Shropshire Community Health
NHS Trust

Severndale
Specialist Academy

Learning
Community Trust

MEDICATION POLICY

Date: Autumn Term 2025
Version: 12
Next Review: Summer Term 2026

Contents

1. Introduction 3
2. Definitions 3
3. Purpose 3
4. Scope 3
5. Responsibilities 3
6. Consent 4
7. Administration 5
8. Safe Storage of Medication 10
9. Misused medication or suspected theft 10
10. Disposal of Medication 11
11. Training 11
12. Record Keeping 12
13. Confidentiality 12
14. Complaints 12
15. Monitoring and Review 12

Appendix 1: SSS008 Parental request for Medication to be Administered in School 13
Appendix 2: SSS005 Request for Medicines 15
Appendix 3a: CCN014 Medication Administration Record Sheet 16
Appendix 3b: CCN015 Medication Administration Record Sheet – Once Only Medication 18
Appendix 3c: CCC017 (Par)Enteral Feed and Water Administration Record Sheet 20
Appendix 4: SSS006 Parental Request for Ng Tube / Gastrostomy/ Jejunostomy Feeds in School 22
Appendix 5: SSS001 Administration of emergency medication notification 23
Appendix 6: SSS013 Medication Log – Signing in and signing out 24
Appendix 7: SSS004 Epilepsy Emergency Treatment Plan 25
Appendix 8: SSS009 Seizure Chart 27
Appendix 9: SSS011 Staff Training Signatory List – Administration of Medicines 29
Appendix 10: SSS010 Staff Training Signatory List – Pupil specific training

1. Introduction

1.1. This policy has been developed between the Severndale Specialist Academy's Senior Leadership Team (SLT) and Shropshire Community Health NHS Trust (SCHT) School Nursing and Medicines Management Teams and is written in accordance with the Department for Education Guidance, 'Supporting Pupils at School with Medication Conditions' December 2015. It should be read in conjunction with the Special Education Needs and Disability (SEND) code if Practice.

1.2. Other supporting documents include:

1.2.1. Medicine Policy part 1 – General Principles (SCHT, 2022)
1.2.2. Medicine Policy part 2 – Controlled Drugs (SCHT, 2024)
1.2.3. Medicine Policy part 3 – Cold Chain (SCHT, 2020)
1.2.4. Medicine Policy part 8 – Management of Incidents (SCHT 2024)
1.2.5. Supporting pupils with medical conditions at school (DfE, 2017)
1.2.6. Policy Guidelines and Code of Practice for the Administration of Medicines in Schools (September 2003, Amendments 2004)
1.2.7. Supporting Pupils with Medical Needs (Department of Education and Employment). September 2006. Reviewed Annually
1.2.8. Diabetes UK - Your responsibilities as a head teacher, school governor and other responsible bodies (accessed July 2020)
1.2.9. Emergency asthma inhalers for use in schools (2014)
1.2.10. Guidance on the use of adrenaline auto-injectors in schools (2017)

2. Definitions

2.1. Within this policy administration refers to 'the giving of a medicine or treatment'.

2.2. A medicine is defined as 'any substance (other than food) that is used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition and is used in this policy to cover all prescribed drugs that are to be given to pupils.

3. Purpose

3.1. This policy outlines the roles and responsibilities of all personnel involved in the handling and administration of regular, emergency, and short-term medicines within Severndale Specialist Academy.

3.2. For processes at the satellite site at Mary Webb and our Futures site these are referred to in section 7.24 – 7.26

4. Scope

4.1. This policy covers the administration of all prescribed medicines for individual pupils until the end of Year 14 that are expected to be administered in accordance with the signed '*parental request for medicines to be administered in school'* form.

5. Responsibilities

5.1. Parent /Carer

5.1.1. To ensure the parent/carer completes and send to the special school nursing (SSN) team the 'parental consent to administer medicines within school' form (Appendix 1) at the start of each new school year.
5.1.2. To ensure prescribed medicines that are to be administered to the pupil whilst in school are sent into school alongside the required form (Appendix 2). Any controlled medication will be brought into school by parent/carer and not sent in with the pupil.
5.1.3. To ensure the school nursing team are aware of any changes to the pupil's medication, or medical history in writing via home-school communication book. Changes to medication will need a clinician letter to support the change. Parental verbal instruction cannot be taken on its own.
5.1.4. To ensure all medication paperwork that is received at home from SSN is completed and returned to school within 24 hours.
5.1.5. To ensure adequate supply of emergency/rescue medication held within school.
5.1.6. To inform the Academy via the home/school link book if any emergency/rescue medication has been administered prior to the pupil coming into school that day, along with dose and time given.

5.2. Special School Nursing Team

5.2.1. To ensure the parental request for medicines to be administered in school form (Appendix 1) is issued to all pupils requiring regular medicines administration whilst in school.

5.2.2. To ensure timely requests of medication supplies from home using medicine request sheet (Appendix 2) so that the pupil does not run out of medication at school.

5.2.3. To ensure any medication related incidents that occur at school are communicated to the school and pupil's parents and carers as soon as the error was identified and reported in line with the Shropshire Community NHS Trust incident management policy.

