

FIVE ACRE WOOD SCHOOL

Growing and Learning Together

Medicines Policy for Supporting Children and Young People September 2025

Article 12 - I have the right to be listened to, and taken seriously



Article 24 - I have the right to good quality health care, to clean water and good food



This policy will be reviewed following any concerns and/or updates to national and local guidance or procedures

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CONTENTS

		PAGE
1.0	Introduction/Executive Summary	
2.0	Legislation	
3.0	Responsibilities:	
3.1	Governing bodies	
3.2	Parental Responsibility	
3.3	Senior Leadership Team	
3.4	School Staff	
3.5	Pupils	
3.6	OFSTED	
3.7	Insurance and Liability	
4.0	Transportation of Medication to and from school	
5.0	Receipt of Medication	
6.0	Storage	
6.1	Temperature Monitoring	
7.0	Administration of Medication	
7.1	Controlled Drugs (CD's)	
7.2	Emergency Medication	
7.3	Over The Counter Medication (OTC)	
7.4	Medication via Enteral Routes	
7.5	Covert	
7.6	Self-administration	
7.7	Flammable Medication in School	
8.0	Record Keeping	
8.1	Consent Documentation	
8.2	Healthcare Plans (HCP)	
8.3	Emergency Medication Plans	
8.4	MAR charts	
8.5	Return to School Meetings	
9.0	Medication Recording	
10.0	School Trips and Visits	
11.0	Return/Disposal of Medication	
12.0	Oxygen in Schools	
13.0	Incident Reporting	
14.0	Administration of Medication Training	

Appendices		
App1	Fridge Monitoring Sheet	
App2	Healthcare plan proforma - Green border	
App3	Healthcare plan Proforma - red border (complex health and/or equipment needs)	
App4	MAR chart - routine medicines	
App5	MAR chart - PRN	
App6	Medicines brought into school form	
App?	HCP 'responsibilities and roles training' slides	
App8	'How to' guide for Medical Tracker	
App9	Seizure Record	
App10	HCP checklist	
App11	Pupil Return to School Form	
App12	Medication Administration Visual	
Standard operating Procedures		
MMSOP4.0	Transportation from School to Home	
MMSOP5.0	Receipt of Medication	
MMSOP6.0	Storage of Medication	
MMSOP7.0	Administration of Medication	
MMSOP7.1	Administration of Controlled Drugs (CD's)	
MMSOP7.2	Administration of Emergency Medication	
MMSOP7.3	Administration of Over The Counter (OTC) Medications	
MMSOP7.4	Medication via Enteral Routes (Gastrostomy)	
MMSOP7.5	Administration of Covert Medication	
MMSOP7.6	Self-Administration of Medication	
MMSOP7.7	Administration of Flammable Medication	
MMSOP7.8	Medication Spillages	
MMSOP8.1	Consent Documentation	
MMSOP8.4	Medication Administration Record (MAR Chart)	
MMSOP9.0	Transcribing / recording of Medication	
MMSOP10.0	Administering Medications on School Trips and Visits	
MMSOP11.0	Return/ Disposal of Medications	
MMSOP12.0	Administration and Storage of Oxygen	
MMSOP13.0	Reporting Incidents and Near Misses	

1.0 INTRODUCTION

This policy has been developed to assist Headteachers, School Leaders, School Governors, School Staff and Healthcare professionals on safely managing medicines within Special Schools.

'Schools' and 'appropriate authorities' (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) have a duty under part 5 section 100 of the Children and Families Act 2014 to support pupils at school who have medical conditions.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. In the first instance the individual with parental responsibility or nurse should liaise with the prescriber to explore options to prevent medication from being brought into school.

When it is necessary for children to take their medication during school hours, teachers or school staff may be asked to support a student with medical needs by administering medication or a medical device after receiving appropriate training.

Medicines administered at school should be done so safely and effectively. This should be done by trained competent staff with appropriate documentation for each pupil. All medicine should be stored & handled in a safe, secure manner, away from sight and reach of children. All medicine administration and storage documentation, including scheduled controlled drugs, should meet the minimum requirement in UK Law.

2.0 LEGISLATION

This policy relates to:

Children and Families Act 2014
Equality Act 2010
Misuse of Drugs Act 1971
The Medicines Act 1968
Mental Capacity Act 2005
The Children's Act 1989
The Education Act 2002
The Human Medicines Regulations 2012
GDPR 2018

3.0 RESPONSIBILITIES

The governing body for each school should ensure that the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support pupils in school with medical conditions.

3.1 Governing Bodies

Governing bodies must plan to support pupils with medical conditions in school that will include making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. The policy should be reviewed regularly and be accessible to parents/guardians and school staff. The Governing bodies should ensure that sufficient

staff have received suitable training and are assessed in their competency before they take on responsibility to support children with medical conditions.

3.2 Parental Responsibility

The individual with parental responsibility should provide the school with sufficient and up to date information about their child's medical needs and should be involved where possible in the development of the child's individual care plan. At Five Acre Wood School, any current care plans will be referenced and attached to the child's healthcare plan, the overarching document.

Parents/guardians must also complete a consent form, giving permission for school staff to administer each medication to the child. At Five Acre Wood School a signed and dated Healthcare plan is accepted as parental consent. Email communication and written consent will also be accepted if required in an emergency and/or in the interim period whilst the healthcare plan is being updated.

It is the individual with parental responsibilities duty to provide the school with the correct medication and any required equipment.

The school and Kent Community Health Foundation Trust have a shared care agreement so information can be shared about the child or young person's needs. If the parent chooses to opt out then information sharing would occur on an individual basis.

Sharing of information will always be in the best interest of the pupil, following GDPR and professional judgement. However, in cases of confidentiality the safeguarding of the pupil must take precedence.

Prescribed medicines should only be taken during school hours after it has been deemed essential by the prescriber. The medication should be in the original container with pharmacy dispensing label which includes the full dosage instructions.

Parents/guardians should be encouraged to review dose frequencies, formulation, and timing of medication so that where possible, medicines can be taken outside of school hours. Changes of dosage timings for medications should be discussed firstly with a Pharmacist or GP for clinical appropriateness.

3.3 Senior Leadership Team

Senior leadership team should ensure that their school's policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy for supporting medicines management for those with medical conditions and understand their role in complying with the policy. Senior leadership team should ensure that staff have received appropriate training to support children and young people with medication. The school leadership team should also ensure that sufficient numbers of staff are trained to cover for emergency situations and deliver against the child's plans.

To ensure staff are aware of this policy it will be shared at the point of induction and at least on an annual basis, with staff required to confirm they have read the policy.

3.4 School Staff

School staff need to receive medicines theory training and complete the level of competency required before they take on the responsibility of medication management. All competencies should be reviewed yearly as a minimum. The training staff receive is developed, delivered and logged by the onsite KCHFT nursing team. Competency checks

and sign-offs are also completed by the onsite KCHFT nursing team. Training records are shared regularly by KCHFT with the School Training and Development Officer.

3.5 Pupils

Pupils with medical conditions may be able to provide information about how their condition affects them where possible. If a child is able to manage their medication, they should be involved in discussions about their medical support needs.

3.6 Ofsted

Ofsted Inspectors will consider the needs of pupils with chronic or long-term medical conditions so that they can report on how well the needs of these pupils are met. Schools will normally need to produce a copy of their medicines management policy and demonstrate that it is being followed.

3.7 Liability and Indemnity

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication.

At Five Acre School the insurer for the relevant insurance policy is QBE UK Limited via Risk Management Partners Limited.

4.0 TRANSPORTATION OF MEDICATION TO AND FROM SCHOOL

Medication coming in from home to school or being returned from school to home should be put in either a sealed envelope/wallet with the child's name on it or stored as per local school procedure.

At Five Acre Wood School, medication should not be stored in the school during any school holidays and therefore should be sent home at the end of every term.

5.0 RECIEPT OF MEDICATION

Upon receipt of medication into school from home, medication should be checked for accuracy by ideally two members of appropriately trained staff. The medication should ideally be in the original unopened container with a dispensing label from the pharmacy which includes the pupil's name, the medication, strength, dose and frequency of administration. The expiry date of the medication should also be checked. Ideally medicines should not be labelled 'as directed'. Medication that is labelled 'as directed' must have supporting documents from the prescriber with the most current dose. Individuals with parental responsibility should be made aware of the minimum requirements needed for medication brought in to school.

6.0 STORAGE OF MEDICATION

Medication when not in use should be stored in a locked cupboard in a cool dry area that is not accessible to the pupils in the class.

Any medicines cupboard that contains schedule 2 controlled drugs (CD's) must be wall or floor mounted and lockable. It is highly advisable that schedule 3 CD's are stored in the same way, although this is not a legal requirement. Classrooms at Five Acre Wood School are equipped with medicines cupboards that meet the requirements for storage of CD's (wall mounted and lockable).

Emergency medicines, including CD's must not be locked away, as in event of an emergency the medication needs to be as accessible as possible. The exception to this would be when the pupil requiring the medication is within a classroom and storing the medication within the medicine cabinet reduces the risk of inappropriate use by other pupils. However, they should not visually be on display and not obtainable by pupils. Emergency medications requiring storage on school premises when the school is closed must always be locked away.

Any medication that requires refrigeration must be kept in a fridge. Ideally this should be a medical grade fridge that stores medication only.

6.1 Temperature Monitoring

Both ambient and refrigerator temperatures where medication is held should be monitored and recorded every day the service operates.

The ambient temperature should be 25°C or less, and the refrigerator temperature should be between 2°C and 8°C. Fridge temperatures should be read and recorded and then reset daily. In instances where there are any deviations from the above range, advice should be sought from the staff member responsible for health. All temperature recordings must be kept for a minimum of a year.

At Five Acre Wood School the onsite KCHFT nursing team monitor the daily ambient temperatures. Refrigerator temperatures should only be monitored for the length of time medication is stored within them. A FAW Fridge Monitoring Sheet is shown as appendix 1.

7.0 ADMINISTRATION OF MEDICINE

The administration and witnessing of medication must only be carried out by a trained competent member of school staff, following the 5 R's+ 1 (Right child, Right medication, Right dose, Right route, Right strength and Right document). The expiry date should also be checked at each administration.

A child or young person should be encouraged to take prescribed medication. If a dose is missed, refused or omitted it should be added into the MAR chart (Medication Administration Record) and the individual with parental responsibility and the school staff responsible for health should be informed immediately. At Five Acre Wood School this would be recorded via Medical Tracker (electronic MAR chart), within the notes section when recording 'Medication Use'.

Only one child should be administered medication at one time. Medication being administered must be checked by two members of trained school staff, and both should record this via Medical Tracker immediately when the medication has been given. In the

event that Medical Tracker was not accessible, a paper-based MAR chart must be used and uploaded it to Medical Tracker as soon as possible. Paper-based MAR charts for PRN and routine medications are included as appendices 4 and 5.

At Five Acre Wood school any medication will be signed in and out of school using the Medicines brought into school form, appendix 6. Medicines will also need to be recorded on Medical Tracker, under Medication Stock/Enquiry using the 'Track quantity of medication remaining' button, so that the amounts can be tracked.

An information poster to support class teams is attached as appendix 11.

7.1 Controlled Drugs (CD's)

On receipt of a controlled drug, the medication must be checked by two members of appropriately trained school staff. The medication should ideally be in the original unopened packaging with the pharmacy dispensing label displayed.

When any new medication enters the school site, staff must inform the on-site KCHFT nursing team. This will usually be by the class teacher.

The quantity must be checked and entered into the controlled drug register or the school's equivalent and then signed by both members of school staff. At Five Acre Wood School CD's are recorded on Medical Tracker with (CD) immediately after the medication name, this is inputted by the KCHFT Pharmacy Lead.

The balance should be checked by two members of school staff at each administration and any discrepancies should be reported to the school's controlled drug accountable officer. At Five Acre Wood School this person is the KCHFT Pharmacy Lead, Sue Goss.

Two members of staff should document the administration and time on Medical Tracker once the medication has been administered.

Controlled drug registers, or the schools' equivalent, need to be kept for two years from the last date of entry. At Five Acre Wood School, the controlled drug register is Medical Tracker.

When controlled medication is sent home at the agreed time as per local school procedure it should be signed out of the CD register or equivalent accordingly.

At Five Acre Wood School any medication will be signed in and out of school using the Medicines brought into school form, appendix 6. Medicines will also need to be recorded on Medical Tracker, under Medication Stock/Enquiry using the 'Track quantity of medication remaining' button, so that the amounts can be tracked.

7.2 Emergency Medication

Emergency medication such as buccal Midazolam must only be administered by a member of school staff that has been trained and had their practical theory simulation. The medication must be given as and when stated in the child's emergency plan.

Emergency medication must always be readily accessible. A copy of the child's individual management plan/authorisation form should be kept with the medication and should include clear precise details of the action to be taken in an emergency. At Five Acre Wood

School these medications and their accompanying plans are kept in a red waist bag / rucksack. The bag should be labelled with the child's name and class.

Pupils prescribed emergency medication must have it in school. However, there is general advice that *the school keeps an emergency supply of a salbutamol inhaler and adrenaline (EpiPen®) which can be obtained from community pharmacy. Schools that choose to keep a supply must only give them to children for whom it is already prescribed.* Due to the complex needs of pupils at Five Acre Wood school, medication being pupil-specific and checked in and out by school staff, this has been deemed not necessary to reduce the risk of administration to a pupil who does not require the medication and could have an adverse reaction.

For any pupil on site without their medication required for the day, their parent/carer will be contacted immediately at the start of the day and asked to bring their child's medication into school or to collect their child until they can return to school with their medication. This would usually be carried out by the class teacher and is in the best interests of the child.

7.3 Over the Counter Medication (OTC)

Over the counter medications such as Paracetamol and antihistamines should only be given if the consent form has been signed by the individual with parental responsibility, and there is a legitimate reason for the medication to be given. At Five Acre Wood School a signed and dated Healthcare plan is accepted as parental consent. Email communication and written consent will also be accepted if required in an emergency and/or in the interim period whilst the healthcare plan is being updated. The reason for administering the 'over the counter' medication should be documented on Medical Tracker. Signed consent from the individual with parental responsibility must be obtained prior to medication being given and there must be a legitimate reason. If medication is being given routinely, then the parent should supply their own bottle. Once opened, a stock bottle of paracetamol must be kept for no longer than 6 months. The expiry date if liquid medication will be determined on an individualised basis.

No over the counter medication should be given on a regular basis such as three consecutive days or more than once per month, and if this is occurring, the school lead responsible for health/ a DSL should be alerted, so this can be followed up with the individual with parental responsibility and possibly the GP.

The individual with parental responsibility should be contacted prior to any doses being administered in school to ensure that a dose has not been previously given at home, and to inform the person/s with parental responsibility what time the dose was given in school, so not to be duplicated at home.

7.4 Medication via Enteral Routes

Only trained school staff that have completed their enteral feeding competency should administer enteral medication (gastrostomy training). Administration of medication enterally should follow the individualised specialist care plan. The prescribed medication should state via enteral route on the prescription label or at minimum there should be an email or letter from the child's GP/specialist detailing route of administration. All enteral medication that a child needs enterally should be checked for its safety and appropriateness.

7.5 Covert Medication

Covert medication involves the administration of a medicine disguised in food or drink to a child without their knowledge or consent.

Administering medication covertly should only be given if it is in the best interest of the child following a meeting with the child's parent/guardian, healthcare professionals and the prescriber. There should be documented consent from the child's parent/guardian and updated healthcare plans which state how medication can be given covertly. If the situation is urgent (e.g. the child may not receive critical medicines in a timely manner) it is acceptable for a less formal discussion to occur between the staff, a doctor, and the individual/s with parental responsibility to make an urgent decision. However, a formal meeting or documentation to support the decision should be arranged as soon as possible.

Consideration of the type of food or drink needed to administer medication should be taken on an individual basis. If necessary, the individual with parental responsibility should supply the food or drink needed to administer medication covertly.

Where the medication is not fully administered, staff must alert the onsite KCHFT nursing team for safe disposal.

7.6 Self-Administration and custody

A child or young person needs to be assessed by the person/s with parental responsibility, school staff, and healthcare professional to evaluate the possibility of self-administering their own medication. Competent children and young people should be encouraged to self-administer their own medication where possible. If medication is self-administered, it must still be recorded on Medical Tracker by the school staff responsible for that child or young person at the time.

Decisions about the level of supervision required and the custody of the medication should be documented, and the school should receive consent from the individual/s with parental responsibility.

