also helps if the pupil is unable to follow directions about inhaling or holding the medicine in.
- If you are using a spacer, connect the inhaler to the spacer and place the spacer mouthpiece in the pupil's mouth. Squeeze the inhaler to deliver a "puff" or inhalation. Ask the pupil to breathe in deeply for 10 breaths after each "puff" has been squeezed into the spacer.





- If you are giving more than one "puff" or if you are giving more than one medication by inhaler, wait at least 30 seconds each puff and between each medication.
- Assist the person to rinse out their mouth with water after giving medications by inhaler.
- Wash and rinse the spacer with warm soapy water after each use and let this air dry.
- Although inhalers are a very common way of giving medications by this route, there are also other types of inhaled medications, including dry powder inhalers and nebulizers.
- You will be provided with specific education and training in order to understand how to give these different types of inhaled medications.



(Inhaler picture reference: <http://www.caritas.ab.ca/ther/images/>)

8. Topical Medications



8.1 When giving topical medications, the following needs to be considered :

- Check expiry date.
- Mark new containers, tubes with date of opening and new expiry date, if applicable (e.g where the medicine needs to be used within a certain time period from opening).
- Wash hands before and after administering topical medicines. Wear gloves.
- Gently clean the skin with a warm moist facecloth/gauze/cotton wool and pat dry before applying a topical medication unless you have been specifically instructed not to.
- You can use warm water or warm water with a mild soap.
- Gently apply a small amount of the topical medication.
- Do not touch the medication container to the pupil's skin.
- Do not rub or massage or cover the area with a band-aid or gauze unless you have been instructed to.
- If applying a steroid cream, administer small amount and apply thinly.
- If using both a steroid cream and an emollient, it is important to leave sufficient time (approx. 30 minutes) between the two treatments.



- Follow directions from pharmacy label or manufacturer's instructions for barrier creams.
- Apply topical medications in a thin layer (unless otherwise ordered) and only to the area(s) of the body indicated in the medication order.
- Monitor for any signs of skin irritation or reactions. If there are any signs of skin irritation, report to senior staff (supervisor, or their absence a member of the SMT) immediately.
- Be aware that emollients transfer onto fabrics easily e.g. clothes, towels, bedding and make these items flammable.

9. Transdermal Patches



9.1 When applying a Transdermal patch, the following needs to be considered :

- Do not allow the medication from the patch to touch your skin. Always wear gloves when applying and removing Transdermal patches.
- Gently clean the skin with a warm moist facecloth/gauze/cotton wool and pat dry before applying a Transdermal patch unless you have been specifically instructed not to. You can use warm water or warm water with a mild soap.
- Apply Transdermal patches in areas where there is minimal body hair. If you have been instructed to apply the patch to a specific body part, do so.
- Do not apply a Transdermal patch to an area of skin that is scabbed, scratched or has a rash.
- To apply the patch, carefully peel the backing off the patch.
- Keep the patch clean and dry.
- Apply the patch and peel off the covering on top of the patch. Press down on the patch or cover this with your hand gently for 30-60 seconds to help the patch stick.
- Don't forget to remove the patch according to the medication order. When you put the next patch on, put this in a slightly different place.
- If a patch falls off before it is time to remove this , report this immediately to senior staff (supervisor, or in their absence a member of the SMT) and do not re apply a new patch until you have been specifically instructed to do so.
- .



10. Rectal Medications

10.1 When giving a rectal suppository the following needs to be considered

- Provide privacy for the pupil. Think about how you would like to be assisted if you needed a suppository. Be sensitive to the pupil's sense of modesty.
- Be careful to fully explain what you are doing.
- Wash hands before and after administration and wear gloves.
- Unwrap the suppository. Most suppositories are wrapped in a foil or plastic wrap: you must unwrap the suppository before you insert this into the rectum.
- Lubricate the suppository with K-Y Jelly or another water-based lubricant (not Vaseline) provided by parents.
- Assist the pupil to lie on their side.



- Gently lift up the top cheek of the buttocks and locate the rectum.
- Gently insert the suppository into the rectum and push this in gently but as far as you can (the length of your index finger). Tuck the suppository up against the rectal wall.
- Ask the pupil to hold the suppository in for as long as possible.

10.2 When giving an enema, the following needs to be considered

- Follow the same guidelines as above regarding privacy, wearing gloves and positioning. In most (if not all) cases you will be giving a pre-filled, lubricated and measured enema. Remove the cover on the tip of the enema and gently insert the enema into the rectum as far as you can (the length of the enema tip). Squeeze the enema until all of the liquid is within the rectum.
- Ask the pupil to hold the enema contents in for as long as possible.