5.2.4. To inform parents/carers if a pupil refuses to take prescribed medication, in conjunction with the Academy staff.

5.2.5. To carry out a monthly stock check and expiry date check of all emergency/rescue medication held within school.

5.2.6. To accurately complete pupil's medication and feed administration records (MAR) (Appendix 3a, 3b, 3c) following the administration of any medication to a pupil, including a second signature from an appropriate witness.

5.2.7. To provide the Severndale Specialist Academy teaching team with pupil specific emergency medicine training on an annual basis and to ensure copies of training records are given to Severndale Specialist Academy SLT.

5.2.8. To ensure any changes to medicine policies or procedures are shared with the teaching team and that the medicine specific information contained within the medicine policy remains accurate.

5.3. Severndale Specialist Academy

5.3.1. To ensure all teaching staff who are involved in handling and administrating medicines have been given access to appropriate training/E-learning (three-yearly) and complete all medicine paperwork fully and accurately.

5.3.2. To maintain an accurate list of all teaching staff who are declared competent to handle and administer medicines, along with the type of medication training received, which is shared with the School Nursing Teams and jointly held.

5.3.3. To inform parents/carers if a pupil refuses to take prescribed medication.

5.3.4. To provide safe and secure storage for medicines within school.

5.3.5. To ensure that the medicines policy is reviewed at least annually and remains accurate.

5.3.6. To ensure any prescribed medicines brought into school with the pupil are given straight to the school nursing team.

6. Consent

6.1. Before any long-term prescribed medication can be given to a pupil a 'parental request for medicines to be administered in school' form (Appendix 1) must be completed and given to the special school nursing team.

6.2. For acute/short term medication verbal consent will be required before the first dose is given, and then written consent received by the special school nursing team via an updated parental request form within 24 hours. A second dose cannot be given without written parental consent.

6.3. When a medication cannot be administered in the form in which it is supplied i.e. a capsule cannot be swallowed, written instruction on how to administer must be added to the parental request form, under special instructions. The special school nursing team will then refer to specialist reference resources to determine whether it is safe to administer the medication under the special request or seek specialist advice where necessary. Any issues or concerns will be communicated to the parent/carer.

6.4. The administration of gastrostomy feeds also requires a signed consent form and is managed within this policy as it is prescribed (Appendix 4).

6.5. Administering medicinal gases at school requires signed parental consent and a prescriber's protocol.

7. Administration

7.1. Only medicines prescribed for individual pupils will be administered within school. Medicines bought over the counter that do not have a pharmacy dispensed label stating pupil name and dose will not be administered.

7.2. The prescribed medicine must be in a pharmacy labelled container bearing the following information:

- 7.2.1. Name of patient.
- 7.2.2. Name, strength and form of medication.
- 7.2.3. Amount to be administered.
- 7.2.4. Time or frequency to be administered.
- 7.2.5. Storage requirements.
- 7.2.6. Date of dispensing.
- 7.2.7. Expiry date.

7.3. A dispensed label with a direction of 'as directed' should not be accepted as authority to administer and parents or carers will be asked to contact the prescriber to write a prescription stating a specific dosage unless there is a signed specialist plan, that does not include a controlled medication, already in place that the special school nursing team is aware of.

7.4. Medication with limited stability once opened or reconstituted must have a 'date opened' or 'use by date' written on the medication. In the absence of these dates the dispensed label date will be used as 'date opened'.

7.5. In order to limit the number of medicines administered during school hours, only medication that is prescribed four times a day will be administered in school. These medicines will be given once during school hours, with parents and carers giving the remaining doses at home. Medicines prescribed three times a day will only be administered in exceptional circumstances after taking into account the individual pupil's circumstances. The Special School Nurse will make the clinical decision.

7.6. Medications that are prescribed on a once or twice daily basis, will not be given in school unless there is a medical need, which must be supported by a letter from the prescribing medical practitioner / independent prescriber.

7.7. There is no facility for halving tablets within school. If a child needs half a tablet during the school day, the school nurse will need to liaise with the medical team to request a medication review.

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

7.9. All medication is administered by the Special School Nursing Team except in the following instances where the school teaching team will administer:

- 7.8.1. During off site education visits / activities.
- 7.8.2. In an emergency.
- 7.8.3. If the pupil is deemed able to self-administer under supervision (insulin only).

7.9. The Severndale Specialist Academy teaching team who are involved with administration of medicines do so on a voluntary basis. The teaching team members will be permanent members of staff and will have completed safer handling of medicines training at least every three years as arranged by the academy. This list is maintained by school and shared with the nursing team.

7.10. The Severndale Specialist Academy teaching team that require pupil specific medication training will have this provided by the special school nurses on an annual basis. A register of pupil specific trained staff will be maintained by the nurses and shared with Severndale Specialist Academy SLT.

7.11. If a pupil is administered incorrect medication or dosage, medical advice must be obtained and the SLT and special school nurses must be informed. All errors are to be reported in line with SCHT incident management process. If the medication involved is a controlled drug, then the Accountable Officer for Controlled Drugs (AOCD) for Shropshire Community Health NHS Trust should also be made aware.

7.12. A record will be held by the Special School Nursing Team of all prescribed medication sent into and kept in school. A request for medication sheet (Appendix 2) will be sent home from the school nursing team via the home school link book when more medication is required, usually one week before medication is due to run out.

