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## Administration of Medicines Policy

### Shirland Primary School

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Last Reviewed	Spring 2026
Written By	Louise Vessey, Headteacher
Reviewed By	Chair of Governors
Next Review Date	Spring 2029

## **Administration of Medicines Policy**

It is the policy of Shirland Primary School that we will administer medication in situations where medicines are required. This applies to both prescription and non-prescription medicines where taking these is essential during school time to allow a pupil to attend school.

It should however, be noted that where a pupil is not well enough to attend school they should not do so and not be sent in with medicine.

The school understand that administering medicines is a purely voluntary activity (with the exception of staff where this is written into their job description) and will not force, pressure or expect staff to undertake this activity.

The school will only accept medicines in their original container accompanied by a fully completed parental consent form. It is a parent/carers responsibly to supply the medicines in date and to collect and dispose of any unused medicines.

This policy is to be utilised in conjunction with the Local Authority's guidance "The Administration of medicines and associated complex health procedures for Children's Services in Derbyshire".

## **Roles and Responsibilities**

### **Governing Body**

- To review this policy periodically to ensure it is still relevant and up to date.
- To support the Headteacher and staff in delivering this policy and to make any necessary resources available to enable them to do so.
- To ensure that the key elements relating to parents/carers responsibilities are published and communicated to parents/carers in a suitable manner e.g. school's website, newsletters.
- To ensure suitable facilities for the administration of medicines are provided

### **Headteacher**

- To be responsible for the day to day implementation of this policy in school.
- To ensure any staff who volunteer to administer medicines are competent and fully familiar with their responsibilities.
- To ensure staff volunteering to administer medicines receive suitable training where necessary and that this is kept up to date.
- To monitor the administration of medicines and the recording of this are in line with this policy.
- To report to the Governing Body any issues that arise out of the implementation of this policy.
- To ensure the policy is applied equitably and fully throughout the school.
- To ensure any disputes regarding the application of this policy are resolved.
- To ensure where staff support is required medicines are only administered where permission on the appropriate form has been obtained

### **Staff Volunteering to Administer Medication**

- To ensure they are competent (and where necessary trained) and confident to undertake the administration of the medicine.
- To fully check, before administering any medication, that it is the correct medication for the correct pupil and is being administered in line with the instructions on the label and the parental consent form.
- To record all medicines administered on the correct recording form.
- To immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine.
- To ensure any training undertaken is refreshed as necessary.
- To ensure confidence (knowledge of) the immediate line management structure.

## **Arrangements for Administering Medication at Shirland Primary School**

### **Receipt of Medication**

No medicines (prescribed or non-prescription) will be allowed into school unless accompanied by a fully completed consent form completed by a parent or guardian a copy of which is located at Appendix 1.

The form and the medicines should be brought to the school office and handed over to the office staff.

Medicines will only be accepted in their original container with the dispensing label clearly stating, as a minimum, the name of the young person, the name of the dispensing pharmacy, date of dispensing, name of medicine, amount of medicine dispensed and strength, the dose and how often to take it and if necessary any cautions or warning messages.

Non-prescription medicines should be in their original bottle/containers clearly labelled with the young person's name.

Ideally, only enough medicines for the day are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a pupil is on a long-term course of medication, the school will, by arrangement with parent/carer, agree to store sufficient medicine to avoid unnecessary toing and froing of medicines on the understanding that these will be in date for the duration agreed supplied as per the previous statement and parent/guardian accept they are responsible for collecting and disposing of any excess medicines or medicines which are out of date.

Staff receiving medicines will ensure that they check the information on the prescription label matches the information on the parental consent form. As prescription labels may have vague directions for administration such as "as directed" or "as before", unless there are clear directions on the parental consent form the medicine will be rejected and won't be stored or administered in the school until there are clear directions.

Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. In the event that the school decided not to administer the medicine, the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

The school will ensure parents are made aware of the above requirements at the start of each year and are reminded of them periodically via the school website and newsletters.

## **Storage of Medication**

All medicines should be brought to the school office.

Medicines will be stored as follows:-

- Medicines which are **not** “rescue medicines required immediately in an emergency” such as antibiotics, pain relief etc will be stored in a locked cupboard in the medical room.
- Medicines requiring refrigeration will be stored in a labelled container within a fridge only accessible to staff in the staffroom.
- Emergency or rescue medication is that which is required immediately in an emergency situation such as asthma inhalers or adrenalin pens. These need to be readily available to pupils as and when they are required.
- Where the pupils is deemed to have the competency to administer their own rescue medications the school will encourage and support them to do so.
- The school will ensure that all medicines are stored so that they are readily accessible in an emergency but is only available for the child it has been prescribed for. In this school that will be locked in the medical room.