At Five Acre Wood School no child or young person should have custody of their own medication unless it is an emergency medication and a risk assessment by the class team and a member of SLT has determined they have the knowledge and understanding to carry their own medication safely. A risk assessment will take into account:

- the pupil's ability to manage their own medication safely.
- the ability of their peers and classmates to follow safety rules in relation to their peer's medication.
- the ability of peers within shared and accessible areas across the site to follow safety rules in relation to their peer's medication.
- the specific medication and side effects/ risk they may pose.

7.7. Flammable Medicines in Schools

Children may be prescribed medications that contain flammable excipients such as Paraldehyde and paraffin-based creams. Medications that are a fire hazard should have a flammable symbol on it.

All medications that are at risk of exacerbating a fire should be kept in a cool dry place, away from direct sunlight and heat sources.

Paraffin based creams and substances containing alcohol that have been administered or have been in contact with furniture, clothing, towels, dressings etc are also a fire hazard. All prescription only medication creams should be recorded on Medical Tracker.

8.0 RECORD KEEPING

Documentation of medicine administration is compelled by Law to be current, accurate and completed fully. Documentation for children and young people could be required to support clinical investigations or court cases and must be kept up until their 25th birthday, or their 26th if the documentation was made when the child was 17 years of age, as a minimum. In the event of a child dying, records must be kept for at least 8 years from the date of death.

At Five Acre Wood School any previous medical administration documentation will be added to the pupil's file. This includes but is not limited to any paper-based MAR charts, signing in and out sheets, fridge monitoring sheets, etc. **It is the responsibility of the class teacher to ensure the documentation is kept safe and uploaded to the file in a timely manner by the class team. Further SUQport can be sought from the Pupil Admin team and the HCP administrator.**

8.1 Consent Documentation

Any child who is required to take medication in school must have signed consent documentation in indelible ink by the individual/s with parental responsibility. At Five Acre Wood School a signed and dated Healthcare plan is accepted as parental consent. Email communication and written consent will also be accepted if required in an emergency and/or in the interim period whilst the healthcare plan is being updated.

Consent documentation should be completed for each child who will be receiving medication during school hours. This includes regular, short term or when required medication.

The consent documentation must state all medication they wish for the child to have, including dose and directions, and any additional instructions regarding the administration of the medication, as per the dispensing label or the prescription from the GP. An up to date GP prescription, repeat prescription and/or letter from consultant must be provided.

If there is a change to the medication or GP/consultant has omitted it, it is the responsibility of the individual with parental responsibility to notify the school immediately. Medication can be altered/omitted as a verbal instruction ideally for no longer than 24 hours. During this time the person/s with parental responsibility must complete additional consent documentation with the updated information.

Consent documentation must be completed at the start of each school year, as a minimum. However, if there is a change to the strength, dose, frequency or form of the medication this must be done immediately.

Old consent documents must be marked that they are no longer in use and signed and dated. They must then be stored (either manually or electronically) so they are away from the current documents. At Five Acre Wood School any previous versions of Healthcare Plans are stored in the child's archived file to ensure separation from the current Healthcare Plan.

8.2 Healthcare Plans (HCP)

The HCP must be completed by school staff and to the individual with parental responsibility. The HCP's should also include medication that is given at home, both prescribed or obtained over the counter.

It is the individual with parental responsibility's duty to provide the school with the correct medication, any required equipment and to notify the school if there are any changes required to the Healthcare Plan.

It is the school's responsibility to provide opportunity for individuals with parental responsibility to routinely check their child's Healthcare plan.

HCP's should be updated on three occasions annually as a matter of routine, once at the beginning of the school year, once during the spring term at either the annual review/parent consultation and during the summer term at either the annual review or parent consultation. This will be dependent on the individual child's EHCP cycle.

Healthcare Plans must also be updated throughout the school year if there are any changes that may affect the care of the child.

The class teacher will have responsibility for issuing the Healthcare Plan in September, the Pupil Administrative team will have responsibility for issuing the Healthcare Plan during annual reviews and the Class teacher will have responsibility for issuing Healthcare plans for parent consultations and any further updates required during the school year.

Any member of staff can raise a concern that a child's healthcare plan is not up to date. In the first instance this concern should be raised with the class teacher and a copy of the Healthcare Plan should be sent home for amending by the class teacher. It may be necessary to discuss the reasons for this with the individuals with parental responsibilities, either by telephone or within a meeting. If the Healthcare Plan is not updated to provide the clarity required to support the child appropriately within school, the class teacher must raise this with the Learning Approach Lead or a member of SLT in a timely manner.

HCP 'roles and responsibilities' training slides are attached as appendix 7.

8.3 Emergency Medication Plans

Emergency medication plans must be completed by appropriate healthcare professionals (e.g. specialist consultant, epilepsy nurses, asthma nurses) along with the individual with parental responsibility.

Emergency plans should be updated ideally annually or at least when there are changes to the prescribed medication.

The emergency plan should indicate at what point an ambulance should be called. However, if there is any doubt whatsoever it is best practice for an ambulance to be called. See section 10.0 for school trips and visits.

8.4 MAR Charts (Medication Administration Record)

The MAR chart is the legal record of all medication and medical based interventions that are administered to the child during school hours. At Five Acre Wood Medical Tracker is

used to record medication administration. In the event that Medical Tracker was not accessible, a paper-based MAR chart will be used and saved in the pupil file. Medical Tracker will be updated as soon as possible. Paper-based MAR charts are shown in appendices 4 and 5. A 'how to guide' for medical Tracker is attached as appendix 8.

A MAR chart must include:

- The child's name and date of birth
- Any allergies the child may have and the reaction or if they have no allergies, this too must be documented.
- The name and strength of the medication
- The dose and frequency
- The route
- The day and time given
- The start day and end day (If the medication is short term e.g. antibiotics)
- Whether the medication is regular, short term or as required
- Not Administered codes, and the reasons documented.

Two members of staff must sign for the administration of medication, the person who administers and the person who witnesses.

Both routine and PRN medication given to a child during school hours must be recorded on a student's MAR chart.

8.5 Return to School Meetings

Where there has been changes to a pupil's health needs, absence from school from an illness or following surgery a meeting must be held to document these changes and amend the Healthcare plan accordingly. A Return to School Meeting will also need to be held when a pupil has sustained an injury that may lead to adjustments needing to be made and/ or a risk assessment to be put in place, either short-term or longer-term.

In some cases, a member of the onsite KCHFT nursing team will need to be present and these meetings should be coordinated by the class teacher so that all parties are able to attend. In some circumstances it may be possible to complete a return to school during a detailed telephone conversation, with a second person present to witness the conversation and the parent must be made aware of this to give consent.

Pupil's must have a return to school meeting prior to confirmation of their return. For example, training for staff, receipt of documentation from external professionals, i.e. Consultants, epilepsy nurse.

Families should be made aware that a return to school meeting may take place before an actual return to school or a date is decided upon for this. This is so that consideration can be given to any actions that need to be completed beforehand. This is most likely the case for pupils with complex medical needs where additional training and/or documentation from medical professionals needs to be in place to facilitate the return. On some occasions it may be necessary for a follow-up return to school meeting, dependent on the advice received from external professionals and further discussion of the actions required.

The Pupil Return to School Form is attached as appendix 10.

9.0 MEDICATION RECORDING

The recording of medication onto a MAR chart in school must be completed by a trained school staff member.

A minimum of two sources is recommended to confirm the validity of information about the medicine being recorded.

Sources include:

- Pharmacy dispensing label.
- GP repeat prescription form
- Healthcare Plan
- Recent clinic/specialist letter (within one year)

The date on the dispensing label should be checked to ensure that it is within the last 6 months, with the exception of emergency medicines. If the date on the label is longer than 6 months, ensure that the medication is still required and that the dose prescribed is valid. The school may need to ask the individual with parental responsibility to provide a repeat prescription or a copy/picture of the prescription from the medical prescriber.

10.0 SCHOOL TRIPS AND VISITS

Routine medication should be taken on school trips but may be decided locally based on duration of trip, location and proximity. Emergency medication must always be taken on school outings.

Medication taken on trips should be held by the designated responsible person who is trained to administer medication. The medication should stay with that person ideally in a secure place along with the care plan, MAR chart and emergency plan. MAR charts should be annotated as usual if medication is administered. Where access to Medical Tracker is limited or not possible, the paper-based MAR charts will be used. Paper-based copies will need to be carried for any school trip and visit in the event that Medical Tracker may not be accessible.

If controlled drug medication is taken on an outing, it needs to be signed out of the controlled drug register, or the schools equivalent, by two members of staff, who will then have responsibility, and signed back in with the balance adjusted accordingly. At Five Acre Wood School, staff should record this on Medical Tracker via the notes section under Medication Use. CD's must be closely monitored at all times to ensure they are secure and not accessible to pupils. See 6.0 Storage of Medication. Any discrepancies regarding the quantity of medication before and after a school trip must be raised with the KCHFT Pharmacy Lead immediately.

The decision on whether PRN medication should be taken on short day trips should be risk assessed on an individual basis. PRN medication will need to be taken on both residential and full day trips.

In the event of an emergency, the emergency plan should indicate when an ambulance should be called. Where there is doubt an ambulance should be promptly called.

11.0 RETURN/DISPOSAL OF MEDICATION

It is the responsibility of parents/guardians to dispose of medication if it is no longer suitable. Medication must be returned home to the person/s with parental responsibility, as per local school procedure.

For any dose of medication not fully administered, school staff must alert the on site KCHFT nursing team for safe disposal.

12.0 OXYGEN IN SCHOOL

Oxygen is a prescription only medication. Portable oxygen should only be transported to and from school if it has been reviewed by the prescriber and deemed necessary. An individual's need for oxygen should be reviewed regularly. A risk assessment for the use of oxygen must be completed and filed in the child's health care plan.

Based on national guidance it is not recommended that large quantities of Oxygen are kept in school for health and safety reasons. However, in extenuating circumstances that Oxygen cylinders need to be kept in school, it must be stored in a secure place away from naked flames either in a designated storage box or secured upright in racking and preferably chained. A risk assessment for Oxygen storage in school must be undertaken by the school's health and safety officer or equivalent. There should be a sign on the door of the area stating that oxygen is being stored there.

Five Acre Wood School's Health and Safety Officer must be made aware of any pupil requiring oxygen in school, as soon as this is known, or when there are changes to the oxygen required in school for a pupil.

13.0 INCIDENT REPORTING

A medication incident is any incident or error associated with the use of medication regardless of whether it is a near miss or harm occurred. Such incidents may relate to any part of the medication use process. This includes prescribing, preparation, dispensing, administration and monitoring/recording of the medication and the transfer of associated information.

As soon as an error has been identified for example:

- Administering the wrong medication to a child
- Administering the wrong strength to a child
- Administering the wrong dose to a child
- Expired medication being administered to a child
- A dose being missed or administered late.

The following procedure should be followed:

- Inform the senior medication lead
- Inform the individual with parental responsibility
- Record the incident via the local incident reporting system
- Annotate incident in child's records

Reporting and recording incidences identifies areas of processes and/or practice that may not be as safe, robust or clear as intended. Recording incidences allows for trends in errors to be identified so processes can be improved upon and bespoke training sessions can be given to those that need it. The aim is to improve and promote the safe administration of medicines and to

help and support staff members in doing so.

It is the responsibility of the school's senior leadership team and school staff to monitor the recording of incidences, review processes and make amendments if required. The KCHFT healthcare professionals will support the school with action plans from incident trends. Please see Special School's Governance Framework V7 2021 for further expansion.

At Five Acre Wood, incidences should be recorded on Medical Tracker.

14.0 ADMINISTRATION OF MEDICATION TRAINING

Training for the administration of medication will be given to all school staff who are involved with the witnessing and administration of medication.

Training will be provided by the appropriate healthcare professionals and will occur annually or when new members of school staff involved in medicines administration start. Furthermore, this can also take place if a member of staff requests further training.

GOVERNANCE SCHEDULE

Ratification process

Governance Group responsible for developing document	<i>Emma Athwal, KCHFT, School Pharmacy lead</i>
Circulation group	<i>School Intranet, Policy Distribution</i>
Authorised/Ratified by Governance Group/Board Committee	<i>School Governors</i>
Authorised/Ratified On	
Review Date	
Review criteria	<i>This document will be reviewed prior to review date if a legislative change or other event dictates.</i>

KEY REFERENCES

These are key documents that the policy, guideline, SOP etc. relies on for best practice or national guidance or a legislative requirement. It is a list of those items that have been relied on for best practice and influence the requirements of the document.

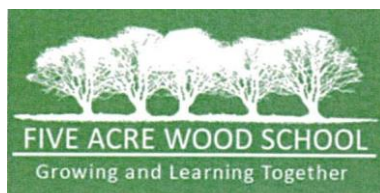
Title	Reference
Supporting Pupils at School with Medical Conditions	Department for Education
Meeting Health Needs in Educational and other Community Settings 2018	Royal College of Nursing
Professional Guidance on the Administration of Medicines in Health Care Settings 2019	Royal Pharmaceutical Society
Information Sharing Agreement between KCHFT and Nursing	

DOCUMENT TRACKING SYSTEM

Version	Status	Date	Issued to/Approved by	Comments/Summary of Changes
V1	Draft	2/7/25	School Governors	A new policy developed to meet needs of services delivered to Special Schools

MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY**Monitoring matrix:**

What will be monitored?	How will it be monitored?	Who will monitor?	Frequency
Record Keeping (MAR charts, medicine storage)	Audits	Specialist Pharmacy Technicians	TBC
Knowledge and compliance of medication administration	Competencies	School Nurses	Annually, or for all new starters
Incidents	Incident Reporting System	Senior leadership team and school staff	Once a month, or immediately if a serious incident occurs. TBC



Appendix 1

Fridge Temperature Monitoring Sheet Month/Year.....

Date	Time	Current Temperature	Minimum Temperature	Maximum Temperature	Reset (Y/N)	Signature
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						
11th						
12th						
13th						
14th						
15th						
16th						
17th						
18th						
19th						
20th						
21st						
22nd						
23rd						
24th						
25th						
26th						
27th						
28th						
29th						
30th						
31st						

The required temperature range is between +2°C and +8°C. Fridge temperature must be checked and recorded each day that your service operates. If the temperature is outside the required range, please report to the School Nurse or a member of the Pharmacy Team.

HEALTH CARE PLAN

Pupil Name:

DOB:

Learning Approach:

Home Address:

Parent/ Carer 1
Name:

Relationship to child:

Telephone number:

Mobile:

Email:

Home Address:

Parent/ Carer 2
Name:

Relationship to child:

Telephone number:

Mobile:

Email:

Alternative contact 1:
Name:

Address:

Relationship to child:

Telephone number:

Mobile:

Alternative contact 2:
Name:

Address:

Relationship to child:

Telephone number:

Mobile:



Social situation:

Siblings {and ages} at home:

Siblings {and ages}- no longer at home:

Living with parents: Yes/No

Looked After Child: Yes/No

If yes, to which Local Authority:

Transport:

Password:

GP Name & Surgery:

Medical professionals {e.g. consultant, community nurse, podiatrist, dietician etc}

Details

Additional Support Workers {i.e. Social Worker, PA):

{Please provide Name, Email, and contact numbers for all}

Social Worker -

CAMHS-

Respite-

PA-

Therapy Provision Level at Five Acre Wood:

SALT: Direct/ Indirect/ Universal (teacher-led - ST/TLTS}

OT: Direct/ Indirect/ Universal (teacher-led -ST/TLTS}



Medical diagnosis:

Was pupil born prematurely? Yes/ No

Please give details:

Medication - home:

Medication - school:

None

The Supporting Pupils with Medical Needs Policy September 2023 states;
'Emergency medicines and equipment for specific pupils should be kept close to the pupil at all times. These will be carried by staff within the red bumbags, except for the following exceptions:

- When a risk assessment has taken place to determine a pupil has the knowledge and understanding to carry their own medication safely. A risk assessment will take into account; the pupil's ability, the ability of their peers and classmates, the ability of peers within shared and accessible areas across the site, the specific medication and side effects / risk they may pose.
- When carrying their own medication will not put them at risk, should it be required to be administered.'

***IF APPLICABLE -** School staff will carry my child's emergency medication OR
School have discussed this with me and I am in agreement my child will carry their own emergency medication

***Tick the box that applies**

Medical interventions that must be administered during the school day:

e.g. medication administration/ physiotherapy/ chest percussion/ suction/ enteral feeds

What?

When?

Who by?

Physical disability:

02/07/25

Page | 3

Parent/Carer initials & date

Equipment/ apparatus used:

Is there a Manual Handling Plan: YES/ NO

If yes, staff to refer to separate manual handling plan.

