



Medicines Policy for Supporting Children and Young People at Five Acre Wood School

November 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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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 RECEIPT OF A 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 meets 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, recorded and reset daily. In the instance 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 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 schools 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. If the Pharmacy Lead is unavailable, the KCHFT Nursing team and Senior Leadership Team can also be notified.

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 who 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 routinely being given 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.

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.

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 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. When the child / young person has an episode of vomiting soon after the medication has been administered, staff must alert the KCHFT nursing team for further advice on any additional support required for the child / young person due to the potential missed dose. Parent / Carers must be notified.

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 support 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 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 / 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	<i>October 2025</i>
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	September 2025	School Governors	A new policy developed to meet needs of services delivered to Special Schools
V2	Official	November 2025		

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