7.13. Administration of any new medicines or changes to doses of current medicines will not be actioned purely on parental instruction. A copy of a clinic letter or an email from the prescriber, access to national care records service or other approved authority to administer must be seen by the special school nursing team before a new dose is given. An updated parental request for medicines to be administered form will then need completing by parents/carers.

7.14. Long term (regular/daily) medication

7.14.1. Upon receipt of the signed parental request for medicines to be administered form, the special school nurses will confirm if a dose of medication can be given during school hours and then this arrangement will continue until the end of that current school year, or sooner if the school nurses are made aware of any medication changes. A new parental request form will need completing for the following school year, even if the medication and dose has not changed.

7.15. Short term (seasonal/short courses) medication

7.15.1. If a pupil requires prescribed medication on a short-term basis, such as antibiotics or paracetamol, parents and carers must contact the special school nursing team and send the medication into school. The school nurses can accept verbal consent for administration from parents/carers for the first dose only.

7.15.2. Parental request form for medicines to be administered in school form will then be sent home for completion and returning to the special school nursing team within 24hours.

7.16. Emergency medication

7.16.1. Emergency medication covers the use of buccal midazolam for epileptic seizures, adrenaline auto injectors for anaphylaxis, and bronchodilator inhalers for shortness of breath/asthma attacks.

7.16.2. Pupils who have emergency medication will have individual care plans relating to health conditions (i.e. epilepsy, asthma) and medication administration record (MAR) with the medication, along with the names of at least two members of teaching team who can administer the medication to the pupil.

7.16.3. In the event of a pupil requiring emergency medication, the staff member administering the medication will have had pupil specific medication training for that pupil. The staff member will adhere to the prescribers' instructions and follow advice from the treatment plan. The procedure needs to be witnessed by another staff member.

7.16.4. The MAR sheet with the emergency medication will be completed and the administration of emergency rescue medication form (Appendix 5) which will be subsequently used to inform transport and parents or carers of the administration.

7.16.5. In an emergency the following also apply:

7.16.5.1. Parents and carers will be contacted as soon as possible when an emergency arises.

7.16.5.2. Ensure the pupil's privacy and dignity whilst administering emergency medication whilst acting promptly.

7.16.5.3. The pupil may not automatically need sending home after receiving emergency rescue medication. Consider circumstances such as length of recovery period and time of seizure (e.g. end of school day and the pupil going home on transport). When it is clear that a pupil requires urgent medical attention, including difficulty administering the rescue medication, an ambulance will be called. The caller will give their name and provide the details of the school location to the ambulance service.

7.16.5.4. If the emergency happens away from the academy site (including our satellite centres), the SLT must be informed.

7.16.5.5. If a pupil needs to be transferred to hospital, then in the absence of a parent or carer a member of staff should travel with the pupil and remain with the pupil until a parent or carer arrives at hospital.

.

7.17. Emergency medication unavailable

7.17.1 In the event a pupil is on the school site without access to their emergency medication, the Special School Nursing Team will escalate to the school SLT immediately as soon as this is known so that a decision can be had as to whether the pupil can safely remain in school.

7.18. School trips / activities – emergency medication

1.1.1. During off site education visits / activities permanent members of the Severndale Specialist Academy teaching team who have had the pupil specific medication training can administer emergency medication. The permanent member of staff must book any emergency medication out of the Academy on the medication log form (Appendix 6) for emergency medication. The same member of staff who booked the medication out must sign the medication back into the academy, completing all paperwork in full. The administration of medication must be witnessed by another member of staff who has completed the safer handling of medicine training and both teaching staff will sign the medicines administration record.

1.2. School trips / activities - Regular Medication

1.2.2. Academy staff who have completed the safer handling of medicine training and who are familiar with pupils' regular medication through updates from the special school nurses, or by reading the patient information leaflet of the medicine, can administer long term regular medication. The permanent member will liaise with special school nursing team for regular medication as this will be booked out from the medical room.

1.2.3. The same member of staff who booked the medication out must sign the medication back into the academy, completing all paperwork in full.

1.2.4. The administration of medication must be witnessed by another member of staff who has completed the safer handling of medicine training and both teaching staff will sign the medicines administration record.

1.3. Epilepsy medication

7.19.1. Prior to admission to the school, parents and carers of those pupils that have been diagnosed with epilepsy should make the school aware of the diagnosis and be asked if their child has been prescribed Buccal Midazolam, Paraldehyde, Chloral Hydrate, or Triclofos in the event of a prolonged seizure. This would normally take place during the Child Centered Induction meetings, to which a special school nurse is expected to attend.

7.19.2. The special school nurses will maintain a list of pupils with a diagnosis epilepsy, which will be shared with school.

7.19.3. If Buccal Midazolam, Paraldehyde, Chloral Hydrate or Triclofos has been prescribed then an Epilepsy Patient Protocol form needs to be completed by the pupil's epilepsy specialist. The forms will vary depending on origin of the service; however, the contents will be used towards the individual pupil specific training for school staff. The epilepsy protocol is only valid for one year and the special school nurses will be responsible for contacting the epilepsy specialist teams to request that the patient is reviewed, and new protocol issued if require.

