



**The Polygon School**  
Headteacher: Mr Ben Penfold

## **POLICY DOCUMENT**

### **007: Medication**

**Access: Unrestricted**

**Publish to: All Staff / All Pupils & School Website**

**Status: Non-Statutory**

**Approval level: Senior Leadership Team**

**Author: Tolga Martin**

<b>Review Responsibility</b>	<b>Valid From</b>	<b>Next Review date</b>	<b>Frequency Of review</b>
Chair	31-08-2018	22-08-2018	Annual
Chair	31-08-2019	01-08-2019	Annual
Head Teacher	31-08-2020	01-08-2020	Annual
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Head Teacher	29-09-2022	29-08-2024	2 Years
As delegated by Headteacher	08-01-2025	01-12-2026	2 years

## **Medication Policy**

### **Introduction**

The Polygon school is a special school for young people aged 11-16 years for whom mainstream education is inappropriate at this time. All pupils hold Education, Health and Care Plans for children with special educational need. All have Individual Education Plans which are regularly reviewed with parents/ carers. Some will also have behaviour plans to ensure risk reduction and support for each young person to achieve their potential. The school serves the community of Southampton City and the authorities around its boundaries and takes most of its referrals from a feeder Primary school or Local Authority special educational needs (SEN) teams. The Governing Body recognises its role as an appropriate authority concerning the statutory duties outlined in "Supporting pupils at school with medical needs"<sup>1</sup>

### **Aim**

To ensure that the school enables each young person requiring drug therapy to access the curriculum.

To ensure that all pupils with medical conditions are appropriately supported to gain access to the curriculum.

### **Rationale**

The use of medication or drug therapy is one of a number of strategies used to support young people achieve success in their personal and educational life. The school recognises that it has a role to play to help pupils and their parents/carers in using medication in a positive way to assist the young person to access the curriculum. The variety of drugs used as a means of assisting impulse control, concentration and unsocial behaviour is varied. The school requires the continued support of the School Medical Service and has will seek regular consultation Consultant psychiatrists, consultant community paediatrician and the school nurse regarding the application of medicines and General Practitioners for each child. Many Polygon pupils are considered disabled under the conditions set out in the Equalities Act 2010.

### **Practice**

All support staff will be regularly trained in paediatric first aid.

Four member of staff will be trained to offer First Aid at Work to employees.

The school will employ a support worker with responsibility for the administration of medicines on site. The same support worker will usually be the main named First Aider on site, supported by other appropriately qualified staff. In 2025-27, this organisation of administration of medicines will be undertaken by Tolga Martin, supported by Peter Rooke as First Aider and Instructor. The Headteacher will have responsibility to ensure that all staff receive appropriate training. All teaching and teaching support staff will be expected to administer medication to pupils across the school following the guidance on medication administration. Training will be provided and signed off (see appendix two)

All drugs will be kept in a locked cupboard in a secure place in the Medical Room. Pupils will not be allowed access to this area.

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<sup>1</sup> Supporting pupils at school with medication conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. DfE September 2014.

Medicines will be dispensed by school staff who have undergone Administration of Medicines training from the school nurse, following the instructions of parents and medical personnel. The school nurse will oversee the administration practice. In 2025-27, the Senior School Nurse is a vacant position, and the school awaits further information from the School Nursing Service. The school will seek advice from School Nursing to follow the procedure for developing an individual healthcare plan should the information contained within the Education, Health and Care Plan prove to be insufficient. See Appendix One to this policy.

A log will be kept of each type of medication and method of application which will be signed by the named member of staff every time the medicine is administered. This log will be discussed with the CAMHS nurse on a regular basis. The school nurse will be asked to dispose of unwanted medication at the end of each academic year, or in her absence, Tolga Martin will liaise with Bassil Chemist, Bedford Place, Southampton to dispose of any un-used, un-required medication.

The school will support parents in the monitoring of the effects of medication by keeping regular behaviour monitoring forms which will be available to parents / carers and health colleagues as appropriate.

Each Target Review day parents / carers will be asked to re-affirm medication dosage. Any changes in medication are usually notified by the Consultant, however, the responsibility rests with the parent/carer to inform school of any medication change.

Medication information will be held on the medication file held in the secure First Aid room.

Parents / carers are requested to provide medication in the original packaging with the typed instructions clearly available for staff to follow. **Under no circumstances will staff change the dosage shown on the medication, even at the request of the parent/carer.** If a child's prescription has changed, parents/carers must provide new medication with the revised instructions intact as labelled by the pharmacy. See Administration of Medicines Procedures for Staff attached as Appendix 3.