Include training adults must have in order to support pupils in safely using equipment, e.g. manual handling, OT model splint use etc.

Pupil-specific School Equipment		
Equipment (e.g. specialist seating, walker, stander, handling belt, leg splints)	Prescriber (NHS OT/ Physio, School OT, KCC OT/ Physio, Private OT/Physio)	Usage & any additional info (issue date, when and how often used i.e. daily/weekly, minutes/ day)

Pupil-specific Home Equipment

Equipment (e.g. specialist seating, walker, stander, handling belt, leg splints)	Prescriber (NHS OT/ Physio, School OT, KCC OT/ Physio, Private OT/Physio)	Usage & any additional info (issue date, when and how often used i.e. daily/weekly, minutes / day)

Communication Support:

Please state any communication systems/devices and if appropriate the professional who provided this (i.e. - Eye Gaze Technology -KM CAT Team, PECS book- Private SALT).

Sensory Impairment: YES/NO

If yes then please state Visual/Hearing/ Multi-sensory with a brief summary of need and if any aids are needed such as Hearing aids, Glasses etc.

Epilepsy: Yes/ NO

If yes please give a summary of seizure activity:

Is an Epilepsy protocol in place?: YES/NO

If yes, please ensure this is attached

Allergies: Yes/ No

If yes briefly identify severity (i.e. does this cause anaphylaxis). Include allergies to food, medication, known skin reactions and hay fever:

Is an Allergy Protocol in place?: Yes/No

If yes, please ensure this is attached

Toileting/ Personal care supports:

Respiratory difficulties: Yes/NO

Is an Asthma/ other respiratory Protocol in place?: Yes/No

If yes, please ensure this is attached

Feeding & Drinking

Specialist plans for oral or internal/ gastric feeds must be attached.

Describe how the child eats:

route, presentation, behaviours for eating:

Describe how the child drinks:

route, presentation, behaviours for drinking:



Daily care requirements carried out at school:

e.g. personal care, airway maintenance, transfers (including hoisting), body brushing 3x daily, oral care etc.

Special arrangements for outings/school trips:

Additional information:

Who is the point/ contact for reference in an emergency?

Describe what constitutes an emergency and the action to take if this occurs

Are there any specific instruction re: calling an ambulance?

What do parents want/need to be informed of?

Does the pupil have an additional health care professional involved at home?



****** By signing this form I hereby give consent for trained and competency assessed staff at the school to administer the medicines and health care interventions stated above to the named child, at the designated times, and as per the directions specified by the prescriber. I agree that medication and health care interventions will be administered in accordance with the school's policy. I agree to inform trained school staff in the child's class immediately in writing if there are any changes to the medication or health care interventions, the regime or if the medicine or health care intervention has been paused or stopped. I understand that not sending in the named child's medication as per the requirements, or in not providing up to date information or paperwork, may result in medication or health care interventions not be given. I consent for school and NHS staff to access medical records for the named child in the instance of it being in their best interests. I declare that the information I have written is, to the best of my knowledge, accurate at the time of writing and signing this form

Parent/ Carer

Name:.....Signed:.....

Date:.....

People who have had additional input into the Healthcare Plan:		
Name:	Designation:	Date of input:



FAW Staff:

I confirm that I have read and I am fully familiar with the Health Care Plan
of

Five Acre Wood Staff:		
Date:	Staff Member:	Staff Signature:



HEALTH CARE PLAN

Pupil Name:

DOB:

NHS number:

Learning Approach:

Home Address:

Parent/ Carer 1
Name:

Relationship to child:

Telephone number:

Mobile:

Email:

Home Address:

Parent/ Carer 2
Name:

Relationship to child:

Telephone number:

Mobile:

Email:

Alternative contact 1:
Name:

Address:

Relationship to child:

Telephone number:

Mobile:

Alternative contact 2:
Name:

Address:

Relationship to child:

Telephone number:

Mobile:

Social situation:

Siblings (and ages) at home:

Siblings (and ages)- no longer at home:

Living with parents: Yes/No

Looked After Child: Yes/No

If Yes, to which Local Authority:

Transport:

Password:

GP Name & Surgery:

Bower Mount Medical Practice

Medical professional: (e.g. consultant, community nurse, podiatrist, dietician etc)

Details:

Additional Support Workers (i.e. Social Worker, PA):

{Please provide Name, Email, and contact numbers for all}

Social Worker -

CAMHS-

Respite-

PA-

Therapy Provision Level at Five Acre Wood:

SALT:

OT:

Medical diagnosis:

Is there an Advanced Care Plan in place? No

When was this updated last?

Was pupil born prematurely? No

Please give details:



Medication - home:

Name of medication and strength (NOT brand name and description); dose; when given and how many times given (e.g. PRN, 1x daily at night); route

Medication - school:

Name of medication and strength (NOT brand name and description); dose; when given and how many times given (e.g. PRN, 1x daily at night); route

The Supporting Pupils with Medical Needs Policy September 2023 states;

'Emergency medicines and equipment for specific pupils should be kept close to the pupil at all times. These will be carried by staff within the red bumbags, except for the following exceptions:

- When a risk assessment has taken place to determine a pupil has the knowledge and understanding to carry their own medication safely. A risk assessment will take into account; the pupil's ability, the ability of their peers and classmates, the ability of peers within shared and accessible areas across the site, the specific medication and side effects / risk they may pose.
- When carrying their own medication will not put them at risk, should it be required to be administered.'

***IF APPLICABLE** ☐ School staff will carry my child's emergency medication OR
☐ School have discussed this with me and I am in agreement my child will carry their own emergency medication

***Tick the box that applies**

Medical interventions that must be administered during the school day

e.g. medication administration/ physiotherapy/ chest percussion/ suction/ enteral feeds

What?

e.g. 'SuctioningJ

When?

As required to clear airway

Who by?

Trained staff only

Physical disability:

Include training adults must have in order to support pupils in safely using equipment, e.g. manual handling, OT model splint use etc.

Pupil-specific School Equipment		
Equipment (e.g. specialist seating, walker, stander, handling belt, leg splints)	Prescriber (NHS OT/ Physio, School OT, KCC OT/ Physio, Private OT/Physio)	Usage & any additional info (issue date, when and how often used i.e. daily/weekly, minutes / day)

Pupil-specific Home Equipment

Equipment (e.g. specialist seating, walker, stander, handling belt, leg splints)	Prescriber (NHS OT/ Physio, School OT, KCC OT/ Physio, Private OT/Physio)	Usage & any additional info (issue date, when and how often used i.e. daily/weekly, minutes/day)
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Communication Support:

Please state any communication systems/devices and if appropriate the professional who provided this. (le-Eye Gaze Technology-KM CAT TeamJ PECS book- Private SALT)

Sensory Impairment: YES/NO

If Yes then please state Visual/Hearing/ Multi-sensory with a brief summary of need and if any aids are needed such as; Hearing aids, Glasses etc.

Epilepsy: Yes/ No

Is an Epilepsy protocol in place?: Yes/No

If yes, please ensure this is attached

Allergies: Yes/ No

Is an Allergy Protocol in place?: Yes/No

If yes, please ensure this is attached

Toileting/ Personal care support:

Respiratory difficulties: YES/ NO

Is an Asthma/ other respiratory Protocol in place?: Yes/No

If yes, please ensure this is attached

Feeding & Drinking

Specialist plans for oral or interal/ gastric feeds must be attached

Describe how the child eats:

Describe how the child drinks:

Daily care requirements carried out at school:

Special arrangements for outings/school trips:

Additional information:

Who is the point/ contact for reference in an emergency?

Describe what constitutes an emergency and the action to take if this occurs

Are there any specific instruction re: calling an ambulance?

What do parents want/need to be informed of?

Does the pupil have an additional health care professional involved at home?

****** By signing this form I hereby give consent for trained and competency assessed staff at the school to administer the medicines and health care interventions stated above to the named child, at the designated times, and as per the directions specified by the prescriber. I agree that medication and health care interventions will be administered in accordance with the school's policy.

I agree to inform trained school staff in the child's class immediately in writing if there are any changes to the medication or health care interventions, the regime or if the medicine or health care intervention has been paused or stopped.

I understand that not sending in the named child's medication as per the requirements, or in not providing up to date information or paperwork, may result in medication or health care interventions not be given. I consent for school and NHS staff to access medical records for the named child in the instance of it being in their best interests.

I declare that the information I have written is, to the best of my knowledge, accurate at the time of writing and signing this form

Parent/ Carer

Name:.....Signed:.....

Date:.....

People who have had additional input into the Healthcare Plan:		
Name:	Designation:	Date of input:

FAW STAFF:

I confirm that I have read and I am fully familiar with the Health Care Plan of

Five Acre Wood Staff:		
Date:	Staff Member:	Staff Signature:



DRAFT

MEDICATION ADMINISTRATION FORM



Name:

DOB:

Allergies

Regular Medicine	Time	Week1					Week2					Week3					Week4				
		W/C	/	/			W/C	/	/			W/C	/	/			W/C	/	/		
Name of Medicine and Strength		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Dose:																					
Frequency:																					
Route:																					
Special Instructions:																					
Signature 1:	Signature 2:																				

R = Refused X = Absent O = Not Given

Regular Medicine	Time	Week1					Week2					Week3					Week4				
		W/C	/	/			W/C	/	/			W/C	/	/			W/C	/	/		
Name of Medicine and Strength		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Dose:																					
Frequency:																					
Route:																					
Special Instructions:																					

R = Refused X = Absent O = Not Given

MEDICATION ADMINISTRATION FORM

Signature 1:	Signature 2:	
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DRAFT

R = Refused X = Absent O = Not Given

MEDICATION ADMINISTRATION FORM

Name:

DOB:

FIVE ACRE WOOD SCHOOL
Grow1,lg..ar.d Lcu7n& Togovur

Allergies:

Regular Medicine	Time	Week1					Week2					Week3					Week4				
		W/C	/	/			W/C	/	/			W/C	/	/			W/C	/	/		
Name of Medicine and Strength		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Dose:																					
Frequency:																					
Route:																					
Special Instructions:																					
Signature 1:	Signature 2:																				

Regular Medicine	Time	Week1					Week2					Week3					Week4				
		W/C	/	/			W/C	/	/			W/C	/	/			W/C	/	/		
Name of Medicine and Strength		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Dose:																					
Frequency:																					
Route:																					
Special Instructions:																					

R = Refused X = Absent O = Not Given

MEDICATION ADMINISTRATION FORM

Signature 1:	Signature 2:
--------------	--------------

DRAFT

R = Refused X = Absent O = Not Given

AS RE.QUIRED MEDICATION ADMINISTRATION FORM



Name:

DOB:

NHS Number:

Allergies:

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										
Signature:	Signature:										

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										

R = Refused

AS RE.QUIRED MEDICATION ADMINISTRATION FORM

Signature:

Signature:

DRAFT

R = Refused

AS REQUIRED MEDICATION ADMINISTRATION FORM



Name:

DOB:

NHS Number:

Allergies:

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										
Signature:	Signature:										

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										
Signature:	Signature:										

R = Refused

AS REQUIRED MEDICATION ADMINISTRATION FORM



Name:

DOB:

NHS Number:

Allergies:

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										
Signature:	Signature:										

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										

R = Refused

AS REQUIRED MEDICATION ADMINISTRATION FORM

Signature:	Signature:
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DRAFT

R = Refused

AS REQUIRED MEDICATION ADMINISTRATION FORM



Name:

DOB:

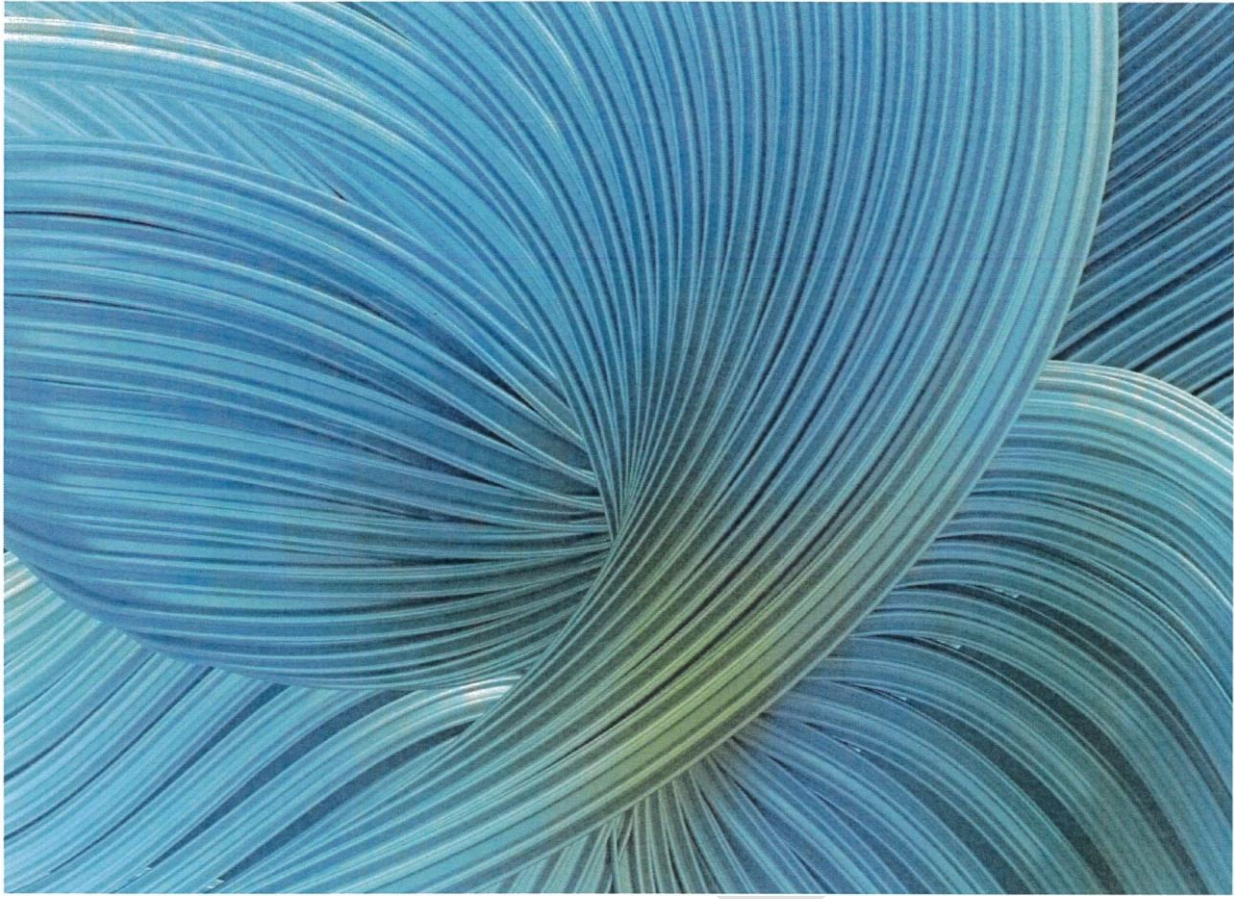
NHS Number:

Allergies:

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										
Signature:	Signature:										

As Required Medicine											
Name of Medicine and Strength:	Date:										
Dose:	Dose:										
Frequency:	Time:										
Route:	initials:										
Special Instructions:	initials:										
Signature:	Signature:										

R = Refused



Understanding the needs of a child

Explain the medical needs of a child	Support staff by providing a framework of support for a pupil	Provide clarity on role and responsibility	Remove ambiguity around process – no 'grey areas!'
--------------------------------------	---	--	--

Who plays a role?

Parents/ Carers are responsible for inputting information and/or making changes.

All staff responsible for querying 'grey areas' within HCP

Pupil N.Mnc: DOI: jinnlnl APPIDM-b	
Home Address: P:i,,u,ca,, 1 N:1m* 9duJonShip 10 child: I Tdt-PtCM* lltatM-c MobU: Im ... :	HoffioAddto-u: P:ir*nf/C-arar2 HaM* Rd'al,loUhip 10 dild: nJ,pboee nuffiMr. Motta, : liMail:
AA,m:sthrfecOUOI: Nu:po Ackdn: Rd,don1-hip to dild: f*phof* numtM-r. MobU:	Ahm:ative COlt1x- 2 Hama : Add,-11: RdatoMhl,9 to dild: f*J-floa* numr. MobJle:

Teacher responsible for providing opportunities for HCP to be kept UpToDate. The Senior TA can support with this.