7.19.4. Parents and carers need to complete epilepsy emergency treatment plan (Appendix 7), detailing the type(s) of seizures which will support staff to identify when the pupil has a seizure. These instructions need to be reviewed at the start of each school year when the parental request forms are renewed, or sooner if the pupil medical situation changes.

7.19.5. Emergency epilepsy medication can only be administered once the epilepsy protocol form is completed by the epilepsy specialists. In such cases where there is no epilepsy protocol then emergency procedure will be activated, and an ambulance called if the seizure is prolonged.

7.19.6. The parents and carers have a responsibility to inform the school of any anti-epileptic medication their child is taking even if the medication is not given in school time. This is so that the school has a record of each child in case of an emergency.

7.19.7. If a pupil has a seizure, first aid measures need to be taken to maintain the child's airway and protect their head. If the seizure is prolonged and Buccal Midazolam is

not prescribed, an ambulance needs to be called and parents/carers should be informed promptly.

7.19.8. If a pupil is not known to have epilepsy and has a prolonged generalised seizure, then an ambulance needs to be called and parents or carers contacted.

7.19.9. If at any time classroom staff are concerned that a pupil may be having an absence seizure or a series of absences, this needs to be recorded with date and time of absence/seizure, length and description (Appendix 8). This can then be passed to the special school nurse who can liaise with the consultant paediatrician.

7.20. Asthma medication

Shropshire Telford and Wrekin Integrated Care System Policy for the Management of asthma in schools will be followed in addition to,

7.20.1. Prior to admission to the academy, parents and carers of those pupils that have been diagnosed with asthma should make the school aware of the diagnosis and provide the special school nursing team with a copy of the pupils personalised asthma plan. If the pupil does not have a personalised asthma plan, then parents/carers will need to speak to their GP practice/asthma nurse and request a review. An asthma review should be carried out yearly and families maybe asked for an updated plan during the school year.

7.20.2. Inhalers may not be given without an asthma plan.

7.20.3. During an acute asthma attack follow the instructions on the pupils' personalised asthma plan. If a personalised asthma plan is not available, then the asthma NICE guidance will be referred to.

7.20.4. Severndale Specialist Academy does not hold a stock emergency salbutamol inhaler and so an ambulance will be called for anyone suspected of having an asthma attack without a prescribed bronchodilator inhaler in school, and first aid protocols activated.

7.21. Administration of anaphylaxis medication

7.21.1. A signed parental request form must be completed if a pupil has prescribed adrenaline auto-injectors for anaphylaxis.

7.21.2. The auto-injectors must be clearly labelled with patient name and dose, and two should be sent into school in line with anaphylaxis protocols.

7.21.3. Only special school nurses and teaching staff that have received pupil specific training can administer auto-injectors in an emergency. An ambulance should also be called, and parents/carers informed as for emergency medication.

7.21.4. Severndale Specialist Academy does not hold stock of emergency adrenaline auto-injectors and so an ambulance will be called for anyone suspected of having anaphylactic reaction and first aid protocols activated.

7.22. Administration of insulin (via insulin pens or insulin pumps)

7.22.1. Parents and carers of pupils with a diagnosis of diabetes mellitus should inform school prior to admission. A parental request for medicines administration must be completed before insulin can be administered in school.

7.22.2. Whilst self-management of long-term conditions is encouraged, the Special School Nurses, in conjunction with parents and carers, will decide if this is appropriate for individual pupils and have this recorded on the parental consent form. SCHT Paediatric Diabetes Specialist Nurses, in conjunction with Special School Nurses will provide any face-to-face training requirements to school staff, however school staff with do any administration via insulin pen or pump alterations in accordance with the pupil's care plan.

7.22.3. Pupils with diabetes should have a hypoglycaemia kit, specific to them, within school. The Shropshire Community Health NHS Trust hypoglycaemia policy should be followed in the event of a hypoglycaemic event occurring in school, unless they have an individual protocol, and parents and carers informed.

7.22.4. If blood glucose monitoring is required in school, then this should be carried out within a clean private area with washing facilities when using needle and lancet system. The pupil will need to provide their own machine and labelled testing strip and sharps bin, along with written instruction on when to test and this recorded on the parental request form.

7.22.5. For pupils with continuous blood glucose monitoring sensors, they will need to bring their own reader into school.

7.23. Omitted Doses

7.23.1. When medication is not administered as specified on the parental consent form in school, parents and carers should be informed immediately. In consultation and agreement with parents/carers and school nurses, medication may still be given if appropriate. The Special School Nurses will record the delay in administration within the pupils' electronic care record along with any information shared with parents/carers. The time of administration will also be recorded on the MAR sheet underneath the signature confirming administration.

7.23.2. On school trips it is the responsibility of the class/party lead (or other member of staff on the school trip as identified within the risk assessment) to ensure medication is administered at the appropriate time. If the medication is not administered at the appropriate time, follow 7.27.1.

7.23.3. All omitted or late doses of medicines administered by School staff should be recorded on the Academy's appropriate reporting system as a near miss (CPOMS and Parago).

7.23.4. In line with SCHT incident reporting, any omitted doses involving SCHT nursing team will need reporting.

7.24. Respite Medication

7.24.1. The Severndale Specialist Academy will not accept respite medication or respite bags onto the premises.

7.25. Mary Webb

7.25.1. All processes and procedures for medication will be followed as per this whole document but will be administered by 2 members of Academy staff. There is no nursing team based at Mary Webb.