Suitable arrangements will be in place to ensure these emergency medications are readily available during break/lunch times and other activities away from the classroom such as: - PE, swimming, offsite activities and PE lessons. Class teachers will be responsible for getting and taking the medicines on trips offsite and PE lessons. Health Care Plans for emergency medicines will be followed.

NB

**ALL MEDICATIONS WILL BE STORED IN THEIR ORIGINAL LABELED/NAMED CONTAINERS IRRESPECTIVE OF WHERE THEY ARE STORED.**

## **Storage and Administration of Controlled Drugs**

There are certain legislative requirements concerning controlled drugs. As such there is a separate section on these at appendix of this policy which will be followed should any medication designated as a controlled drug be required in school.

## **Administration of Medicines**

There are 3 levels of administration of medicines in schools:

- A. The child self-administers their own medicine of which the school/ service is aware
- B. The child self-administers the medication under supervision
- C. A named and trained consenting staff member administers the medicine

(Further details on each of the above can be found on pages 37-41 of the overarching guidance document “The Administration of Medicines and Associated Complex Health Procedures for Children Advice & Guidance for Children’s Services in Derbyshire”)

Administering medications is a purely voluntary activity (unless specified as part of a staff member's job description). Therefore, participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless they have accepted job descriptions that include duties in relation to the administration of medicines. The school will encourage staff to be involved where necessary in administering medication to ensure pupils access to education is not disrupted however:

- Individual decisions on involvement will be respected.
- Punitive action will not be taken against those who choose not to consent

All staff who administer medications will receive sufficient information, instruction and where necessary training to undertake this task. Training from a health professional will always be required for invasive procedures requiring a specialised technique. Examples include (but are not limited to) diabetes, epilepsy, gastronomy and rectal medication.

For most routine administration of medicines, knowledge of this policy and the guidance contained within it will be sufficient as staff will not be expected to do more than a parent/carer who gives medication to a child.

Where a child has complex health needs and an individual treatment plan and requires specific or rescue medication, the staff administering the medication will have detailed knowledge of the individual treatment plan and will have received suitable training from health professionals to undertake the administration of the medicine. This training will be refreshed annually or as required should there be any significant changes to the medicine or administration procedure.

For all administration of medicines, the following procedures will be adopted:

1. Wherever possible, two staff will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct child and once the medicine has been administered both will sign the Medicines Administration Record (MAR) sheet (NB for controlled drugs there **must** be 2 people in attendance)
2. Before the medicine is given each time, staff will ensure they have checked the following

Right Person	Is this the right person for this medicine?
Right Medicine	Is it the correct medicine? Do the label instructions match up with the instructions on the written consent? Is the name the same?
Right Dose	Dose the label state the same as the instructions? Remember to check not just the amount eg 5ml or 10ml but also the correct concentration eg 125mg/5ml
Right Time	Are you sure it is 12 midday that this medicine should be given? Where can you check?
Right Route	Are you sure that the way you are about to give the child this medication is the right way? You are not going to put ear drops in their eye?

Right Date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this eg Do not use after 7 days. Always check the documentation that is has not already been given
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3. Medication will only be given to 1 pupil at a time and the MAR sheet will be completed before any medication is given to the next pupil.
4. Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil

IF THERE IS ANY DOUBT WHETHER THE MEDICATION SHOULD BE GIVEN FOR ANY REASON THEN THE MEDICATION WILL NOT BE GIVEN. FURTHER ADVICE SHOULD THEN BE SOUGHT FROM HEALTH PROFESSIONALS AND /OR PARENTS AND THIS SHOULD BE RECORDED AND REPORTED TO THEIR LINE MANAGER.

5. If a pupil refuses to take their medication or it is suspected that they have not taken a full dose staff will record this on the MAR sheet and immediately seek advice from health professionals and/or parents/carers. This should also be reported to their line manager. They should not attempt to give another dose or try and force the pupils to take another dose.