Parent/ carers responsible for notifying class of any updates/ changes required, staff can also request changes*

**When querying 'grey areas: needing further clarity.*

At least x3 / year (current
[Sept, AR, Parent C
if NO changes (with phys
and new data

How to review a HCP

Class to use updated and signed copy as current document

Careplans will save annotated document and PDF of new, typed HCP under pupil name in F:PUPILS. All other documents moved to Archive

Equipment/ apparatus used:
Is there a Manual Handling Plan: YES/ NO
If yes, staff to refer to separate manual handling plan.
 Include training adults must have in order to support pupils in safely using equipment, e.g. manual handling, OT model splint use etc.

Pupil-specific School Equipment		
Equipment (e.g. specialist seating, walker, stander, h.m.dmg bell, leg splints)	Prescriber (NHS OT/ Physio, School OT, KCC OT/ Physio, Private OT/ Physio)	Usage & any additional info (issue date, when and how often used L.C. daily/weekly, minutes/day)

Pupil-specific Home Equipment		
Equipment (e.g. specialist seating, wall tr, nander, handling, leg splint)	Prescriber (NHS OT/ Physio, School OT, KCC OT/ Physio, Private OT/ Physio)	Usage & any additional info (issue date, when and how often used L.C. daily/weekly, minutes/day)

Communication Support:
 Please state any communication systems/devices and if appropriate the professional who provided this. (le-EyeGaze Technology-KM CAT Team, PECS book-PrNote SALT)

Sensory Impairment: YES/NO
 If Yes then please state Visual/Hearing/ Multi-sensory with a brief summary of need and if any aids are needed such as: Hearing aid's, Glasses etc.

14/02/25
Page 15

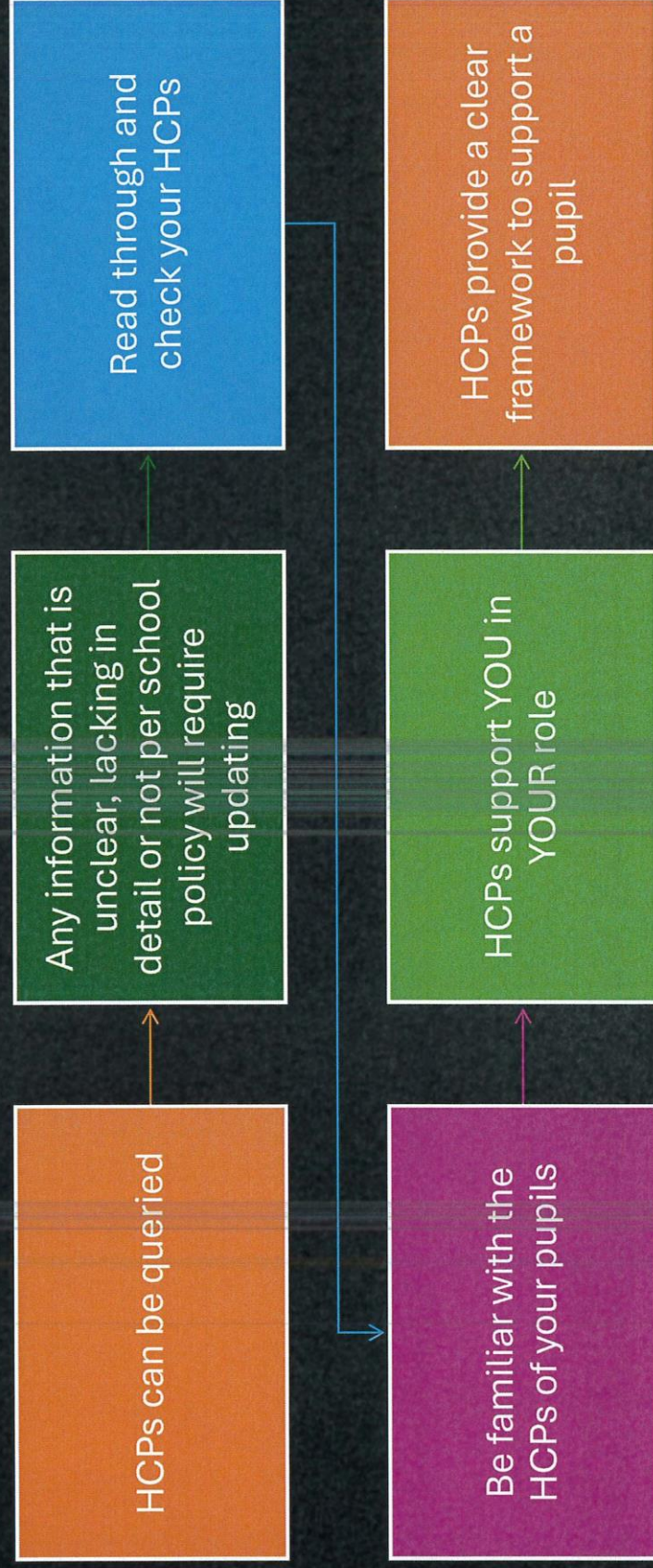
Parent/Carer initials & date

Updates

- Provide further detail to support with equipment-prescribers, usage, home / school equipment, Communication, sensory impairments and aids

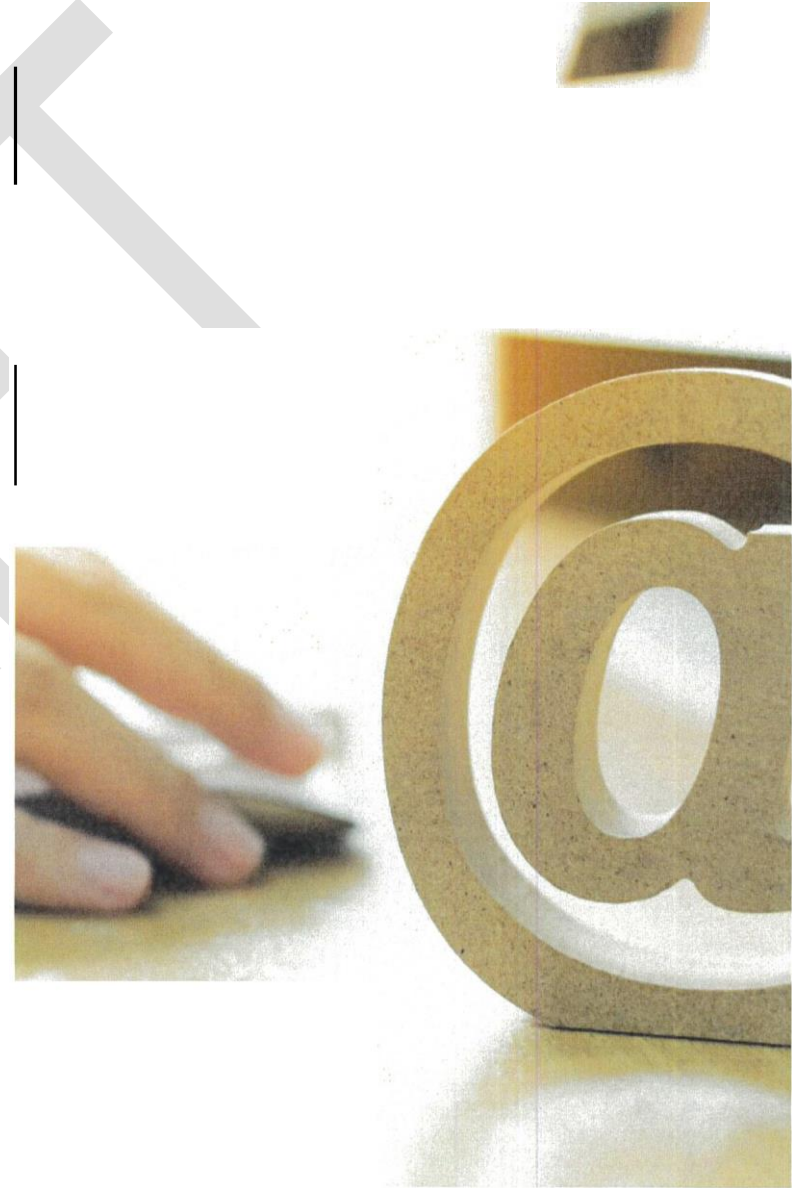
DRAFT

Remember



careplans@five-acre.kenit.sch.uk

- All plans requiring changes to be sent here



Questions?



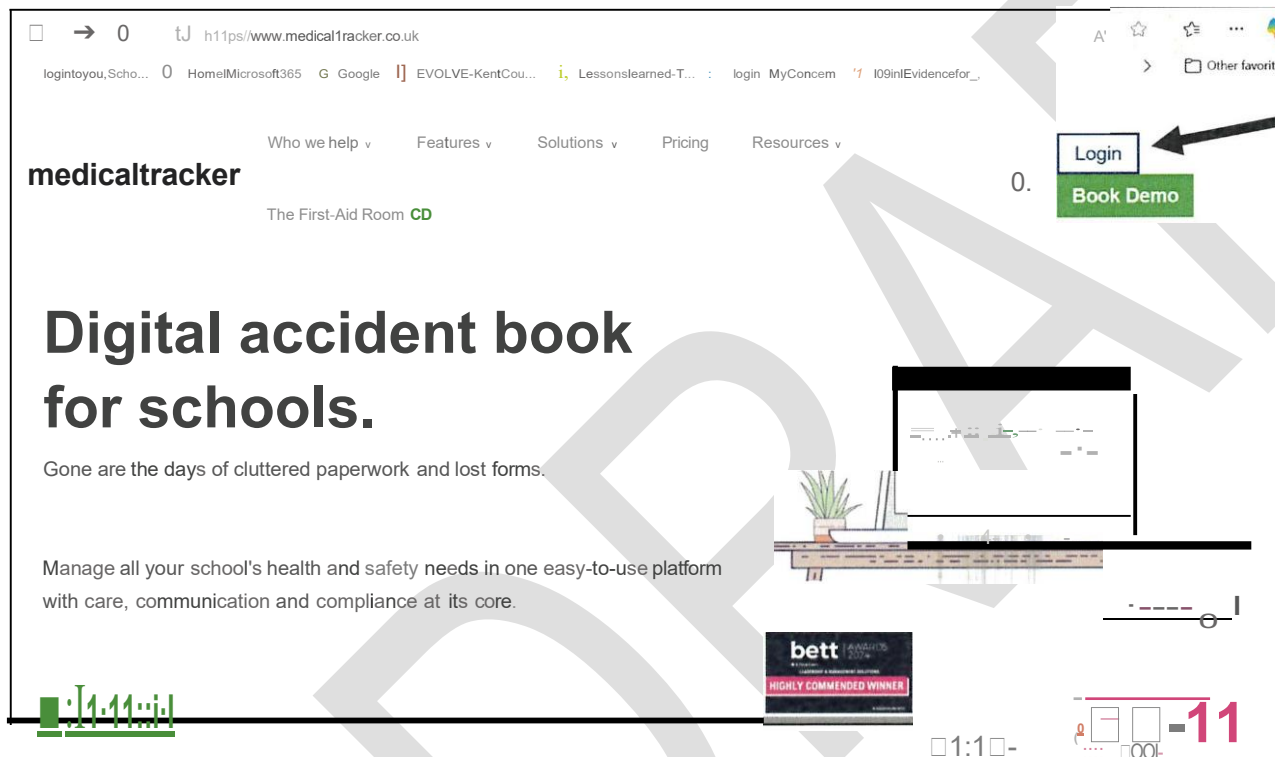
Medical Tracker

Effective Recording of Medication Given



medicaltracker

Website <https://www.medicaltracker.co.uk/>



go to website and click
Login

Login

Book Demo

Log in to Medical Tracker

work e-mail
address

password

medicaltracker

PI @five-acre.kent.sch.uk

8

Don't remember your password?

LOG IN

E-mail systems@five-acre.kent.sch.uk for password.

Go to 'Medication Use'



Go to 'New'

Five Acre Wood School... Students Staff Medication Use Medication Stock/Expiry Medical Conditions Incidents Reporting

Medication use

[New](#) Useful links

From 28-02-2025 To 28-02-2025 1-20 of 42 records

Date & Time	Student	Medication	Staff
28/02/2025 10:02	Ye3114	Polloci<	Staff Sherry Kenda:
28/02/2025 11:15	Year 14	Polloci(Staff V,&yCn.c
28/02/2025 11:3	Ye.SI	Eliot	Staff V,clona F.no
28/02/2025 12:0	Year 13	Boone	Staff Traeey Prodnc
28/02/2025 12:0	YCOI 13	Boone	Staff TraeeyProdnci<
28/02/2025 12:0	Yeilt8	Polloci<	Staff Sherry

This will take you to here...

Record Medication Use [X]

Student*	Medication use date & time*	
	Feb 28, 2025 12:51 PM	mili 0
Name of medication*		
Exact dosage administered*	Medication administered by*	
	-- Please select --	
Staff name	Second staff name	
Any side effects experienced*		
Notes		
Confirmation? D		
Only record medication use if you are sure the patient has taken the medication.		
Save	Cancel	

This is to be completed **immediately** after administration by the person who has administered the medication. This means everyone can see that the learner has had their medication - otherwise they may be double dosed!

Record Medication Use

Student**

Medication use date & time*

Feb 28, 2025 12:53 PM

C3 0

Medical conditions

Hide conditions

View	Condition	Medication	
View	Pura Syndrome	<div> Name </div> Dotage	<div> Apply </div>
		<div> Oxygen </div> 1litre to be given when asleep	
View	Feeding Plan - SEE FEEDING PLAN ATTACHED	<div> Name </div> Dosage	<div> Apply </div>
		<div> Carobel </div> 4 scoops in 300mls Oued (home & School)	
		<div> Lunch feed </div> 200ml dose at 185 rate via pump with 75ml water flush pre/post	<div> Apply </div>
View	NILBYMOUTH CURRENTLY	N/A	
View	Sleep Apnoea	<div> Name </div> 1litre Oxygen	<div> Apply </div>
		<div> 1litre Oxygen </div> 1lit while sleeping	
		<div> FhxotidelInhaler </div> Home	<div> Apply </div>
View	Epilepsy - Stanle Seizures	<div> Name </div> DoEdge	<div> Apply </div>

Medication recorded on Health Care Plan

enter pupil name

For pupils who have details of their medication on their health care plan, this information will be transferred on to Medical Tracker. Kate Kennett (Loose) or Donna Curtis (satellites) will update HCP and add to pupil's folders.

In this instance, please click 'Apply' when administering the medication and details of the medication will be automatically filled in below.

If a pupil's medication is not correctly recorded on Medical Tracker, please contact susangoss@nhs.net.

For some pupils (e.g. if they have been prescribed short term antibiotics) you may need **to write this out in full...**

Record Medication Use [X]

scroll through to find pupil name

medication name, rather than brand name, e.g. instead of 'Calpol', it could be Paracetamol Strength 5mg/5ml and form e.g. oral/PEG tube

double check that this is correct

staff member or pupil

full names of staff members - staff

members to have been there through the entire medication administration process

e.g. number of tablets, dosage in ml

e.g. vomiting, tiredness

record how many tablets are left in pack. Update each time administered.

Parents informed. Logged onto Arbor

Student*

Medication use date & time*

Feb 28, 2025 12:53 PM

Name of medication*

Exact dosage administered*

Medication administered by*

- Please select -

Staff name

Second staff name

Any side effects experienced?

Notes

Confidential? 0

Only teachers with confidential access will be able to view this record

Cancel

Looking Back at rfledication Logged

**use this section
to select the
time frame**

**Click on
individual logs
for any further
details.**

Medication use									
New									
1-20 of 42 records									
From									
28-02-2025									
To									
28-02-2025									
28/02/2025 10:2	Year 14	?	Watt< Boh,	U,, to 180ml twice	Staff				
28/02/2025 11:5	Year 14	Pol<C<	11 30am • Osmo'a.	Once Da,ly (schO	Staff				
28/02/2025 11:3	Years	f.IKX	CJlpo! Fastmells	250g 1lJlOICls	Stall				
28/02/2025 12:0	Year 13	Boone	St,n,,entOI250m	1 sac□t,n Sm:s	Staff				
2eI02/202s 12 O	Year 13	□	Co-amo,,C,,,	1 x 125mg tablet	Staff				
28.'02/2025120	Years	Pot<X:il	S,mp:,n.t Bott.e 2	Once Da,,y (SchO	Staff				

Any questions?