7.25.2. The Special School Nursing Team based at Severndale Specialist Academy will ensure that Mary Webb teaching staff have access to the approved medicines documentation, however it will be school staff that are responsible for completing the documentation and liaising with parents/guardians to help with the completion of documentation.

7.25.3. The Special School Nursing Team will provide any pupil specific medication training to the teaching team.

7.25.4. The Special School Nurses at Severndale Academy can be contacted for medication advice by Mary Webb teaching team. Any concerns/ incidents will be reported as per this policy.

7.25.5. Storage of medication will be in line with Department of Education recommendations for schools.

7.26. Futures

7.26.1. All processes and procedures for medication will be followed as per this whole document but will be administered by 2 members of Academy staff. There is no nursing team based at Futures.

7.26.2. The Special School Nursing Team based at Severndale Specialist Academy will ensure that Futures teaching staff have access to the approved medicines documentation, however it will be school staff that are responsible for completing the documentation and liaising with parents/guardians to help with the completion of documentation.

7.26.3. The Special School Nursing Team will provide any pupil specific medication training to the teaching team

7.26.4. The Special School Nurses at Severndale Academy can be contacted for medication advice by the Futures teaching team. Any concerns/ incidents will be reported as per this policy.

7.26.5. Storage of medication will be in line with Department of Education recommendations for schools.

7.27. Futures Post 19

7.27.1. All process and procedures for medication will be adopted as per this whole document in collaboration with Shrewsbury College Group.

7.27.2. The special School Nurses do not have any involvement with pupils or processes at the post 19 site.

8. Safe Storage of Medication with Severndale Specialist Academy

8.1. Access to all areas of the Academy where medication is stored is restricted. Access is limited to permanent school staff, and the special school nursing team via electronic access against their identity card.

8.2. A list of all staff with access to medication areas will be held and maintained by Severndale Specialist Academy.

8.3. Within School

8.3.1. The drug cabinets for emergency medications are located in lower, middle and upper school and must always be securely locked. The keys are located in the key pad next to the drug cabinets.

8.3.2. When medication is taken out on educational visits it needs to be signed in and out of the room and stored in the bags provided.

8.3.3. Room temperature must be recorded on a daily basis in all areas where medicines are stored when the school is open. Any temperature recordings above 25°C must be reported to the special school nursing team who will follow Shropshire Community Health NHS Trust (SCHT) the temperature monitoring SOP.

8.3.4. The Special School Nursing Team will do a monthly stock and date check of emergency medication areas.

8.4. Within the medication administration room

8.4.1. Controlled drug (CD) medication will be stored within an approved CD cabinet that only special school nursing team have access too. All receipts and administration of CDs will be recorded in the CD register.

8.4.2. Room temperature will be recorded daily during term time and temperatures above 25°C will be investigated as stated in the SCHT temperature monitoring SOP. The school premises team will be informed in case building changes are needed.

8.4.3. Fridges containing pupil medication will be of medical grade standard and fridge temperature will be monitored daily when the school is open in line with SCHT Cold Chain Policy. Any temperatures recorded out of range will be reported to Severndale Specialist Academy senior leadership team along with reporting to SCHT medicines management team as stated in the SCHT cold chain policy.

8.4.4. All prescribed medication will be locked away, out of sight of other pupils and visitors to the room.

8.4.5. Access to the medication room is restricted to the school nursing team.

8.5. Transfer between school and home

8.5.1. All prescribed medication will be brought into the academy in the pupil's school bag via the bus escort or with parents or carers and given directly to a member of staff.

8.5.2. Controlled drug medication should be brought into school by parents and carers directly.

8.5.3. Teaching assistants are responsible for taking all patient medication to the school nursing team at the start of each day.

8.5.4. Unwanted / expired medication will be returned home with the pupil in their school bag, with a note in the home school link book as necessary, and at the end of the school year. No patient medication is kept in school over the six-week summer holiday.

9. Misused medication or suspected theft

9.1. If medication cannot be accounted for then the academy's Senior Leadership Team need to be informed along with the School Nursing Team. An investigation will need to take place and reported following the academy's disciplinary and capability policies. The incident will also be recorded on SCHT incident management system and SCHT policies and procedures followed.

9.2. If medication misuse is suspected then the academy's Senior Leadership Team need to be informed along with the School Nursing Team and SCHT medicines management team, if applicable. The academy's disciplinary and capability policies will then be followed, along with SCHT policies and procedures if applicable.

9.3. For all controlled drug medication incidents, the Controlled Drug Accountable Officer for SCHT must be contacted and reported on SCHT incident management

system. This will allow for trends to be monitored with supported improvement actions to be put in place using Trust and School governance procedures.

10. Disposal of Medication

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

11. Training

11.1. Training is delivered to staff via E-learning or face to face sessions. All competency based learning must always be completed as a face to face session:

11.1.1. Diabetes training access here: https://diabetesinschools.org/

11.1.2. Epilepsy training access here: https://learn.epilepsy.org.uk/courses/basic-epilepsy-for-schools/

11.1.3. Asthma training access here: https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/

11.1.4. Safer Handling of Medicines: https://learninghub.nhs.uk/catalogue/medsinsocialcare?nodeId=5594

11.2. All staff, whether school or healthcare, should have sufficient training so that individuals are confident and competent in their ability to support pupils with short term, long term and permanent medical conditions.