Pupils who arrive in school without medication will be expected to return home to receive medication. The school staff are prepared to administer medications as requested by parents / carers during the school day as required. No pupils are expected to remain on the school site without medication if this will pose a health and safety risk to other members of the school community. The school recognises that pupils in receipt of drug therapy usually require the medication to allow them to concentrate and thus access the curriculum.

The school will notify parents / carers when the number of tablets held in school is low, to allow the parent/carer to replace the medication held by the school.

With the parents / carers agreement, the school will share information about the effects of medication on the pupil's behaviour in school with the child's doctor.

***Other related issues:***

Non- prescription medication: the school will assist in administering tablets such as mild pain killers if a letter is sent into school with the medicine with clear written instructions. This will only be possible on an emergency basis.

Pupils who have sustained an injury that require immobilisation of limbs will be considered on an individual basis as to their suitability to be active within the school environment.

Should risk assessment suggest that it is not appropriate for a child to receive education on-site whilst they recover, the school will make every attempt to provide access to education through on-line learning and or home tuition as appropriate. No home tuition will take place without an additional adult in the home.

Should the risk assessment suggest that the child poses no risk to others whilst wearing a plaster cast or similar the school will offer restricted access to the curriculum on site. It is anticipated that in such instances, the child will not take part in lunch or break time physical activities.

The head teacher will ensure that all medical conditions are taken into consideration upon admission to the school so that no child is disadvantaged and can enjoy full participation in all aspects of school life. Appropriate Personal Evacuation Plans (PPE) will be written for pupils are required.

Pupils who present with long-term mental health issues should be supported by a letter from the consultant psychiatrist concerning their ability to access education on a full or part-time basis.

## **Appendix One: Developing an individual healthcare plan.**

Parent or healthcare professional informs school that a child is newly diagnoses, or is due to attend a new school, or is due to return to school after a long term absence, or that medical needs have changed.



Member of school staff given this information alerts headteacher to delegates responsibility for the completion of a healthcare plan for to the appropriate member of staff.



Appropriate member of staff requests written evidence from relevant healthcare professional and uses this information to identify any training need for the school. Training need is shared with headteacher



Healthcare plan for pupil is written by appropriate member of staff and shared with school staff.



Healthcare plan is reviewed twice per year at Target Review days, or when the condition changes. Teacher will bring healthcare plan to target review day. Parent/carers will accept responsibility to notify the school of any changes.

## Appendix 2

### STAFF TRAINING RECORD FOR MEDICINE ADMINISTRATION AND TREATMENT

**Medicine administration or treatment procedure for which staff training is being provided**

For example: Administration of medication, Epi Pen ; Asthma Treatment Procedures.

<b>Instructor</b>	
<b>Designation</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Review Date</b>	

**I have received written & verbal instructions to enable me to carry out the above procedure**

**I understand the procedure and feel confident to carry out the procedure unsupervised**

**I understand the actions required if problems occur during or after the procedure**

Date	Name	Designation	Signature

## **Appendix 3**

### **Ensuring Safe Delivery of Medication to the School Site.**

Parents / carers must personally deliver medications to the school site and not rely on third parties such as taxi drivers or pupils themselves. This practice helps maintain proper control and accountability over the administration of medication.

On delivery of the medication, parents / carers are required to complete and sign a form that includes the following details:

Name of the Drug: The name of the medication being delivered.

Amount of Drugs Supplied: Specify the exact quantity of medication provided.

Administration Time: Parents / carers need to indicate the scheduled time for administering the medication to the pupil.

An additional section is available for parents / carers to provide any necessary additional information and share relevant details related to their child's health, specific needs, or any other considerations that may impact the administration of medication.

Additionally, this form serves as a reminder that the medication must be in its original packaging, in date, and contain the name of the patient, the name and address of the supplying pharmacy, and pharmacy instructions. These details must be clearly visible. Parent / carer instructions must not differ from pharmacy instructions.

Upon receiving medication at the school, it is to be securely stored in the locked medication cupboard, and Tolga Martin is to be promptly informed. The medications will be counted and verified for correctness before placing them into each pupil's individual medication box. The update is then logged in the pupils' medication folder. It is essential that medications are never left out or unlocked for safety and accountability.

### **Giving of Medication**

Any person trained to do so can administer medication as follows:

1. Check the medication log to ensure that pupil has not already been medicated.
2. Check dosage instructions on packaging.
3. Ask another member of staff to check instructions and witness as you dispense tablets into a container – do not handle them directly
4. Both dispenser and witness must complete the relevant section of the medication log
5. Secure remaining medication in locked drug cupboard
6. Give medication to pupil

Under no circumstances should you deviate from the pharmacist's instructions. If a parent/carers verbally asks you to change the dosage you must tell them that you are not able to do this and that they must ask their GP to give them a new prescription for the

changed dosage and bring this revised medication into school. If it is urgent that the pupil is medicated and parent/carer insists that the dosage should be different from that shown on the label, ask them to get their GP to phone the school to confirm this alternatively the pupils should be sent home.