Medical Tracker

Effective Recording of Medication Given



medicaltracker



Seizure Log Sheet

[illegible]

[illegible]



Health Care Plan checklist

[illegible]





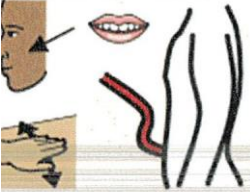


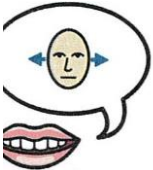
Pupil Return To School Meeting Following Illness Or Medical Operations

Pupil:	Class:
Date off from school:	Date of return:
Details of illness, or operation:	
Discharge letter from the hospital or consultant?	
Details of after care or check-ups, medication review:	
Check details on HCP - add or amend as necessary - parent to sign & date:	
Are there any activities or restrictions on the pupil when returning to school: Y/N	
Do we need a GP or consultants letter to clarify this? Y/N	
Is a risk assessment needed regarding pupil's capacity or vulnerability? Y/N If so, who needs to do this? (physio / in - school)	
Is a further review necessary regarding pupil's needs on return to school? If so specify date:	
Actions - Five Acre Wood/ Parents/ Social Services/ School Nurse/ Health (<i>please specify</i>)	
I/ We agree with the above details and needed actions:	
FAW SLT Signature:	Date:
Parent signature:	Date:

Medication Administration - The 6 'R's

Before administering medication, you must have completed medication administration theory training and be signed off by the school nursing team to administer that type of medication. If you have been observed and signed off to give oral medication, this does not mean that you can administer medication via another route unless you have been observed and signed off for this.

If you have done the medication administration theory training, but not the practical, you are able to be the 'second checker' only.




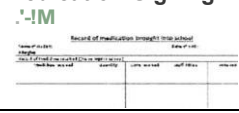

1	Right person Is this the correct pupil for this medication? If covering, have you checked who the pupil is? Is the pupil's name on the medication? Does this match the Health Care Plan?	
2	Right medicine Does this belong to the pupil? Is this on their Health Care Plan? If they have more than one medication to take during the day, is it the right medication for now?	
3	Right route E.g. oral, buccal, enteral (e.g. PEG), injection, topical (e.g. cream). N.B buccal and oral are two different administration techniques.	
4	Right dose How much of the medication does the pupil need? What does it say on their Health Care Plan? Consider quantity (e.g. how many tablets), volume (e.g. how much liquid) strength (e.g. 1mg/ml vs 10mg/ml - NB both doses may visually look the same)	
5	Right time Has the pupil already been given this medication? Check Medical Tracker before administration. Has sufficient time passed since a previous dose? (e.g. if taking every four hours). Seek medical advice if a pupil has been given their medication too early or gone outside of their medication window.	
6	Right to decline If the pupil is refusing to take their medication, they can be encouraged by staff, but not forced. Medical advice should be sought and parents informed in the event of a pupil refusing their medication.	

Remember to put this on medical tracker ASAP. This is important, as this will show other staff that a pupil has had this medication.

If you are ever unsure, do not give a pupil a medication. Seek further advice from a medical professional.






Before you start

Accepting medication into school

Health Care Plan 	Is the medication listed on the pupil's Health Care Plan (HCP)? If not (e.g. short term antibiotics) is the appropriate documentation in place to support this? (NB. No aspirin for U16s unless prescribed by a doctor).
Quality Control 	Is the medication well presented? E.g. is it in date? Do batch number and date match across box and blister strip/ bottle? Is there a prescription label that is clear and complete? (NB. may not apply to PRN/ over the counter medicines). Does the medication look like it has been tampered with? All medication must be clearly named.
Opened Medication 	It's best to receive unopened bottles of liquid medication - if already opened the bottle should have the date of opening on the front.
Medication Signing in Form 	Two medication trained people to sign in the medication using medication sign in sheet. Be specific, e.g. 100% of 250ml bottle Paracetamol 5mg/5ml, 20x 5mg methylphenidate hydrochloride tablets etc. F:\Public\23. BLANK FORMS\HEALTH
Lock Medication Away 	Storage - locked in medicine cabinet OR carried in red bag. Close supervision of medicines at all times when not locked up.




Staff would always carry pupil emergency meds except under the following conditions - "When a risk assessment has taken place to determine if a pupil has the knowledge and understanding to carry their own medication safely. A risk assessment will take into account; the pupil's ability, the ability of their peers and classmates, the ability of peers within shared and accessible areas across the site, the specific medication and side effects / risk they may pose. When carrying their own medication will not put them at risk, should it be required to be administered" (Policy wording)

Preparing to administer

PPE 	Gloves, apron, mask in some cases etc.
Equipment 	Sink with warm water, handsoap, blue roll, anti-bacterial spray; medication specific washing up bowl; any other specific equipment that touches medication, e.g. spoon, cup. Any kitchenware used for medication must be stored separately and not used for general purposes.
Clean and Clear Area 	This should be a designated space, not a food preparation or learning area. This surface could be a tray that is taken out for this purpose. This must be away from pupils who could disrupt the administration/ ingest medication that is not theirs (keep the pupil and medication safe). Area to be cleaned with spray and wiped with blue roll.
Training and Administration 	Only staff who have completed medication theory training and been observed and signed off by the nurses for the medication administration competency signoff can administer medication as the lead person. This will also be specific to the medication type that they were assessed administering (i.e. just because you have been approved to administer an tablet to be taken orally, you cannot automatically give injections). The second person/ second checker must have at least completed their medication theory training and be <u>present for the entire checking and administration process</u> . Covert medications (e.g. hidden in food) need a best interests discussion involving a medical professional. Any unused medication (e.g. has been drawn up or taken out of the packet, but then refused) should be disposed of in the blue medications disposal box (stored with nurses) and parents informed.
Problems 	If unsure do not proceed - call the nurse or seek further advice from a medical professional. If the pupil refuses their medication this should be logged on Medical tracker in the notes section.
Medical Tracker medicaltracker	Once administered, this must be logged on Medical Tracker <u>immediately</u> .

After administration

Tidying away

Lock Medication Away 	Medication must be moved away from the area immediately after administration and locked away in the medicine cabinet. Empty emergency medication should be sent home with the pupil/ given to the paramedic. If administering emergency medication, keep the labelled packaging to show medical professionals (e.g. nurses/ paramedics).
Equipment 	Equipment used to administer medication to be washed up in the meds washing up bowl. Each pupil's equipment must be washed up separately with a fresh bowl of soapy water. Equipment must be rinsed and dried appropriately and stored safely. If air drying, this should be stored out of pupil reach.
Sending Home 	All medication should be sent home at the end of every term. These should be kept in a locked cabinet until the end of the day when they should be placed in a named brown envelope and handed directly to parent/ carer/ escort on taxi, NOT to be placed in pupil bags.

4. Make sure notification is given to the person with parental responsibility that medication is coming home. This can be either via a note in the pupil's communication book, an email or phone call.
5. Give the wallet/envelope to the parent/ carer or give to the driver or escort who will take responsibility for the medication whilst they are on transport. Medication may be given to a pupil if they travel to and from school independently, with parental consent and there is no known safeguarding risk for them to carry their own medication.
6. When the pupil is at their return destination the envelope should be given to the individual with parental responsibility.

Responsibilities

1. School staff authorised to administer medication in schools
2. Staff employed by the transportation company
3. Individuals with parental responsibility.

Review

1. This procedure will be reviewed in the event of an incident or error relating to administration of Medication.
2. In the absence of any event, it will be reviewed on or before the date shown below.

Risks

1. New staff who are not familiar with the process

References

3. Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	May 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE FOR: THE RECEIPT OF MEDICATION

MMSOP5.0 Version: 1 Date: 05/06/2025

Service: Special Schools

Location: Five Acre Wood, Maidstone

Changes to Previous Document:

N/A -New document

Scope

This SOP has been developed to provide guidance to school staff for the receipt of medication coming into school from home.

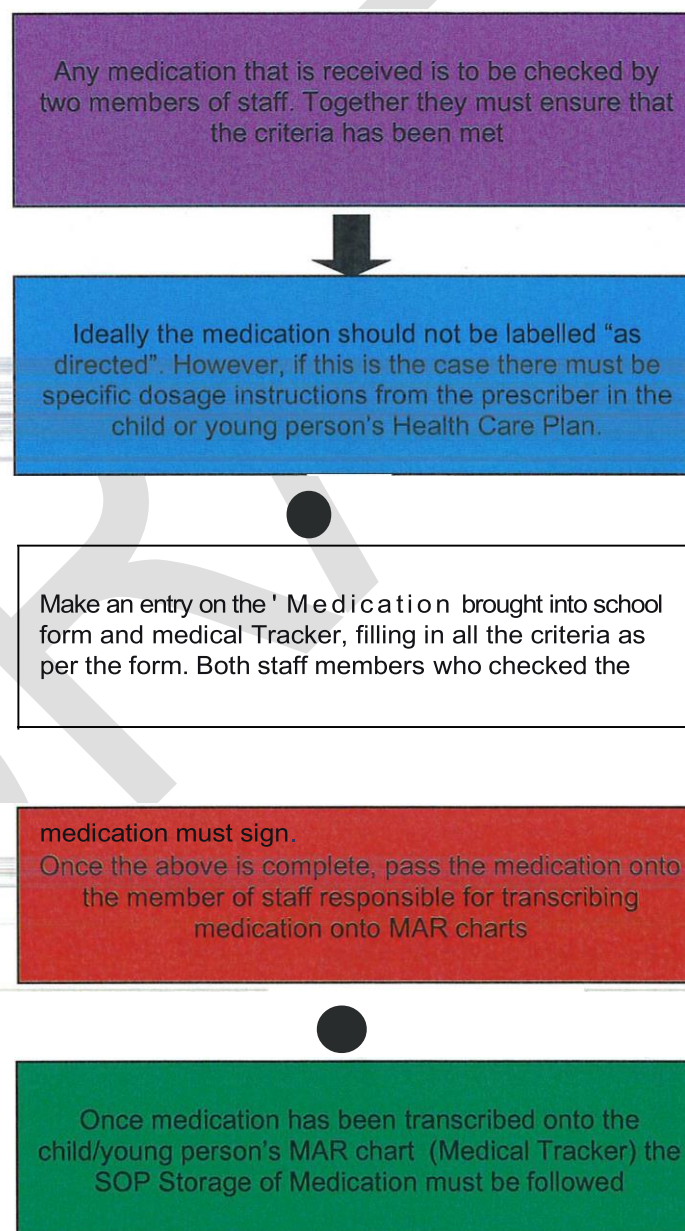
Objectives

This SOP is intended to promote a safe and effective process for the receipt of medication coming into the school setting from home at every stage. In doing so it will reduce the risk of medication being documented incorrectly which may result in medication errors.

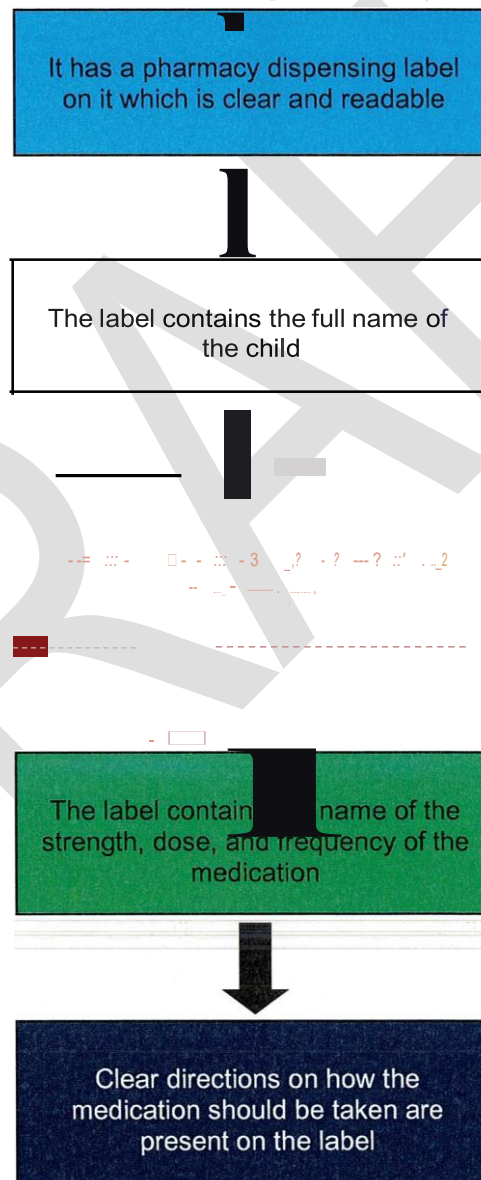
Process

1. Any medication that is received is to be checked by two members of staff. Together they must ensure that the following criteria applies:
 - ▶ It is in the original container, ideally unopened
 - ▶ It has a pharmacy dispensing label on it which is clear and readable
 - ▶ The label contains the full name of the child
 - ▶ The label contains the name of the medication
 - ▶ The label contains the name of the strength, dose, and frequency of the medication
 - ▶ Clear directions on how the medication should be taken are present on the label
2. Ideally the medication should not be labelled "as directed". However, if this is the case there must be specific dosage instructions from the prescriber in the child or young person's Health Care Plan.

3. Make an entry on the Medication brought into school form and Medical Tracker, filling in all the criteria as per the form. Both staff members who checked the medication must sign.
4. If the pupil has not had the medication before, the nurses must be informed so that any further arrangements for the specific medicine and any need for training can be arranged.
5. Once the above is complete, pass the medication onto the member of staff responsible for transcribing medication onto MAR charts, if not already recorded. Add the medicine to Medical Tracker.
6. Once medication has been transcribed onto the child/young person's MAR chart, the SOP for Storage of Medication must be followed.
7. If the medication is not listed on the healthcare or not listed correctly, a healthcare plan must be issued to home for updating. Written consent will need to be obtained from home so that the medicine may be administered in school.



Criteria for Receiving Medication into Schools



Responsibilities

1. School staff authorised to administer medication in schools
2. Individuals with parental responsibility.

Review

1. This procedure will be reviewed in the event of an incident or error relating to the receipt of medication.
2. In the absence of any event, it will be reviewed on or before the date shown below.

Risks

1. New staff who are not familiar with the process

References

1. Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2025



STANDARD OPERATING PROCEDURE for the Storage of Medication in Special Schools

MMSOP6.0

Version: 1.0

Date: 24/05/2025

Service: Schools in Kent with Special Provision

Location: Five Acre Wood, Maidstone

Changes to Previous Document:

New document

Scope

This SOP provides guidance to school staff for the safe storage of medication within the special schools setting.

Objectives

This SOP is intended to guide school staff to know how to store various categories of medications in school safely following manufacturers instructions, legislation and the cold chain procedure at every stage. In doing so it will reduce the risk of medication being stored incorrectly and illegally.

Process

1. With the exception of emergency drugs, medication must be kept in a locked cupboard in a cool dry area that is not accessible to the pupils in the class.
2. Emergency medicines should be stored in a locked cupboard when the pupil is within the same room and doing so reduces the risk of inappropriate use by other pupils whilst keeping the medicines close for emergency use.
3. Ensure that only staff who are permitted to administer medication have access to this cupboard. For those staff members who are not involved in administering medication, it is feasible that they may have sight of medication but not access.
4. If this cupboard is locked with a key, ensure that the key is kept on a responsible member of staff

who is trained in medicines administration, or somewhere that is not within reach or sight of pupils who are not permitted to administer medication.

DRAFT

5. If the cupboard is locked by means of a code, ensure that only responsible staff who are involved in medication administration or have received medicines administration training and had their theory assessed are permitted to know the code.
6. The code is to be changed every 3 months by the designated responsible person to limit the likelihood of the code being exposed to those who are not permitted to know it.

Emergency Medication

1. Emergency medication should be kept out of sight and reach of children and young people.
2. Make sure emergency medicines are kept in a location that is not locked away, but in a red waist bag or rucksack that is easily accessible in event of an emergency.
3. The exception to this would be when the pupil requiring the medication is within a classroom and storing the medication within the medicine cabinet reduces the risk of inappropriate use by other pupils.
4. Ideally the bag should be kept with a member of staff, unless a risk assessment had been carried out and the pupil is deemed competent to carry their own red waist bag.
5. The risk assessment should be carried out by school staff and determine whether a pupil has the knowledge and understanding to carry their own medication safely. A risk assessment will take into account:
 - a. the pupil's ability to manage their own medication safely.
 - b. the ability of their peers and classmates to follow safety rules in relation to their peer's medication.
 - c. the ability of peers within shared and accessible areas across the site to follow safety rules in relation to their peer's medication.
 - d. the specific medication and side effects/ risk they may pose.