11. Vaginal Suppositories

11.1 When giving a vaginal suppository the following needs to be considered:

- Provide privacy for the pupil. Think about how you would like to be assisted if you needed a suppository. Be sensitive to the pupil's sense of modesty.
- Be careful to fully explain what you are doing.
- Wash hands and wear gloves.
- Unwrap the suppository. Most suppositories are wrapped in a foil or plastic wrap: you must unwrap the suppository before you insert it into the vagina.
- Lubricate the suppository with K-Y Jelly or another water- based lubricant (not Vaseline) provided by parents.
- Assist the pupil to lie on her back with her legs open, or if she is more comfortable, on her side with the top leg bent and forward.
- If the pupil is lying on her back, gently spread open the labia. If the pupil is lying on her side, gently lift up the top cheek of the buttocks and locate the vagina.
- The rectum is farther back. Sometimes it is helpful to use the rectum as a guideline: locate the rectum first and move forward. The vagina is located closer to the front.
- Gently insert the suppository into the vagina and push this in gently but as far as you can by using your forefinger. Tuck the suppository up against the vaginal wall.



12. Medication Refusal

- 12.1 Pupils have the right to refuse medication.
- 12.2 Pupils may tell you or show you that they do not want to take medication.
- 12.3 There are many reasons why a pupil might refuse to take medication.
- 12.4 The effects and side effects of medication can cause resistance to taking medication as the pupil associates the feelings with medication. The feelings may sometimes be connected with the pupil's religious, cultural, ethnic, moral beliefs.
- 12.5 Careful listening and attention may help to better understand the reasons why pupils don't want to take particular medications and to be able to better explain why a medication is needed and how this works.
- 12.6 Some of the reasons why people may not want to take medication are:
- Our society sometimes gives people the message that medication should not be taken as a way to solve problems.
 - People are concerned about the possibility of becoming "addicted" or "dependent" on a drug.
 - Side effects of the medication are making them feel sick
 - Lack of information or understanding about an illness can lead people to think they don't need medication – even when the illness is very serious.
 - Inability to communicate effectively.
- 12.7 If a pupil refuses a medication, firstly try to establish why:
- Is the pupil experiencing an unpleasant side effect?
 - Does the pupil dislike the taste, smell or feel of the medication?
 - Is the pupil having problems swallowing the medication?
 - Is the pupil afraid of the medication for some reason? Why?
 - Is refusing medication part of a behavioural pattern of resisting medical care? For example, does the pupil have difficulty participating in health care examinations or appointments?
- 12.8 Some ways to help solve problems of refusing to take medication are to :
- Give the pupil as much choice and control as possible.
 - Invite the pupil to work with you in learning how to take their medications. Develop a plan to help the person become more independent with medications. Invite the pupil politely to take the medication. Never dictate or command.
 - Whenever possible, give a choice of the type of liquid or other substance that the medication is given with.
 - Schedule medication administration, whenever possible, at the most convenient time(s) of day for the pupil.

- Observe and report any side effects of medication. Report any possible side effects to the parent and where relevant to the prescribing practitioner.
 - Educate the pupil about the reason for taking the medication and the consequences of not taking the medication.
 - Consider whether a change in the method of giving medication might help. For example, might changing from a pill to a liquid make a difference?
 - Consult with the Behaviour Support Team and supervisor to see if a formal behavioural approach is needed.
- 12.9 If a pupil refuses medication, offer the medication again in 15 or 20 minutes, if appropriate to do so. If the pupil refuses again, check Individual Health Care Plan or specific medication administration guidelines for instructions. Follow the directions agreed with parents.
- 12.10 Make sure that the parents are informed of medication refusals. It is very important that the primary carer knows when a medication is not being taken as ordered.
- 12.11 Document all medication refusals according to the Medication Administration Procedures.

13. Mistakes

- 13.1 Sometimes, even when you try your best, mistakes happen.
- 13.2 If a mistake involves a poisoning or an overdose, follow the procedure for poisoning/accidental overdose below.
- 13.4 The most important thing when you make a mistake or discover a mistake is to report this immediately following the school's policy for reporting medication errors.
- 13.5 By reporting mistakes, you can get advice about corrective action that helps to minimize the effect of the mistake on the pupil. This is the most important thing.
- 13.6 It is understandable to feel bad or embarrassed when you make a mistake. We all hope to provide the best possible medication administration to pupils and try hard not to make mistakes. It is imperative that you don't let your feelings hold you back from reporting.
- 13.7 After you have followed the policy for reporting and responding to medication occurrences/errors, take some time to think about ways that the mistake could be avoided in the future.
- 13.8 Most mistakes happen because of a variety of factors. You can help to prevent future mistakes by carefully evaluating any mistake, sharing these with the medicines administrator so that steps can be taken to avoid such factors in the future.

14. Poisoning and Accidental Overdose

- 14.1 By following the above procedures, you will have the best possible chance of avoiding accidental overdose (when the pupil receives more of a medication than they should have) or poisoning (when a pupil receives another pupil's medication).
- 14.2 If a poisoning or accidental overdose occurs follow three important steps:
1. Stay calm.
 2. Stay in control.
 3. Act immediately to get advice and treatment by calling for a member of the MERT who will take responsibility for the following actions:

ALWAYS:

- Seek medical advice either call NHS 111 or emergency services on 999 depending on the severity of poisoning.
- Inform parent/s immediately (or as soon as possible without compromising the wellbeing of the pupil)

DO NOT:

- Give the pupil anything to eat or drink unless told to do so by a health care professional.
- Give fluids or food if the pupil is unconscious, having a seizure, or very drowsy. (If the person can't swallow well, they could choke and the food and fluid may enter the lungs.)