NEVER cut tablets unless this is strictly necessary to fulfil the prescription – in most cases, if a pupil dosage is less than the whole tablet the pharmacist will provide the medication in the correct size. We have no way of knowing how the medication is released into the bloodstream, it may be slow release and to administer a damaged tablet may change its effectiveness. Split tablets will be administered on a case by case basis with the full approval of the parent.

Never give a pupil another pupil's medication, even if the dosage is the same. Medication should only be given to the person for whom it has been prescribed.

### **Reminding Parent/Carers of dwindling supplies of Medication**

If you notice that supplies are getting low, you should let the person responsible for medication know (for 2025-27 this is Tolga Martin) so that they can inform parents/carers. This should be done via phone call and follow up text. A note of when this message was left should be made on the pupil's medication log.

### **Administration of Medication for Offsite Provisions**

All attending staff are required to ensure the administering of medication is extended to relevant pupils for their offsite provision. An additional note should be written in the individual pupil's medication log when booking out the medication for that day.

Medication should be securely placed in clearly marked separate envelopes, with the pupil's initials, name and amount of medication with the time it is to be taken. All attending staff should be briefed of these details and aware of the medications location. Bottled water should also be made available to the relevant pupils, with consideration some may require additional supplements such as plastic cups and squash.

### **Administration of Medication for Trips Involving an Overnight Stay.**

In addition to the offsite provision above, the trip leader shall liaise with parents / carers in advance of the trip to ensure they are fully aware of the pupil's medical needs. Relevant medication is to be obtained prior to the departure date. All medication for the trip is to be kept in a clearly marked, lockable box, within the medical cupboard to ensure it is not confused with other medication.

If a parent / carer requests medication already held by the school be used for the trip, this must be noted in the pupil's individual medication folder when booking out the medication. This medication can then be transferred to the lockable box for the trip.

If the trip is abroad, the trip leader shall liaise with relevant authorities in advance of the trip to ensure relevant requirements for specific medication are adhered to.



All medication administered on the trip will be noted with the completion of a log sheet. On return, the log sheets will be given to Tolga Martin for record keeping purposes.

All medication that is bought back from the trip shall be returned to parents / carers as soon as possible to ensure it is not confused with other medication. The trip leader will liaise with Tolga Martin who will ensure the return of the medication back to parents / carers.

### **Administration of Adrenaline Auto-Injectors and Asthma Inhalers**

Purpose: To ensure the health and safety of students who have severe allergies or asthma by establishing guidelines for the possession and use of Adrenaline Auto-Injectors (AAI's) and Asthma Inhalers at school.

#### **Identification and Notification:**

Parents / carers must inform the school of their child's allergy or asthma condition upon enrolment or diagnosis.

Training and Education:

School staff, including teachers, administrators, and support staff, must receive annual training on recognizing symptoms of anaphylaxis and asthma, and the proper use of adrenaline auto-injector and inhalers.

#### **Emergency Procedures:**

In the event of an anaphylactic reaction or asthma attack, immediate action must be taken. A call to emergency medical services must be made immediately whilst administering an adrenaline auto-injector or if the asthma inhaler does not alleviate symptoms.

#### **Storage:**

Adrenaline Auto-Injectors and Asthma Inhalers are not to be locked away and are kept in an accessible and clearly marked cupboard in the Meds room with regular checks to ensure these are kept in the correct place and are in date.

#### **School Trips:**

A risk-assessment for any pupil at risk of anaphylaxis or an asthma attack taking part in a school trip off school premises. Pupils at risk of anaphylaxis or an asthma attack should have their adrenaline auto-injector or Inhaler readily available, and there should be staff trained to administer these in an emergency.

#### **Record-Keeping:**

The school will must maintain records of all authorizations and incidents involving the use of adrenaline auto-injector or inhalers

Documentation should include the time, date, and circumstances of the medication administration.

#### **Communication:**

Parents / carers must be notified immediately following any incident requiring the use of an adrenaline auto-injector or asthma inhaler.

Staff should communicate with parents / carers regarding any concerns or observations related to the pupil's condition.

**IF YOU ARE AT ALL UNSURE OF ANY OF THIS PROCESS, CHECK WITH PERSON RESPONSIBLE OR ANOTHER ADMINISTRATION OF MEDICINES TRAINED MEMBER OF STAFF. IF IN DOUBT DO NOT ADMINISTER UNTIL YOU ARE SURE.**