Controlled Drug Medication

1. All schedule 2 controlled drug medication are to be kept in a locked cabinet that is wall or floor mounted. It is advised that schedule 3 controlled drugs are stored in the same way, although this is not a legal requirement.
2. The controlled drug cupboard must be locked and only accessible to staff who are permitted to administer medication.
3. If this cupboard is locked with a key then the key must either be kept on a responsible member of staff who is trained in medicines administration, or the key kept somewhere that is not within reach or sight of pupils who are not permitted to administer medication.
4. If the cupboard is locked by means of a code only responsible staff who have received medicines administration training are permitted to know the code. Ideally this code should be changed every 3 months to limit the likelihood of the code being exposed to those who are not permitted to know it.
5. CD medication will be labelled as CD on Medical Tracker. (see MMSOP?.1 Administration of Controlled Drugs)

Refrigerated Medication

1. If a medication is received into school that requires refrigeration it must be put into a fridge straight away.
2. If a medical grade fridge is being used, check that fridge temperatures are being monitored regularly and are within the normal cold chain limits of 2° - 5°C.
3. If a domestic fridge is being used or the fridge temperatures are not being monitored daily, check that the fridge is currently in range of 2° - 5°C.

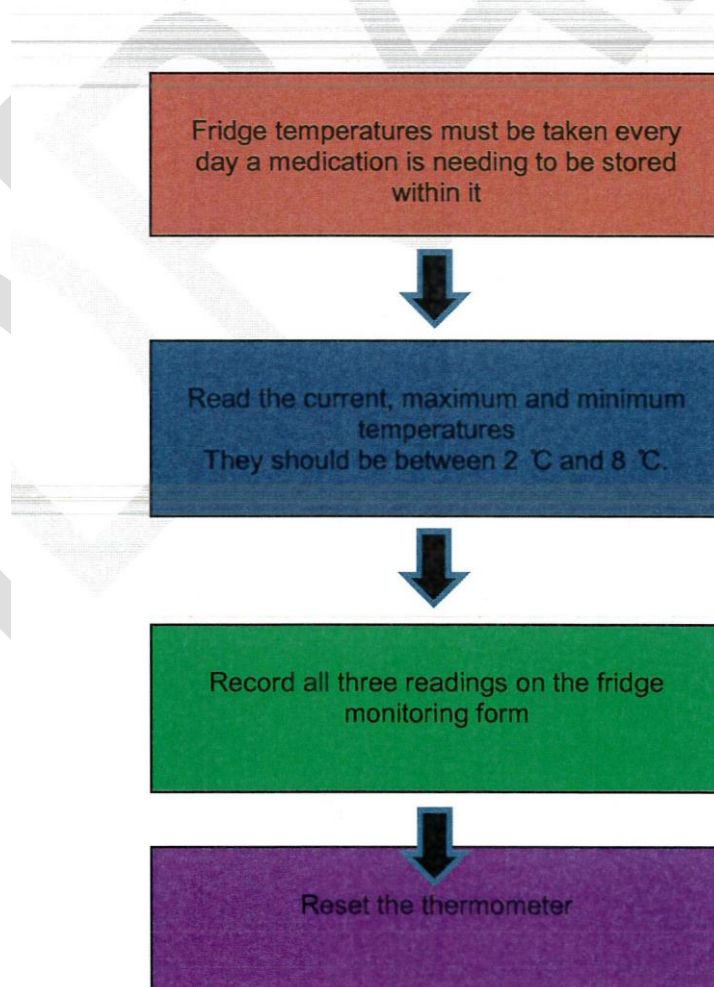
4. For the duration that medication is stored within a domestic fridge, use the fridge monitoring sheet to record the daily temperatures and check the fridge is within the range of 2°- 5°C.
5. Put the medication into a clear plastic bag or Tupperware box that is clearly labelled with the child's name and place it into the fridge.
6. If a domestic fridge is being used care must be taken to ensure medicines are kept separate from any other contents of the fridge.
7. If a fridge is being used and it is within reach of pupils, an alternative fridge must be used.

Temperature Monitoring

1. Any room that holds medication should have its ambient room temperature checked daily.
2. The onsite KCHFT nursing team monitor ambient daily temperatures, Five Acre Wood School staff are not expected to carry this out.

Fridge Temperature Recording Process:

1. Take the current, maximum, and minimum temperatures that are shown on the thermometer.
2. Record all three of these readings on the fridge monitoring sheet.
3. Reset thermometer.
4. If any of the fridge temperatures are outside of the 2°- 5°C range this must be reported to the school's estates department and only if there are medicines in the fridge, to the KCHFT pharmacy team.
5. If any of the fridge temperatures are outside of the 2°- 5°C range, then an alternative fridge must be used.
6. On weekends, days where the school is closed or the medication has been sent home and/or finished, the fridge monitoring sheet must be annotated to reflect this instead of showing blank readings.





If the temperature has gone out of the recommended range - and there is medication in the fridge, inform the pharmacy team for advice and use an alternative fridge

Responsibilities

1. Teachers in Special Schools
2. Teaching assistants in Special Schools
3. KCHFT pharmacy team
4. Estates teams in Special Schools

Review

1. This procedure will be reviewed in the event of an incident or error relating to the storage of medication.
2. In the absence of any event, it will be reviewed on or before the date shown below.

Risks

1. New staff who are not familiar with the process

References

1. Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2025



STANDARD OPERATING PROCEDURE for Administration of Medication

MMSOP7.0 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location:

Five Acre Wood School, Maidstone

Changes to Previous Document

1 N/A - New Document

Scope:

- 1 This SOP has been developed to support Special School Staff who administer medicines to children and young people.
- 2 This procedure covers how to administer medicines safely and effectively.
- 3 This procedure covers how to accurately record medicines administered and any reasons for not administering.
- 4 This procedure covers how to report drug errors and near misses.

This SOP does **not** cover:

- Storage of Medication (Refer to MMSOP6.0)
- Administration of Emergency Medication (Refer to MMSOP7.2)
- Administration of Flammable Medication (Refer to MMSOP7.7)
- Administration of Covert Medication (Refer to MMSOP7.5)
- Reporting Incidents and Near Misses (Refer to MMSOP13.0)

Objectives:

- 1 To ensure that medication is only administered if there is a signed up to date parenUguardian consent.
- 2 To ensure any request to administer medication without a signed up to date consent. documentation must be discussed with the School Health Lead.
- 3 To ensure that only in exceptional circumstances if a consent document is not available but it is in the child/young person's best interest that they receive a medication. The individual with parental responsibility should be contacted by phone to gain verbal consent, which should be documented. Ideally a second member of staff should be present as witness to the consent.
- 4 To ensure that the conversation must then be supported by the parenUguardian completing a consent document and returning it to school by the next working day.
- 5 To ensure that if an antibiotic is sent without an accompanying consent document, the child/young person's parent/guardian should be contacted via phone before administration and a blank consent document be returned home for completion with the antibiotic at the end of the school day.
- 6 To ensure staff administering the medication have received appropriate training for the tasks they are performing.

Process:

- 1 Two members of trained staff must be involved with the process of administering medication to a child or young person.
- 2 Staff should follow good hand washing practice and the wearing of protective clothing, where appropriate e.g. gloves, apron.
- 3 The medication to be administered should be cross checked against the MAR chart. This can be found on Medical Tracker.
- 4 Collect any equipment that is needed prior to administration e.g. measuring spoons, syringes
- 5 Check whether the child/young person has any allergies.
- 6 Check that the medication being administered is not listed as an allergy. If in doubt, check with the school health lead.
- 7 Is the medication for the Right child/young person? - Check the name, DOB and photograph if available.
- 8 Is it the Right medication? Check the name of the medication on the container and on the foil strip if appropriate.
- 9 Is it the Right strength? Check the strength of the medication on the container and on the foil strip if appropriate.
- 10 Is it the Right formulation? Check the formulation of the medication on the container and on the dispensing label.
- 11 Is it the Right dose? Check the dose of the medication on the dispensing label on the medication container. (Does there need to be calculations or adjustments e.g. tablets being halved?)
- 12 Is it the Right time to administer the medication? Check the instructions on the dispensing label on the **MAR** chart.
- 13 Is the medication being administered via the Right route? Check the dispensing label for instruction e.g. orally, enterally, sublingually
- 14 Is the medication in date? Check the expiry date on the container and on the foil strip if appropriate.
- 15 Are there any additional instructions e.g. before or after food? Check the dispensing label on the medication container and the MAR chart.
- 16 Only once these checks have taken place should the medication be administered.
- 17 Only one child at a time should be administered medication, and this should be away from the other children in the classroom/medical room to avoid distraction, risk to other pupils and accidents e.g. medication being spilt or knocked to the floor. The site used to dispense the medication must present minimal risk to other pupils and be clean and clear for medicine preparation.
- 18 The MAR chart should be completed immediately after the medication has been administered.
- 19 If for any reason the medication is not administered e.g. refused, absent or if the child then vomits within 5 minutes of administration, this also needs to be noted on the MAR chart with full reason described.
- 20 If the medication is refused by the child/young person, the parenUguardian and the health lead for the school should also be informed straight away. A child/young person should never be forced to take medication.
- 21 If the refusal of a medication results in a health emergency, staff should follow the local emergency procedures.

- 22 Any missed doses or medication administration errors must be logged on Medical Tracker and reported to the School Health Lead. (Refer to MMSOP13.0 Reporting Incidents and Near Misses).
- 23 If the medication being administered is a schedule 2 or 3 controlled drug (excluding buccal Midazolam) the controlled drug register also needs to be completed (if used) with the date, quantity administered and signed by two members of staff. The balance also needs to be checked at every administration to ensure there are no discrepancies. (Refer to MMSOP7.1). Controlled Drug's are recorded as CD's on Medical Tracker and Medical Tracker is the Controlled Drug register.
- 24 Once medication has been administered the original containers need to be placed back in a locked cupboard.
- 25 If any liquid medication has been opened for the first time, the date opened should be written on the bottle.
- 26 Once all medication for that child/young person has been administered protective clothing such as gloves or aprons should be removed before attending the next child/young person and hands should be washed with soap and water.
- 27 Any equipment used to administer medication e.g. measuring spoons, oral syringes should be washed thoroughly with hot water and detergent and left to air dry.
- 28 A separate bowl than that which is used for everyday use, such as washing up, should be used for the washing of medical equipment only.

Responsibility:

Teachers in Special Schools
Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of an error or incident involving the administration of medication
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 New school staff
- 2 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026

STANDARD OPERATING PROCEDURE for the Administration of Controlled Drugs (CD's)

MMSOP7.1 Version 1.0 25/06/25

Service:

Schools in Kent with Special Provision

Location:

Five Acre Wood School, Maidstone

Changes to Previous Document

1	N/A - New Document
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Scope:

- | | |
|---|---|
| 1 | <p>Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations (NMC, 2013). The NICE Medicines and Prescribing Centre (2014) provide resources which aim to support healthcare professionals and organisations in the safe and effective use of controlled drugs.</p> <p>It is an offence for a child or young person to pass a controlled drug to another child or young person.</p> <p>This SOP covers how to support school staff involved in medicines administration.</p> <p>This SOP does not cover:</p> <ul style="list-style-type: none">• The receipt of medication (Refer to MMSOPS.0)• The transportation of medication from school to home (Refer to MMSOP4.0) |
|---|---|

Objectives:

- | | |
|---|---|
| 1 | To ensure that school staff are informed and aware of the agreed procedure for safe storage management and administration of controlled drugs, in line with current legislation |
|---|---|

Process:

- | | |
|---|---|
| 1 | <p>Controlled Drugs are recorded on Medical Tracker with CD by the KCHFT Pharmacy Lead, Sue Goss.</p> <p>Upon receipt of a schedule 2 or 3 controlled drug (excluding buccal Midazolam) two members of school staff that are trained and signed off as being competent should record the quantity received on Medical Tracker and record this on the medication brought into school Form.</p> |
| 2 | The controlled drugs should then immediately be placed in a lockable non-portable cupboard. |
| 3 | The controlled drug medication must be in the original container with a valid dispensing label attached (Refer to MMSOP5.0 Receipt Medication) |

- 4 Controlled Medication must be administered at the specified time requested on MAR chart (This will also be recorded on the dispensing label, healthcare plan and any relevant emergency plan). Any discrepancy or deviation in administration time or omissions must be clearly explained and documented on the MAR chart.
- 5 As with all medications, the full name, DOB and photograph if available should be checked to confirm the controlled drug medication is being administered to the correct child/young person
- 6 The witness and the staff member administering the medication must both be present at administration and then immediately record administration on Medical Tracker.
- 7 The medication should be administered following MMSOP7.0 Administration of Medication.

Recording in the Controlled Drug Registers:

- 1 The balance in Medical Tracker must be checked every time the medication is administered by two members of staff. If there is a discrepancy, it should be reported to the School Health Lead for investigation.
- 2 If controlled drugs are being taken off school premises for reasons such as; a school trip, to a respite/short break centre or medication is taken home at the end of term/school year, this must be documented in Medical Tracker via the notes section, and the balance amended and signed by two members of staff. This will also be recorded on the medication brought into school form.
- 3 No cancellation, obliteration or alteration of any entry for CD's may be made.
Any errors in recording are to be labelled with 'Error' in the notes section, with the name of the person making the note and the reason why.

Return of Controlled Drugs:

- 1 The Controlled Drugs in school have been prescribed for that individual child and remain the property of the child/young person's parent/guardian.
- 2 If any controlled drug has expired or is unsuitable for use, the medication should be returned to the parent/guardian of the child/young person for safe disposal.
- 3 This must be recorded on Medical Tracker and on the medication brought into school form, signed by two members of staff.
- 4 The controlled drugs should be transported home as per school procedure (Refer to MMSOP4.0 Transportation from school to home)

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools
- 3 School Health Lead

Review:

- 1 This procedure will be reviewed in the event of an incident or error involving controlled drugs
- 2 A discrepancy with a balance that could not be resolved after investigation
- 3 In the absence of these events, it will be reviewed on or before the date shown below.

Risks:

- 1 New school staff
- 2 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026

STANDARD OPERATING PROCEDURE For the Administration of Emergency Medication

MMSOP7.2 Version 1.0 Date 25.06.2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 The aim of the emergency plan is to direct school staff to respond effectively and safely to a medical emergency with a child/ young person in school or on a school trip or visit. The emergency plans are developed in conjunction with individuals with parental responsibility and suitable healthcare professionals.

This SOP does **not** cover:

- The Administration of Medication (Refer to MMSOP7.0)
- Self-Administration of Medication (Refer to MMSOP7.6)

Objectives:

- 1 Emergency medication and the emergency plans should be kept in the same area as the child or young person. The emergency medication should be kept in the classroom or carried with the staff member responsible for the child/young person at the time.
- 2 The emergency medication and the emergency plans should be kept in a red waist bag or rucksack.
- 3 Emergency medication should not be locked away and should be easily and quickly accessible by staff. The exception to this would be when the pupil requiring the medication is within a classroom and storing the medication within the medicine cabinet reduces the risk of inappropriate use by other pupils and it will be available at the right time should it be required. However, they should not visually be on display and not obtainable by pupils.
- 4 Any equipment such as spacers/aero-chambers that might be needed in case of an emergency should be kept with the emergency medication and the emergency plan.

Process:

- 1 When an emergency situation occurs, staff should immediately call for help and get the emergency plan and the emergency medication for the child/young person.
- 2 The child/young person should not be left unattended.
- 3 Support should be given to other children/young people witnessing the event, children may need to be taken to a different area.
- 4 Follow the emergency plan, the medication should be administered as per plan. Medication should be administered as in MMSOP 7.0 Administration of Medication
- 5 Call an ambulance if and when indicated. A child/young person should not be taken to the hospital in a member of staff's own car unless in exceptional circumstances.
- 6 Ensure that all relevant information regarding the child/young person and their medical condition is available for the paramedics. A member of school staff should accompany the child/young person in the ambulance and stay with them at the hospital until the parent/guardian arrives.
- 7 If an ambulance is called, a member of staff should contact the parent/guardian as soon as possible. The school health team should also be notified.
- 8 The following information should be documented on the MAR chart:
The date, time and dose of the medication that was administered (and any subsequent administrations during the same emergency episode).
- 9 Complete any other documentation such as the seizure record.
- 10 Once emergency situation is over, emergency medication and emergency plans should be returned to the where they are normally stored.
- 11 Check to see if any of the emergency medications need replacing and alert the individual with parental responsibility to organise replacement.

Examples of emergency medication (This list is not exhaustive.)

