



## **Rawdah Montessori School Medication Policy**

**Version:** 1.1

**Reviewed:** October 2025

**Next Review Due:** October 2026

### **1. Policy Statement**

Rawdah Montessori School is committed to supporting pupils with medical conditions to ensure they have full access to education, including school trips and physical education. The school aims to ensure that all pupils with medical needs receive appropriate care, that medication is managed safely, and that staff are equipped to support pupils' well-being in a nurturing and inclusive environment.

This policy should be read in conjunction with the **First Aid Policy**, **Supporting Pupils with Medical Conditions**, and **Off-Site Visits Policy**.

### **2. Aims and Objectives**

The aims of this policy are to:

- Support pupils with both short-term and long-term medical needs.
- Promote full inclusion and minimise disruption to learning.
- Ensure the safe management, storage, and administration of medicines on site.

- Maintain strong, clear communication with parents, carers, and healthcare professionals.
- Ensure all staff are confident and competent in supporting pupils' medical needs.

### 3. Legal Framework

- Children and Families Act 2014 (Section 100)
- DfE: Supporting Pupils at School with Medical Conditions (2015, updated 2023)
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968
- Equality Act 2010
- The Human Medicines Regulations 2012

### 4. Roles and Responsibilities

| Role                                   | Responsibility                                                                                                                                                                     |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Headteacher:</b> [Name]             | Overall responsibility for ensuring this policy is implemented, monitored, and reviewed. Ensures sufficient staff are trained.                                                     |
| <b>Designated Medical Lead:</b> [Name] | Manages medication storage, Individual Health Care Plans (IHCPs), medical records, and staff training. Acts as the main point of contact for parents and healthcare professionals. |
| <b>Deputy Medical Lead:</b> [Name]     | Supports the Medical Lead and assumes responsibilities in their absence.                                                                                                           |
| <b>All Staff:</b>                      | Familiarise themselves with pupils' medical needs, follow procedures accurately, and report any concerns to the Medical Lead immediately.                                          |

|                        |                                                                                                                                                              |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Parents/Carers:</b> | Provide up-to-date medical information, written consent, and supply in-date medication in its original packaging. Notify the school of any changes promptly. |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 5. Managing Medicines in School

### 5.1 Prescribed Medication

Medication will only be administered when:

- It is prescribed by a healthcare professional (e.g., GP, paediatrician, dentist).
- It is essential to maintain the pupil's health and cannot be administered outside school hours.
- Written parental consent has been received (see Appendix A).

### 5.2 Non-Prescribed Medication

Non-prescription medicines (e.g., paracetamol, antihistamines, teething gel) will only be given with prior written parental consent. Staff are not obliged to administer non-prescription medication and may decline if they feel it is unsafe to do so.

**Note:** A risk assessment may be required for non-prescription medication, particularly for children under 5 or where dosage is weight-dependent.

### 5.3 Refusal of Medication

If a child refuses medication, staff must:

- Not force the child to take it.
- Record the refusal on the Medication Administration Record (MAR).
- Inform the parent/carer on the same day.
- Follow the child's IHCP if the refusal has medical implications.

## 6. Storage and Disposal of Medication

| Type                                              | Storage Requirement                                                                                                                                        |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Medication                                | Stored securely in a locked medical cabinet located in the school office. Access restricted to trained staff.                                              |
| Refrigerated Medication                           | Stored in a dedicated, locked medical fridge. Temperature is monitored and recorded daily.                                                                 |
| Emergency Medication<br>(e.g., inhalers, epipens) | Stored in a clearly labelled, accessible location in the child's classroom and taken on trips.                                                             |
| Controlled Drugs                                  | Stored in a locked, secured cabinet with access restricted to named staff. Administration must be witnessed by a second trained staff member and recorded. |

- The Designated Medical Lead conducts monthly checks of all medicines for expiry and condition.
- Expired or unclaimed medicines are returned to parents for disposal. **Medication must never be disposed of in general waste or poured down sinks.**

## **7. Individual Health Care Plans (IHCPs)**

For pupils with long-term or complex medical needs, an **Individual Health Care Plan (IHCP)** will be created collaboratively with parents, the pupil (where appropriate), and relevant healthcare professionals (e.g., school nurse, GP, paediatrician).

### **The IHCP will include:**

- The medical condition, symptoms, and triggers.
- The medication required and when it should be taken.
- An emergency action plan (what to do in a crisis).
- Contact details for parents/carers and healthcare professionals.
- Staff training requirements.
- A review date.

IHCPs are reviewed **annually** or sooner if the child's condition changes. A copy is kept in the child's file, the medical folder, and shared with all relevant staff.

## **8. Emergency Procedures**

Emergency procedures are clearly displayed in all classrooms, the office, and the staff room. Staff must act promptly during a medical emergency, following the pupil's IHCP or emergency plan.

### **Common Emergency Procedures:**

| Condition                              | Immediate Action                                                                                          |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Anaphylaxis (Allergic Reaction)</b> | Administer epipen immediately. Call 999. Stay with child. Send for Medical Lead.                          |
| <b>Asthma Attack</b>                   | Assist child with inhaler. If no improvement, follow IHCP. Call 999 if severe.                            |
| <b>Seizure (Epilepsy)</b>              | Protect from injury, time the seizure. Follow IHCP. Call 999 if prolonged or first seizure.               |
| <b>Diabetic Emergency (Hypo/Hyper)</b> | Follow IHCP. Administer fast-acting sugar (hypo) or insulin (hyper) as per plan. Call 999 if unconscious. |

- All staff must know the location of emergency medication (inhalers, epipens, first aid kits).
- Following any emergency, an incident form must be completed, and parents informed immediately.