11.3. Registered healthcare professionals also need to meet the requirements of their registered governing bodies along with any mandatory training required by their employer. It is the registered healthcare professional's responsibility to ensure that their revalidation and professional development are up to date.

11.4. Severndale Specialist Academy is responsible for accessing safer handling of medicines training for staff, maintaining a register of trained staff, and ensuring adequate cover of trained staff throughout the school. The Special School Nurses are responsible for delivering pupil specific emergency medication training and updating those training records.

11.5. School staff

11.5.1. Any member of academy staff involved in medication administration to a pupil will have received suitable training. **Staff must not administer medicines without appropriate training.**

11.5.2. They will need an understanding of the nature of the medication that they are administering, their implications and risk factors. In some cases, the written instruction for the parent or carer, or dispensed medication container from the Pharmacist, may be considered sufficient to meet the training needs. The patient information leaflet that comes with the medicine should always be read first.

11.5.3. Any requests for pupil specific school medication training will be notified to the special school nursing team who will provide training so that at least two members of permanent academy teaching team are trained per pupil.

11.5.4. A record of who delivered the training and who received the training, along with the date the next training is due, will be kept by school and a copy given to the special school nursing team at the beginning of each school year as a minimum.

11.6. Special School Nursing Team

11.6.1. School Nurses and Nursing Associates, as registered practitioners, are governed by the Nursing and Midwifery Council NMC and are required to complete their professional revalidation requirements to keep their registration.

11.6.2. In exercising professional accountability in the best interests of the pupil's, Special School Nurses will follow the Professional Guidance on Administration of Medicines in Healthcare Settings which replaced the NMC Standards for medicines management in 2019: https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567

11.6.3 Non-registered healthcare staff should have at least a yearly review of medicines related competencies and ensure they are confident and competent to undertake any

medicines related tasks within school.

12. Record Keeping

12.1. **The following records will be kept by School Nursing Team** (following SCHT Information Governance policies and procedures):

12.1.1. Individual pupil health care plans.
12.1.2. Signed administration consent forms.
12.1.3. Medication administered.
12.1.4. Medication received into school.
12.1.5. Medication taken out of school.
12.1.6. School nursing team training records.
12.1.7. Signatory list of all staff who can administer medicines (Appendix 9).

12.2. The following records will be kept within the Academy:

12.2.1. Academy teaching team training records.
12.2.2. Pupil specific teaching team support.
12.2.3. Access to medication areas.

13. Confidentiality

13.1. Whilst the academy will endeavor to maintain confidentiality and comply with GDPR regulations, sometimes it may be in the pupil's best interests to share information about their condition/treatment/medication to other staff within the academy or visiting healthcare professionals. In these cases, parent and carer consent will be sought.

13.2. Any NHS employed healthcare professional will be bound by the NHS code of confidentiality.

13.3. School nursing team treatment room only permits two pupils at a time to maintain safety and confidentiality.

14. Complaints

14.1. If you are concerned about the support provided to pupils with medical conditions, then make this known to the academy Senior Leadership Team who can then liaise with the special school nursing team if appropriate.

14.2. If the concern is not resolved to your satisfaction, then a formal complaint can be made following the Severndale Academy complaints procedure.

15. Monitoring and Review

15.1. The Academy's SLT will ensure this policy is implemented, reviewed annually with SCHT, and is made available to parents and carers, staff, and pupils.

15.2. SCHT Medicines Management Team will conduct a medication audit annually, along with termly reviews of procedures with the special school nurses.

15.3. The forms within the policy are subject to change and it is the responsibility of the school nursing team to update and inform the academy and staff of changes to these forms.

15.4. The next scheduled review will be July 2026.

Appendix 1: SSS008 Parental request for Medication to be Administered in School

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Medical conditions:		
GP details: *(Practice name, address and contact number)*		
Medication allergies		

Medication Name, Strength and Form *(I.e. Baclofen 10mg Tablets)*	**Dosing instructions** *(I.e. One to be taken at lunchtime)*	**Length of course or long-term (Please specify)**	**Does this need to be available in case of an emergency?**	**Daily return home Y/N**	**Special administration instructions** *(ie with/before/on food)*

The form is completed fully, to the best of my knowledge and I realise incomplete forms may cause a delay in medicines administration.
I have read and agree to the notes overleaf.
I hereby give consent for the above medication to be administered in school. I understand that on occasions these may be administered by teaching or non-teaching staff as necessary.
I hereby give consent to the National Care Record Service (NCRS) to be accessed by special school nursing team as felt appropriate.

Signature:
(Parent/Guardian) _____ **Date:** _____

NOTES

1. Any prescribed medication must be supplied to the school in the original container labeled by the pharmacist, with the name of the medication, full instructions for use and the name of the pupil. This should be sent into school in a sealed zip locked bag labelled with young person's name addressed to the school nursing team. The school may refuse to administer any medication supplied in inappropriate containers.