Adrenaline Pen (Epipen®, Jext®)
Diazepam (Rectal)
Glucose/Hypostop (Glucogel)
Inhalers
Midazolam (Buccal)
Paraldehyde (Rectal)

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of an incident involving the administration of emergency medication
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 Emergency medication not being readily accessible
- 2 Emergency medication previously used and not replaced
- 3 New school staff
- 4 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE For the Administration of Over the Counter (OTC) Medications

MMSOP7.3 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 OTC or Over the Counter medication is any medication that can be purchased without a prescription or supervision from a pharmacist. Over the Counter medication can be purchased from supermarkets, petrol stations etc.
- 2 This SOP does **not** cover:
 - Transcribing/ Recording of Medication (Refer to MMSOP9.0)

Objectives:

- 1 To ensure that Over the Counter medication received from home is accompanied by a consent document stating the reason why the medication should be administered and the dose that should be administered.
- 2 To ensure that no products containing Aspirin are administered to a child/young person under the age of sixteen unless it is prescribed.
- 3 Over the counter medication should not be given on a regular basis. If this is seen to be occurring, the individual with parental responsibility should be advised to see the child/young person's GP.
To ensure that only training staff administer OTC medication.

Process:

- 1 Over the Counter medication received from home should ideally be in an unopened original container.
- 2 The details of the medication should be added to the Mar Chart (Medial Tracker).
- 3 The full name and date of birth of the child should be written on the medication container
- 4 If the medication is in a liquid form, once opened the date opened should be written on the container.
- 5 Before administering Over the Counter medication, the parent/guardian should be contacted to ensure that the child/young person has not had a dose prior to coming to school to avoid overdosing.

- 6 If the Over the Counter medication has been purchased as stock by the school, once opened it should be disposed of after six months or earlier if stated on the bottle. This is the same for a stock bottle provided by home.
- 7 The dose should be cross checked with the manufacturer's instructions appropriate to the child/young person's age. School staff must follow the dosage on the label, rather than adjusting due to parental request.
Dosage may also vary due to the child or young person's biometrics (weight and height), if in doubt speak to the school lead responsible for health, check the HCP and the individual with parental responsibility may need to be contacted.
- 8 Any Over the Counter medication that is administered needs to be recorded on Medical Tracker by the two staff trained to do so. (Refer to MMSOP7.0 Administration of medication).
- 9 The reason why the medication should also be recorded on the MAR chart.

Examples of Over the Counter Medication:

Paracetamol (Calpol®)
Ibuprofen (Nurofen®, Calprofen®)
Chlorphenamine (Piriton®)
Ceterizine (Benadryl®, Piriteze®)
Loratadine (Claritin®)

This list is not exhaustive

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools
- 3 Person with parental responsibility

Review:

This procedure will be reviewed in the event of an incident involving the administration of an Over the Counter medication.
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

There could be an interaction with other medication that a child or young person is taking.
The wrong dose could be given due to not knowing the correct weight of the child or young person
New school staff
Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE for Medication via Enteral Routes in Special Schools

MMSOP7.4 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 A child/young person will also vary with their needs and understanding. Children and young people with complex medical needs require high standards of regard for their privacy and dignity. Providing a quiet, private environment will help minimize distress for children and young people, but also ensures that the school staff member reduces the risk of interruptions/distractions while carrying out the procedure. The following questions need to be confirmed before administering medication via the enteral route to a child/young person:
 - a) Can the child/young person still take their medication orally?
 - b) Review all medication. Is it all really necessary?
 - c) Can an alternative route be used?
- 2 This SOP does **not** cover:
 - Administration of enteral feeds

Objectives:

- 1 To ensure that school staff are supported to administer medication via enteral tubes safely and effectively.

Process:

- 1 Ensure that staff maintain the respect and dignity of the child or young person at all times ensuring the procedure is carried out in an appropriate space.
- 2 Hands should be washed with soap and water and protective clothing worn such as gloves and aprons if required.
- 3 Inspection of the stoma and surrounding skin should be made before the start of administering medicines via the enteral tube. If the tube placement has been compromised seek advice on whether to proceed with administering the medicines by contacting the parent and onsite KCHFT

nursing team.

Document actions and advice in the child/young person's MAR chart (Medical Tracker).

DRAFT

- 4 Ensure you have all equipment ready, including appropriate water for flushes, tablet crusher, syringes. Individual pupil specific equipment should be kept in a separate, named box before and after use.
- 5 Ensure that the medicine to be given has been allowed to come to room temperature (if liquid medicines are stored in a fridge, forward planning of daily routine should include timely preparation to allow liquids to warm up naturally).
- 6 Medication should not be added to a feed.
- 7 Check the expiry date of the medicine.
- 8 Cross check that it is the correct medication as stated on Medical Tracker/ MAR chart.
- 9 Each medicine should be prepared in its own syringe. Prepare all the doses of medicines to be given into separate syringes. Get a witness to second check doses.
- 10 Enteral tubes should be flushed prior to administering medication, 10mls between each dose of each medication and 30ml post administration of the last medication.
Seek further advice for fluid restricted children or young adults as flushing volumes may need to be reduced.
- 11 Rinse the tablet crusher/containers, and/or draw up water into the syringe used and flush down tube, ensuring complete dose is given.
- 12 Medical Tracker must be completed with the time given and by both the person administering the medication and the witness.
- 13 Once medication has been administered, the container should be placed back in a lockable cupboard or fridge.
- 14 All equipment used should be washed in hot water and detergent and left to air dry.
- 15 Staff administering the medication should remove any protective clothing such as gloves and aprons and wash their hands with soap and water.
- 16 There should be a break before a feed is started after administering any medication.

Preparation of Medication:

- 1 Soluble tablets should be dissolved in 10ml to 15ml of water, then administered down the tube.
- 2 Liquids should be shaken well and if the liquid is viscous, it should be diluted with equal amounts of water immediately.
- 3 Tablets (uncoated) should be crushed using a pestle and mortar or a tablet crusher. Do not crush if the tablet is enteric coated (EC), modified release (MR, SR, LA, XL), a hormone or cytotoxic tablet. Mix with 10ml to 15mls of water and administer down the tube.
- 4 Capsules should be opened and the powder tipped into a medicine pot. Do not open the capsule if it is modified release (MR, SR, LA, XL), a hormone or cytotoxic capsule. Mix with 10ml to 15ml of water and administer down the tube.

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of an incident involving medication administered via enteral routes.
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 Enteral tubes becoming blocked
- 2 New school staff
- 3 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



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Kent Community Health
NHS Foundation Trust

STANDARD OPERATING PROCEDURE for Administration of Covert Medication

MMSOP7.5 Version 1.0 05/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

1 N/A - New Document

Scope:

- 1 Covert Medication is when medication is administered in a disguised form such as in food, drink or through a feeding tube without the child/young person's knowledge or consent. Disguising medication simply for convenience is unlawful practice.
This SOP does **not** cover:
- Administration of Medication (Refer to MMSOP7.0)

Objectives:

- 1 To ensure that if administering medication covertly it should only be given if it is in the child or young person's best interest following a meeting with the individuals with parental consent, school health lead and the prescriber. Documented consent is necessary from the child/young person's parent/guardian and the medication would need to state how it should be given covertly. The Health Care Plans and Medical Tracker should be updated accordingly.
- 2 If there is an urgent situation (e.g. the child may not receive critical medicines in a timely manner) it is acceptable for a less formal discussion to occur between the staff, a doctor, and the individual/s with parental responsibility to make an urgent decision. However, a formal meeting should be arranged as soon as possible.
- 3 The covert administration of medication is only likely to be necessary or appropriate in the case of a child/young person who actively refuses medication but the medication is essential to their health and well-being.
- 4 If the decision is to administer medications covertly in the child/young person's best interests, a prescriber will need to review the medication and rationalise the treatment.
- 5 The efficacy of medication can be altered when mixed with foods and drinks. Crushing a tablet or opening a capsule before administration may make its use 'off license'. Altering the characteristics may change a child or young person's response to the medication. For example, crushing a tablet that is designed to release slowly might result in an overdose, or increase adverse effects due to the whole dose being released too quickly.
- 6 Some medicines which are crushed may cause blockages if medication is administered via an enteral feeding tube.
- 7 The need for medication to be administered covertly should be regularly reviewed.

Process:

The pharmacy team should be contacted to see if there is an alternative formulation that may avoid the need for the medication to be administered covertly.

- 2 The HCP should detail how the medication can be safely and effectively administered covertly,
and to confirm if a food stuff or drink is suitable. If in doubt the individual with parental
responsibility should be contacted.
- 3 The parent/guardian of the child/young person must supply the appropriate food stuff or drink for
the medication to be placed in.
- 4 Medication should be mixed with a small amount of food or drink and not mixed in with a whole
meal or a large amount of fluid
- 5 Only one medication should be covertly administered to a child/young person at a time.
- 6 Where the medication is not fully administered, staff must alert the onsite KCHFT nursing team for
safe disposal.

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools
- 3 Person with parental responsibility
- 4 The Prescriber
- 5 The Pharmacy Team

Review:

This procedure will be reviewed in the event of an incident or error involving medication that has been administered covertly
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- | | |
|---|------------------------|
| 1 | New school staff |
| 2 | Untrained school staff |

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2025



STANDARD OPERATING PROCEDURE For Self-Administration of Medication in Special Schools

MMSOP7.6 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

1 New Document

Scope:

1 This SOP has been developed to support school staff when a child or young person is self-administering their own medication during school hours.

Objectives:

1 To ensure that school staff are able to safely and effectively supervise a child or young person administering their own medication during school hours and record on the MAR chart what has been administered.

Process:

- 1 A child or young person needs to be assessed by the parent/guardian, school staff, and a healthcare professional to evaluate their ability in self-administering their own medication.
- 2 The child or young person's MAR chart needs to be records with any medication taken during school hours by the school staff responsible for the child/young person at that time. This would include regular, over the counter, when required or short-term medication.
- 3 The consent document from the individual with parental consent must state what degree of supervision is required for the child or young person to administer their own medication.
- 4 A risk assessment should consider the safety of other children and young people in the classroom or area where the child or young person is during the school day.
- 5 The risk assessment should also include the specific medication, the side effects and any risk they may pose.

- 6 The custody of the medication should be recorded - is the child/young person carrying the medication with them? Or is it locked in a medication cupboard? Or carried by a staff member? A separate risk assessment will be carried out to determine the custody of the medication. The risk assessment will take into account:
 - the pupil's ability to manage their own medication safely.
 - the ability of their peers and classmates to follow safety rules in relation to their peer's medication.
 - the ability of peers within shared and accessible areas across the site to follow safety rules in relation to their peer's medication.
 - the specific medication and side effects/ risk they may pose.
- 7 If the medication is a controlled drug, it should still be kept in a lockable and wall mounted cupboard and be recorded on Medical Tracker as CD. (Refer to MMSOP7.1 Administration of CD's).

Responsibility:

Child or young person
 Person with parental responsibility
 Teacher in the Special Schools
 Teaching assistants in the Special Schools

Review:

- 1 This procedure will be reviewed in the event of an incident or near miss involving the child or young person administering or transporting their own medication in school hours
 In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 A Child or young person passing medication to another child or young person
- 2 A child or young person taking the medication without the knowledge of the supervising school staff
- 3 New school staff
- 4 Untrained school staff

References:

Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE for The Administration of Flammable Medication in Special Schools

MMSOP7.7 Version 1.0 04/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

1 N/A - New Document

Scope:

- 1 There are many medications that contain excipients that are flammable and extra precautions need to be taken into consideration.
Medicines that are flammable must be stored in a cool dry area, away from direct sunlight and naked flames, ideally in a metal cupboard.
Medications that are flammable tend to have paraffin, beeswax or alcohol as one of the excipients, and the container should display a flammable symbol.
It is important to remember that creams and ointments containing flammable excipients, can remain on materials such as clothing and towels even after washing.
This SOP does **not** cover:

- The Administration of Medication (Refer to MMSOP7.0)

Objectives:

- 1 To ensure that the smallest quantities required should be stored, e.g. only one container of a particular medication.
- 2 To ensure that prescription only topical agents are to be included on a MAR chart (Medical Tracker), including creams, gels and ointments

Process:

- 1 Before administering/applying a flammable medication, wash hands with soap and water and dry thoroughly.
- 2 Put on protective clothing such as gloves and aprons.
- 3 Read the directions carefully as creams and ointments are very specific to the quantity to be applied e.g. sparingly or liberally.
- 4 Administer or apply the medication as in MMSOP7.0 Administration of Medication.
- 5 Once administered or applied, record via Medical Tracker.
- 6 If there are more than one topical agent being applied to a specific area, a period of 30 minutes

- 7 should be left between applications.
If a child or young person is having topical steroid treatment as well as moisturisers, Steroid treatment should always be applied first. Moisturising/barrier creams should be applied last.

DRAFT

- 8 After administering/applying a flammable medication, remove any protective clothing such as gloves and aprons.
- 9 Wash hands with soap and water and dry thoroughly, ideally with a paper towel that can be disposed of.

Examples of flammable medication:

E45 Cream/lotion
QV lotion
Diprobase cream/lotion
Epaderm cream
Epimax cream
Zero AQS cream
Zerobase cream
Zeroderm cream
Hydromol cream/ointment
Oilatum cream/lotion
Cetraben cream/ointment
50%/50% liquid/white soft paraffin
Emulsifying ointment
Vaseline
Sudocrem
Double base gel
Lacri-lube eye drops

This list is not exhaustive

Responsibility:

- 1 Teachers in Special Schools
2 Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of an incident involving flammable medication
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 New school staff
2 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision



STANDARD OPERATING PROCEDURE for Medication Spillages

MMSOP7.8 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 This SOP has been developed to give guidance to school staff in dealing with medication spillages safely and effectively.

This SOP does **not** cover:
MMSOP13.0 ReReporting Incidents and Near Misses

Objectives:

- 1 To ensure that school staff only tackle a spillage if it is safe to do so and they have the necessary equipment to hand

Process:

- 1 In the event of a spillage, the area should be sectioned off.
Children/young people should be removed from the immediate area where possible.
- 2 Necessary protective clothing such as gloves and aprons should be worn before attempting to clear up the spillage.
- 3 The site team should be called and the appropriate wet floor signage should be used to alert people of the spillage to prevent trips and falls.
Necessary protective clothing such as gloves and aprons should be worn before attempting to clear up the spillage.
- 4 All spillages should be dealt with as quickly as possible.
- 5 All spillages, or subsequent accidents attempting to clean up the spillage, must be reported to the school health lead.

Cleaning up glass:

- 1 Use a dustpan and brush to collect all broken glass, do not attempt to pick up the glass by hand.
- 2 Glass should then be placed carefully into a sharp's container (yellow bin with a yellow lid)
- 3 Any liquids should be cleared up as per process for spillages below.
- 4 A wet floor sign should be displayed if appropriate.

Spillages of liquids, tablets or capsules:

Spilled medicines can be cleaned up using hot water, detergent and an appropriate cloth, or paper towel. (Unless otherwise stated by the manufacturer).

The area should be thoroughly cleaned to ensure no medication residue is left behind.

2 Dropped tablets should be placed in a clinical waste bin.

3 The area should be thoroughly dried using paper towel.

4 The paper towel used for cleaning should be disposed of in the clinical waste bin.

Spillages of a controlled drug:

1 Where a spillage occurs, a record should be made of this in the controlled drug register (Medical Tracker) and the running balance corrected to take account of the loss. This will also need to be recorded on the Medicines brought into school form. A record of the reason for the spillage should be made in the register. This will help to explain the reason for re-dispensing the dose. This can be shown in the notes section.

2 It is good practice for a spillage of a controlled drug to be witnessed by another member of staff, whenever possible, who should add their name to the recording.

3 An incident report should be completed as all controlled drug incidents should be reported for accountability purposes. (Refer to MMSOP13.0 Reporting Incidents and Near Misses).

Responsibility:

1 Teachers in Special Schools

2 Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of an incident involving a spillage of medication. In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

1 New school staff

2 Untrained school staff

References:

1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026

STANDARD OPERATING PROCEDURE for Consent Documentation

MMSOP8.1

Version: 1.0

Date: 05/06/2025

Service: Schools in Kent with Special Provision

Location: Five Acre Wood, Maidstone

Changes to Previous Document:

N/A- New document

Scope

This SOP provides guidance to school staff on the safe processes that must exist where consent documentation within the special schools setting is concerned at every stage.

Objectives

To ensure that any child or young person who is required to take medication in school has consent documentation signed by the individuals with parental responsibility and it is completed in full. This could be on a separate form, specifically for consent, or included in the child's Health Care Plan. If a separate form has been used, this should be attached to the healthcare plan and included within the plan itself at the earliest available opportunity

To ensure that the consent documentation is fitting with what is legally expected and that the best practice guidance is followed.