## **9. Staff Training**

| Training Type                 | Frequency                   | Audience              |
|-------------------------------|-----------------------------|-----------------------|
| Medical Conditions Awareness  | Induction and annual update | All staff             |
| Epipen / Anaphylaxis Training | Annual                      | All staff (practiced) |
| Asthma / Inhaler Training     | Annual                      | All staff             |
| Epilepsy / Buccal Midazolam   | As required                 | Designated staff only |
| Diabetes Training             | As required                 | Designated staff only |

- Training records are maintained by the school administrator and include: date of training, trainer name, content covered, and next due date.
- Staff must sign to confirm they have read and understood a pupil's IHCP.

## **10. Record Keeping**

The school maintains accurate and confidential medical records for all pupils.

| Record Type                              | Retention                                      |
|------------------------------------------|------------------------------------------------|
| Medication Administration Records (MARs) | Retained until pupil leaves, plus 3 years      |
| Individual Health Care Plans (IHCPs)     | Reviewed annually; retained until pupil leaves |
| Consent Forms                            | Retained until pupil leaves                    |

| Record Type                                                                                                                                                | Retention                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Incident Reports (Medical Emergencies/Errors)                                                                                                              | Retained in line with insurance requirements |
| All records are stored securely in the school office, with access restricted to the Medical Lead, Headteacher, and relevant staff on a need-to-know basis. |                                              |

## 11. Off-Site Visits and Trips

For all off-site activities:

- A copy of the pupil's medical information and IHCP (if applicable) must accompany the trip leader.
- Required medication (including emergency medication) must be taken in a labelled, accessible bag.
- The trip leader is responsible for ensuring that a trained staff member is present to administer medication if needed.
- A risk assessment must consider the medical needs of all pupils attending.

## 12. Hygiene and Infection Control

- Staff must wear disposable gloves and appropriate PPE when handling body fluids.
- Sharps (e.g., needles for adrenaline auto-injectors) must be disposed of in designated sharps containers.
- Clinical waste must be bagged separately and disposed of by an approved contractor.
- Spillages of blood or body fluids must be cleaned using approved cleaning materials following infection control procedures.

## **13. Monitoring and Review**

This policy will be reviewed annually by the Headteacher and Medical Lead, or sooner following:

- A significant medical incident.
- A change in legislation or statutory guidance.
- A recommendation from an inspection or audit.

## **Appendices**

### **Appendix A – Parental Consent Form for Administration of Medication**

*(To be completed and signed by parent/carer)*

|                                                     |  |
|-----------------------------------------------------|--|
| <b>Child's Name:</b>                                |  |
| <b>Date of Birth:</b>                               |  |
| <b>Class:</b>                                       |  |
| <b>Medication Name:</b>                             |  |
| <b>Dosage:</b>                                      |  |
| <b>Time to be given:</b>                            |  |
| <b>Reason for Medication:</b>                       |  |
| <b>Expiry Date:</b>                                 |  |
| <b>Any known side effects?</b>                      |  |
| <b>Emergency contact (if different from usual):</b> |  |

#### **Consent:**

I consent to the school administering the above medication to my child as prescribed. I understand that I must supply the medication in its original packaging with the pharmacy label attached. I will notify the school immediately of any changes.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Appendix B – Medication Administration Record (MAR)**

| Date | Pupil Name | Medication | Dosage | Time Given | Staff Signature | Witness (if required) | Parent Notified? (Y/N) |
|------|------------|------------|--------|------------|-----------------|-----------------------|------------------------|
|      |            |            |        |            |                 |                       |                        |
|      |            |            |        |            |                 |                       |                        |
|      |            |            |        |            |                 |                       |                        |
|      |            |            |        |            |                 |                       |                        |

**Note:** If a dose is missed or refused, record this in the "Notes" column and inform parents.

## **Appendix C – Individual Health Care Plan (IHCP)**

|                                       |                      |  |
|---------------------------------------|----------------------|--|
| <b>Pupil Name:</b>                    | <b>DOB:</b>          |  |
| <b>Class:</b>                         | <b>Date of Plan:</b> |  |
| <b>Medical Condition:</b>             |                      |  |
| <b>Symptoms / Triggers:</b>           |                      |  |
| <b>Medication / Dosage / Time:</b>    |                      |  |
| <b>Emergency Medication:</b>          |                      |  |
| <b>Emergency Action Plan:</b>         |                      |  |
| <b>Staff Training Required:</b>       |                      |  |
| <b>Contact Details</b>                |                      |  |
| <b>Parent/Carer Name:</b>             |                      |  |
| <b>Parent/Carer Phone:</b>            |                      |  |
| <b>Alternative Emergency Contact:</b> |                      |  |
| <b>GP Surgery:</b>                    |                      |  |
| <b>GP Phone:</b>                      |                      |  |
| <b>Hospital / Specialist Nurse:</b>   |                      |  |

**Review Date:** \_\_\_\_\_

**Signatures:**

| Role                  | Name | Signature | Date |
|-----------------------|------|-----------|------|
| <b>Parent/Carer:</b>  |      |           |      |
| <b>Headteacher:</b>   |      |           |      |
| <b>Medical Lead:</b>  |      |           |      |
| <b>Class Teacher:</b> |      |           |      |

## **Review of Policy Dates**

| REVIEW DATE             | REVIEWED BY    | SIGNED OFF (Name & Role)    |
|-------------------------|----------------|-----------------------------|
| <b>October 2025</b>     | Governing Body | <b>Chair:</b> Sohaib Tanvir |
| <b>Next Review Due:</b> |                |                             |
| <b>October 2026</b>     | Governing Body | <b>Chair:</b>               |
|                         | Headteacher    | <b>Headteacher:</b>         |