2. If your child is on methylphenidate, or other medicines classified as a schedule 2 or 3 controlled drug, this needs to be brought directly into school by parents / carer and checked in by the nursing team if they are to administer this.

3. The school will not agree to administer any medication in school, without a written request using this form, having first been made.

4. The school will not agree to administer any medication in school that is to be administered once or twice a day.

5. For young people on long-term medication, the request form will be renewed with each new school year or earlier as needed by school.

6. Parents are responsible for notifying the school nursing team immediately in writing of any subsequent changes in medicines, or if medication is discontinued. This should be in the form of a letter or medicine change letter signed by prescriber.

7. Parents are responsible for disposing of any unused or expired medicines that are no longer required in school.

8. A record will be kept by the school of all medication administered for each pupil.

9. Where they feel it to be necessary, the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.

10. Special request section should only be filled in by parents if there is any special requirements needed to assist their child in taking their medication. This may include crushing tablet, administering with food etc. The school nurses reserve the right to overrule any special administration requests if in their professional opinion they feel it is not in the pupil's best interests to do so. The parent/carer will be contacted.

Appendix 2: SSS005 Request for Medicines

Young Person's Name: **Class:**

Dear Parent/Carer

Your child requires more of the medication listed below either because the medication is due to run out, or because it is due to expire.

In accordance with school guidelines and policies please ensure when medication is sent into school it is in a prescribed bottle or box specific to your child.

Please complete the last three columns of the form below and **return with the medication** within an envelope.

Please put in your child's school bag and write a message in the home school book to advise the teacher to bring to the school nursing team.

If your child is on methylphenidate medication which is administered by the Special School Nursing Team, this needs to be bought in by parents/ carers and handed to the Nursing Team directly.

Regards,

Special School Nursing Team

Date Requested	Medication Required	Date Sent to School	Quantity	Parent/Carer Signature

Appendix 3a: CCN014 Medication Administration Record Sheet

Name:		**Class:**	
Date of Birth:		**NHS Number:**	
Allergies:			

PHOTO

Coding:

1 – Drug not available
2 – Refused
3 – Omitted
4 – Absent
5 – Self-Medication
B – single

No.	Medication & Special Instructions	Time	MONTH:																									
			Day:	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
			Date:																									
1	Drug name, strength and form: Dose: Route: Transcribed by: Date and source: Checked by and date:		Dose																									
	Special instructions:																											
2	Drug name, strength and form: Dose: Route: Transcribed by: Date and source: Checked by and date:		Dose																									
	Special instructions:																											
3	Drug name, strength and form: Dose: Route: Transcribed by: Date and source: Checked by and date:		Dose																									
	Special instructions:																											

Drug No.	Medication Details	Drugs Received				Drugs Returned				Drugs Destroyed				Comments
		Date	Quantity	Expiry	Initials	Date	Quantity	Expiry	Initials	Date	Quantity	Expiry	Initials	
1														
2														
3														

Appendix 3b: CCN015 Medication Administration Record Sheet – Once Only Medication

Name:		**Class:**	
Date of Birth:		**NHS Number:**	
Allergies:			

Coding:

1 – Drug not available
2 – Refused
3 – Omitted
4 – Absent
5 – Self-Medication
B – single

No.	Medication & Special Instructions																					
1	Drug name, strength and form: Dose: Route:	**Date:**																				
	Indications: Doses within 24H:	**Time:**																				
	Transcribed by: Date and source: Checked by and date:	**Sign:**																				
2	Drug name, strength and form: Dose: Route:	**Date:**																				
	Indications: Doses within 24H:	**Time:**																				
	Transcribed by: Date and source: Checked by and date:	**Sign:**																				
3	Drug name strength and form: Dose: Route:	**Date:**																				
	Indications: Doses within 24H:	**Time:**																				
	Transcribed by: Date and source: Checked by and date:	**Sign:**																				

Drug No.	Medication Details	Drugs Received				Drugs Returned				Drugs Destroyed				Comments
		Date	Quantity	Expiry	Initials	Date	Quantity	Expiry	Initials	Date	Quantity	Expiry	Initials	
1														
2														
3														

Appendix 3c: CCC017 (Par)Enteral Feed and Water Administration Record Sheet

Name:		**Class:**	
Date of Birth:		**NHS Number:**	
Allergies:			

PHOTO

Coding:
1 – Not available
2 – Refused
3 – Omitted
4 – Absent
5 – Self-Medication

No.	Feed & Special Instructions	Time	MONTH:																									
			Day:	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
			Date:																									
1	Feed /diet name:		Feed 1:																									
	Volume to be given and rate:																											
	Route:		pH:																									
	Transcribed by, date and source:		Feed 2:																									
	Checked by and date:																											
			pH:																									
	Special instructions:	**pH to be recorded for nasogastric tube feeds, otherwise mark 'N/A'**																										
2	Water flush:		Flush 1 Pre:																									
	Volume to be given:		Flush 1 Post:																									
	Transcribed by, date and source:		Flush 2 Pre:																									
	Checked by and date:		Flush 2 post:																									
	Special instructions:	**To use as a flush for medication, pre and post administration as directed in dosage section AND/OR as a PRN bolus as per authorisation**																										
3	Water feed:		Water 1:																									
	Volume to be given and rate:																											
	Route:		pH:																									
	Transcribed by, date and source:		Water 2:																									
	Checked by and date:																											
			pH:																									
	Special instructions:	**Given in between feeds as per feeding regime. pH to be recorded for nasogastric tube feeds, otherwise mark 'N/A'**																										