Process

1. The school's consent documentation for the administration of medication to a child or young person must contain the following information: -
 - ▶ Full name
 - ▶ Date of birth
 - ▶ Information on medication that it is necessary within school hours; including:
 - Name of medication
 - Strength of medication
 - Form of medication
 - Dose of medication
 - Route of medication
 - Specific instructions or specified time requirements, if applicable
 - Reason that the medication is being taken
2. The child's legal individual with parental responsibility, must print their name, contact details and sign and date the form.

Receipt of Consent Documentation

1. On receiving a consent form / updated healthcare plan for consent a member of staff must check the above content has been filled in correctly.
2. A check must also be made to ensure the form has been signed by child's legal individual with parental responsibility in accordance with the school's other paperwork.
3. If a copy of a current repeat prescription has also been supplied by the child's legal individual with parental responsibility a check must be made to ensure that the information corresponds with the consent form/ healthcare plan.
4. If there are any incomplete forms, the child's legal individual with parental responsibility must be contacted and the amendments must be made.
5. Carefully assess each medication that has been written on the consent form to make sure it is essential that it is given during school hours. If there is any uncertainty contact the child's legal individual with parental responsibility, and possibly the child's GP (and schools pharmacy team) for clarity.
6. It is not permitted for any medication to be administered to a child during school hours by school staff that is not written on the consent form.

Transcribing

1. Ideally two or more sources should be used to help staff transcribe medication onto a child/young person's MAR chart to reduce risk of medication error.
2. The consent form is one of the sources that is to be used when transcribing medication onto a child/young person's MAR chart.
3. The dispensing labels on the medication is another source that should be used.
4. A GP letter, specialist letter, a copy of the repeat prescription or FP10 should be used to support transcribing as per the SOP for Transcribing / Recording of Medication (MMSOP9.0)

Alterations

1. If there are any changes to a child's medication it is the responsibility of the child's legal individual with parental responsibility to notify the school immediately.
2. Cross out the medication on the consent form / healthcare plan, but not as to obscure the writing, and initial and date with a brief reason for the omission as a footnote.

3. If a child is prescribed a new medication during the school year, or if a dose/ strength of a current one is altered, the child's legal individual with parental responsibility must complete another consent form/ healthcare plan with the updated information as soon as possible.
4. Any medication consent forms must be kept together with the healthcare plan until they are added to the plan itself, as soon as possible.

Responsibilities

1. Teachers in Special Schools
2. Teaching assistants in Special Schools
3. The child's legal individual with parental responsibility

Review

1. This procedure will be reviewed in the event of an incident or error relating to consent documentation.
2. In the absence of any event, it will be reviewed on or before the date shown below.

Risks

1. New staff who are not familiar with the process

References

1. Medicines Policy for Supporting Children in Schools with Special Provision
-

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE for Medication Administration Records (MAR Charts)

MMSOP8.4 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 It is a legal requirement for a MAR chart to be completed for the administration of medication as these documents could be asked for as evidence in clinical investigations and court cases regarding a child or young person within a special school.
The MAR chart is the legal record of all medication that is administered to the child or young person during school hours.

This SOP does **not** cover:

- Transcribing/ recording of Medication (Refer to MMSOP9.0)
- Administration of medication (Refer to MMSOP7.0)

Objectives:

- 1 It is important to ensure that any non-electronic documentation (paperwork) is written with indelible ink, clear, accurate and up to date.
- 2 To ensure that **MAR** charts are kept for 25 years from the child's birth date.
- 3 To ensure that all medications that are administered in school are recorded onto a MAR chart including regular medication, short term medication, controlled drugs, emergency medication, over the counter medication, enteral feeds, medications that have been self-administered and any external medications such as creams and ointments that have been prescribed for the child/young person.

Process:

- 1 Medical Tracker is the MAR chart. Paper-based MAR charts will be used when Medical Tracker is
- 2 unavailable.
Once medications have been recorded onto the MAR chart, a second check should be made to confirm correctness.
- 3
 - a) **A MAR** chart must include:
 - b) The child's full name and date of birth
 - c) Any allergies the child may have and the reaction or if they have no allergies, this too must be documented.
 - d) The name and strength of the medication
 - e) The dose
 - f) The frequency
 - g) The route
 - h) The day and time(s) for the medication to be given
 - i) The start day and end day (If the medication is short term e.g. antibiotics
 - j) Whether the medication is regular, short term or as required
 - k) Any additional information/instructions
 - l) Not Administered code, and the reasons documented
- 3 Medication should be cross checked with the MAR chart prior to administering the medication to the child or young person.
- 4 Immediately after the medication has been administered, two members of staff that are trained and have been signed off as competent should sign the **MAR** chart, one as the person who administers the medication and the other as a witness.
- 5 If a medication is changed by the prescriber in any way or if a medication stopped, ideally a new MAR chart should be produced immediately. The old MAR chart should be filed away. Changes or stoppages need to be seen in writing from the prescriber, and a copy kept in the child/young person's file.
- 6 If two strengths of the same medication at different times of the day, should be placed next to each other on the same MAR chart (if paper-based used).
- 7 If a medication is not administered for any reason, the non-administered code must be recorded, and an explanation recorded.

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of an incident or near miss that involved the completion or documentation on a MAR chart.
In the absence of these events, it will be reviewed on or before the date shown below.

Risks:

- 1 New school staff
- 2 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE for the Transcribing / Recording of Medication

MMSOP9.0 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 Transcribing of medication is the process of copying prescribed medication information from reliable sources onto a **MAR** chart to enable the administration of medication in school. Transcribing occurs when a new medication is received into the school, or if a paper-based MAR chart is complete and the information is being copied onto a new MAR chart.

Objectives:

- 1 To ensure that school staff are supported to be able to safely transcribe medication information from a variety of sources onto a MAR chart/ Medical Tracker.

Process:

- 1 Medication transcribing should only be completed by staff that have been trained in this area.
- 2 A minimum of two sources should be used to clarify the information being transcribed. These sources could be one of the following:
 - a) A recent copy of the child/young person's repeat prescription FP10.
 - b) A recent letter from the child/young person's hospital/clinic specialist/consultant.
 - c) A Medication passport that is up to date.
 - d) The pharmacy dispensing label on the medication container.
 - e) Information completed by the parent/guardian on the Health Care Plan/consent form.
- 3 All medication that is transcribed should be accuracy checked by a second trained member of staff prior to any medication being administered.
- 4 If a member of staff is not familiar with a dose of a medication, or is unsure the dose is appropriate, a member of the healthcare team should be contacted for clarity.
- 5 Quantities less than 1gram must be written as milligrams e.g. 500mg not 0.5g so as to avoid confusion.
- 6 The terms microgram, nanogram and units must not be abbreviated but must be printed in full
- 7 Information should be written clearly and with indelible ink for paper-based forms, with names and instructions written in full.
- 8 Only one route of administration may be specified for each medicine.

- 9 The following information should be present on the MAR chart using the relevant sources: -
- a) The child/young person's full name.
 - b) The child/young person's date of birth.
 - c) The child/young person's allergy status and any details of reactions. If there are no known allergies, this should also be included. Allergies should include medication, food or material such as latex.
 - d) The full name of the medication.
 - e) The medication formulation e.g. tablet, liquid etc.
 - f) The route the medication is being administered e.g. oral, via PEG etc.
 - g) The strength of the medication e.g. 30mg/5ml.
 - h) The dose of the medication e.g. 15ml (90mg).
 - i) The frequency - what time(s) the medication is due.
 - j) Any additional information/instructions, e.g. before food.
 - k) If the medication is a short-term medication such as an antibiotic, the start date and the end date should be completed. Put a line through the dates that do not apply.
 - l) If a medication is being administered externally, the body area needs to be included e.g. right eye etc.
 - m) For medication that is not prescribed such as Paracetamol, the max doses in 24 hours must be completed.

Responsibility:

- 1 Teacher in Special Schools
- 2 Teaching Assistants in Special Schools

Review:

- 1 This procedure will be reviewed in the event of an incident involving the transcribing of medication information onto a MAR chart
- 2 In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 Incorrect information being transcribed onto the MAR chart
- 2 Only one resource being used as information to transcribe onto a MAR chart
- 3 New school staff
- 4 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE for the Administration of Medication on School Trips and Visits in Special Schools

MMSOP10.0 Version 1.0 05/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

1 N/A - New Document

Scope:

- 1 A school trip or visit is when a child or young person leaves the school premises with school staff during school hours. School trips and visits can vary in their duration and proximity to school. This SOP does **not** cover:
- Administration of Medication (Refer to MMSOP7.0)

Objectives:

To ensure that school staff are supported to safely and effectively transport and administer medications when escorting children and young people on school trips and visits

Process:

- 1 A risk assessment should be made prior to any school trip or visit
- 2 Two members of staff trained and signed off as being competent to administer medication should attend the trip or visit where medications are required to be administered.
- 3 A designated responsible person should be responsible for the secure custody of the Health Care Plan (HCP), the MAR chart and the medication for each child separately.
- 4 The MAR chart could be represented by Medical Tracker or the paper-based MAR chart. Either way, paper-based copies will be carried in the event Medical Tracker is not accessible.
- 5 The Health Care Plan (HCP), should have up to date contact details of the individual(s) with parental responsibility for the child or young person.
- 5 Any regular medication that would be needed for the duration of the trip or visit should be taken.
- 6 All emergency medications must be taken, along with the emergency plans and any other relevant documentation, such as seizure records.
- 7 If controlled drugs are taken, this must be noted on Medical Tracker via the notes section. (Refer to MMSOP7.1 Administration of CD's).
- 8 Any equipment required for medicine administration should be taken e.g. spacer/aero-chamber,

- measuring spoons, syringes, etc.
- 9 When required medication (PRN medication) would need to be taken if judged necessary for each child or young person and the length of the school trip or visit.

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- 10 If the trip or visit is outside the UK, specific advice on medications such as controlled drugs can be obtained from the Home Office or from the embassy of the country being visited.
- 11 If medication is in the form of a liquid, airlines will need to be contacted to obtain advice about their protocol in carrying liquids and any documentation they may need.

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools

Review:

This procedure will be reviewed in the event of any incident involving medication being transported or administered on a school trip or visit
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 Medication administered on a school trip or visit not being recorded on the MAR chart
- 2 New school staff
- 3 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision





STANDARD OPERATING PROCEDURE for the Return and Disposal of Medication

MMSOP11.0 Version 1.0 25/06/2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 This SOP has been developed to give guidance to school-staff about the returning and disposal of medications that are no longer required to be at school

This SOP does **not** cover:

- Transportation of Medication from school to home (Refer to MMSOP4.0)

Objectives:

- 1 The disposal of medication is the responsibility of the individual with parental responsibility and at the end of each full term e.g. March/April, July and December. All medication including over the counter medication and emergency medication should be returned home.

Process:

- 1 At the end of each full term or sooner if medication is expired, there should be a check of all medication storage spaces within the school e.g. classrooms, medical rooms, refrigerators, controlled drug cupboards.
- 2 During the school term any medication that is requested by the parent/guardian, expired, no longer required, changes, completed or stopped should be returned home for disposal.
- 3 Any medication left in the school at the end of the full term should be returned to a local pharmacy for disposal. For confidentiality, all labels that could identify the child/young person should be removed and placed into confidential waste or obliterated.
- 4 It is the parent or guardian's responsibility to replace medication that has expired, changed or run out.
- 5 It is the parent/guardian's responsibility to send medication back into school at the start of a new term.
- 6 Medication should be returned home in a sealed envelope or wallet with the child or young person full name annotated on the front.
- 7 Sharps bins dependant on the local area can either be taken to a local pharmacy or can be arranged to be collected by the local council.

- 8 No medications should be disposed of in normal refuse, flushed down the toilet or put down the sink

Responsibility:

- 1 Person with parental responsibility
- 2 Teachers in the Special Schools
- 3 Teaching Assistants in the Special Schools

Review:

- 1 This procedure will be reviewed in the event of medication left in school over the school holidays with no risk assessment taking place
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 Medication not being sent back into school by the person with parental responsibility
- 2 Medication may not be effective if temperatures are exceeded during the school holidays
- 3 New school staff
- 4 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	July 2025
Date of Amendment:	
Date of Review:	July 2026

*I have signed to say that I have read the procedure
and understand its implications.*

[illegible]

² By signing, the member of staff agrees that he /she has undertaken the appropriate education or training, is willing to perform the **Standard Operating Procedure** as stated and be accountable for his/ her actions.

STANDARD OPERATING PROCEDURE for the Administration and Storage of Oxygen in Special Schools

MMSOP12.0 Version 1.0 05/06/25

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

1 N/A - New Document

Scope:

- 1 This SOP has been developed to support Special School Staff on the safe management of storage and administration of portable oxygen that has been prescribed for a child or young person.
- 2 This SOP does **not** cover details relating to the long-term storage of oxygen.

Objectives:

- 1 To ensure that oxygen is only be administered to a child/young person if it is prescribed for them.
- 2 To ensure that a risk assessment is completed for the child/young person that has been prescribed oxygen.
- 3 Ideally small portable cylinders should be used in a special school setting.
- 4 To ensure that only trained staff that have been signed off as competent should administer oxygen to a child/young person.

Process:

- 1 Oxygen should be stored in a cool secure area, away from direct sunlight or heat sources.
- 2 The oxygen cylinders should be stored upright, in a racking and preferably chained.
- 3 There should be a sign on the door of the area stating oxygen is stored there.
- 4 Oxygen should only be stored in schools in rare extenuating circumstances. The need for Oxygen to be stored in schools should be regularly assessed with the individual with parental responsibility and the prescriber.
- 5 Oxygen stored in schools is a fire and safety hazard for the pupils and staff within the school.
- 6 There should also be a school risk assessment for the storage of Oxygen in schools daily and over the school holidays.

Responsibility:

- 1 Teachers in the Special Schools
- 2 Teaching Assistants in the Special Schools

Review:

This procedure will be reviewed in the event of an incident involving the administration or the storage of oxygen.

In the absence of these events, it will be reviewed on or before the date shown below.

Risks:

- 1 Oxygen administered or stored that is not prescribed
- 2 New school staff
- 3 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	July 2026



STANDARD OPERATING PROCEDURE for Reporting Incidents and Near Misses in Special Schools

MMSOP13.0 Version 1.0 25.06.2025

Service:

Schools in Kent with Special Provision

Location: Five Acre Wood School, Maidstone

Changes to Previous Document

- 1 New Document

Scope:

- 1 A medication incident is an unintended, unplanned event or circumstance which occurred. The level of harm could be negligent or major. A near miss is an unintended, unplanned event or circumstance which is prevented or noticed before occurring.
 A medication incident is any incident or error associated with the use of medication regardless of whether it is a near miss or harm occurred. Such incidents may relate to any part of the medication use process. This includes prescribing, preparation, dispensing, administration, monitoring and recording of the medication and the transfer of associated information.
 Reporting and recording incidences identifies areas of processes and/or practice that may not be as safe, robust or clear as intended. Recording incidences allows for trends in errors to be identified so processes can be improved upon and bespoke training sessions can be given to those that need it.
 It is the responsibility of the school's senior health lead along with the school's leadership team and school staff to monitor the recording of incidences, review processes and make amendments if required.

Objectives:

- 1 The aim is to improve and promote the safe administration of medicines and to help and support school staff in doing so.

Process:

- 1 An incident or near miss has occurred.
- 2 The school health lead should be informed of the incident or near miss.
- 3 The individual with parental responsibility of the child or young persons should be informed of their well-being. If the pupil has a Social Worker, they should also be informed.
- 4 The incident or near miss should be recorded via Medical Tracker recording a clear concise description of what actually happened, and the names of the staff and children or young person/s

- involved.
- 5 Advice should be sought from a healthcare professional to identify potential harm.

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- 6 The incident should be annotated in the child or young person's records.
- 7 The incident should be reported via MyConfide if there is any cause for concern of how the incident or near miss occurred.
- 8 Staff involved to provide an accurate account of event.
- 9 The school health lead/ DSL should investigate the incident and take appropriate action.
- 10 The school health lead will report to LESAS, if appropriate, in line with LADO threshold.

Responsibility:

- 1 Teachers in Special Schools
- 2 Teaching Assistants in Special Schools
- 3 School Health Lead

Review:

This procedure will be reviewed in the event of an unreported incident or near miss
In the absence of this event, it will be reviewed on or before the date shown below.

Risks:

- 1 New school staff
- 2 Untrained school staff

References:

- 1 Medicines Policy for Supporting Children in Schools with Special Provision
- 2 Kent Safeguarding Children (KCC)

Prepared by:	Emma Athwal
Signature:	
Approved for use by:	
Signature:	
Date of Preparation:	June 2025
Date of Amendment:	
Date of Review:	June 2026