Name:		**Class:**	
Date of Birth:		**NHS Number:**	
Allergies:			

PHOTO

Coding:
1 – Not available
2 – Refused
3 – Omitted
4 – Absent
5 – Self-Medication

No.	Feed & Special Instructions	Time	MONTH:																									
			Day:	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
			Date:																									
1	Feed /diet name: Volume to be given and rate:		Feed 1:																									
	Route:		Ph:																									
	Transcribed by, date and source:		Feed 2:																									
	Checked by and date:		Ph:																									
	Special instructions:	**pH to be recorded for nasogastric tube feeds, otherwise mark 'N/A'**																										
2	Water flush:		Flush 1 Pre:																									
	Volume to be given:		Flush 1 Post:																									
	Transcribed by, date and source:		Flush 2 Pre:																									
	Checked by and date:		Flush 2 post:																									
	Special instructions:	**To use as a flush for medication, pre and post administration as directed in dosage section AND/OR as a PRN bolus as per authorisation**																										
3	Water feed: Volume to be given and rate:		Water 1:																									
	Route:		Ph:																									
	Transcribed by, date and source:		Water 2:																									
	Checked by and date:		Ph:																									
	Special instructions:	**Given in between feeds as per feeding regime**																										

Appendix 4: SSS006 Parental Request for Ng Tube / Gastrostomy/ Jejunostomy Feeds in School

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Medical conditions:		
GP details: *(Practice name, address and contact number)*		
Medication allergies		

Name of Feed	Type of feed (Bolus or pump)	Volume to be given	Time to be given	Rate of feed	Amount of water to be given as flush		Other Information
					Pre	Post	

Signature:
(Parent/Guardian) _____ **Date:** _____

Please inform the school nursing team immediately of any changes made by the dietitian and please provide the feeding regime. With not all children being on prepackaged feeds and with preparations being made up at home could we please ask that all feeds are labelled with the child's name, date, type of feed and time of preparation (what the feed consists of. The flexiflow containers come with a label in the packaging).

Appendix 5: SSS001 Administration of emergency medication notification

Severndale Specialist Academy

NHS Shropshire Community Health NHS Trust

Administration of Emergency Rescue Medication

Information for Transport

Name:	
Class:	
Name, strength and form of Medication given:	
Date & time medication was administered:	
Administered by (name):	
Signature:	

Please give a copy of this slip to transport when the pupil leaves school

Severndale Specialist Academy

NHS Shropshire Community Health NHS Trust

Administration of Emergency Rescue Medication

Information for Parent/Carers

Name:	
Class:	
Name, strength and form of Medication given:	
Date & time medication was administered:	
Administered by (name):	
Signature:	

Please put this slip into the home to school book when the pupil leaves school

Appendix 6: SSS013 Medication Log – Signing in and signing out

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Medical conditions:		
GP details: *(Practice name, address and contact number)*		
Medication allergies		

Date	Staff Name	Staff Signature	Time out	Quantity Out	Time returned	Quantity In

Appendix 7: SSS004 Epilepsy Emergency Treatment Plan

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Class:		

	YES	**NO**
Does your child have Epilepsy? If yes, please complete the following treatment plan.	YES	NO
Describe type of seizure in detail:		
Does your child required **Oxygen?** *(If yes please provide the specialist administration protocol)*	YES	NO
Does your child require **Buccal Midazolam / Paraldehyde / Chloral Hydrate**?	YES	NO
When should **Buccal Midazolam / Paraldehyde / Chloral Hydrate** be administered? (This should include whether it is after a certain length of time or number of seizures)		
How much **Buccal Midazolam / Paraldehyde / Chloral Hydrate** is given initially?		
Can a second dose of **Buccal Midazolam / Paraldehyde / Chloral Hydrate** be given?	YES	NO

After how long can a second dose of **Buccal Midazolam / Paraldehyde / Chloral Hydrate** be given?
How much **Buccal Midazolam / Paraldehyde / Chloral Hydrate** is given as a second dose?
When should 999 be dialed for emergency help?
What is the maximum dose prescribed in 24hrs?

To the best of my knowledge, this information is correct and I will give written details of any changes in medication to the school immediately. I hereby give consent for the above medication to be administered in school. I understand that on occasions these may be administered by teaching or non-teaching staff as necessary.

Signature:
(Parent/Guardian) _____ **Date:** _____

Appendix 8: SSS009 Seizure Chart

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Medical conditions:		
GP details: *(Practice name, address and contact number)*		
Medication allergies		

Date	Time	Duration	Description

Seizure Chart

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Medical conditions:		
GP details: *(Practice name, address and contact number)*		
Medication allergies		

Date	Time	Duration	Description

Appendix 9: SSS011 Staff Training Signatory List – Administration of Medicines

Full Name	Designation	Initials	Signature

Appendix 10: SSS010 Staff Training Signatory List – Pupil Specific Training

Full Name	Designation	Initials	Signature	Supporting (pupil's name)