### **Changes to Medication**

The school will not change the dose of a prescribed medication without written authorisation from a health professional

### **Non-Prescription Medicines**

The school will accept non-prescription medications. Non-prescription medicines must be supplied by parents/carers in their original containers labelled with the pupil's name. They must be in date for the duration that they are required for and must be accompanied by the fully completed parental consent form. Parents must also on a daily basis inform school of what dose has been given to the pupil that day to avoid accidental overdosing. Schools who give non-prescription medicines in line with these guidelines should inform parents/guardian of any dose given in writing.

The school will not keep a stock of non-prescription medication to give pupils.

The school will not administer any medications containing aspirin unless prescribed by a doctor.

### **Complex Health Needs**

Pupils with complex health needs will have an individual Health Care Plan. This will specify exactly how and when medicines should be administered and what training is required. The school will follow the guidance in the County Council "Administration of medicines and associated complex health procedures for children" guidance and will also comply with the codes

of practice relating to specific individual medical conditions contained within their document. A list of these specific codes of practice is contained at Appendix 3

## **Specialist Training**

Many of the conditions indicated in the previous section require that staff undertake specific training to be able to administer the medication in line with the pupil's individual treatment plan.

There are also specific medical practices which require insurance approval before they can be undertaken by school staff, the table at Appendix 2 gives details of these.

## **Appendix 1**

### **Parental Consent and Record of medicine administered to an individual child (MAR) Form**

<b>Name of School/Setting:</b>	<input type="text"/>
<b>Child's name:</b>	<input type="text"/>
<b>Date of birth:</b>	<input type="text" value="Day / Month / Year"/>
<b>Group/Class/Form:</b>	<input type="text"/>
<b>Date medicine provided by parent/carer:</b>	<input type="text"/>
<b>Quantity received:</b>	<input type="text"/>
<b>Name and strength of medicine:</b>	<input type="text"/>
<b>Expiry date:</b>	<input type="text" value="Day / Month / Year"/>
<b>Quantity returned:</b>	<input type="text"/>
<b>Dose, timing and frequency of medicine:</b>	<input type="text"/>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the school/setting is not obliged to undertake.  
I understand that I must notify the school/setting of any changes.

**Signature of Parent/Carer:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

<b>Date:</b>	/ /	/ /	/ /
<b>Time given:</b>			
<b>Dose given:</b>			
<b>Name of member of staff:</b>			
<b>Staff Signed:</b>			

<b>Date:</b>	/ /	/ /	/ /
<b>Time given:</b>			
<b>Dose given:</b>			
<b>Name of member of staff:</b>			
<b>Staff Signed:</b>			

<b>Date:</b>	/ /	/ /	/ /
<b>Time given:</b>			
<b>Dose given:</b>			
<b>Name of member of staff:</b>			
<b>Staff Signed:</b>			

<b>Date:</b>	/ /	/ /	/ /
<b>Time given:</b>			
<b>Dose given:</b>			
<b>Name of member of staff:</b>			
<b>Staff Signed:</b>			

<b>Date:</b>	/ /	/ /	/ /
<b>Time given:</b>			

<b>Dose given:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Name of member of staff:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Staff Signed:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## **Appendix 2 Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff volunteering to administer medicine should do so in accordance with the prescriber's instructions and these guidelines.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely in a locked container within a locked cabinet to which only named staff should have access.
- A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, two people will be present - unless it has been agreed that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration. Both should complete the administration record.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.

## **Lone working**

In exceptional circumstances if it is not possible to ensure that 2 staff are available to comply with the requirements of this policy and strict adherence could lead to a child being denied access to education or the safety of the child or staff being compromised. The school will look to put in place suitable arrangements to ensure the child's medicine can be given. These will be discussed and agreed by the Headteacher and Governing body and will be written down. They should be agreed

by parents/carer's and the staff agreeing to undertake the administration. *For Community and Voluntary Controlled schools also add and be agreed by the Local Authority.*

**If staff are concerned that a medicine that is not a controlled DRUG should be managed in the same way, it can be treated as a controlled drug.**

### **Off-site and in the Community**

This will cover a range of circumstances for which appropriate arrangements will need to be made. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of young people. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- a second person will witness the administration;
- during short duration or day visits off site if the controlled drug is required to be administered the named person should carry the medicine with him/her at all times and a lockable/portable device such as a cash box will be used to prevent ready access by an unauthorised person.
- only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- the controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base.
- For residential visits on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

## **THE CONTROLLED DRUGS REGISTER – SPECIFIC REQUIREMENTS FOR SAFE STORAGE & ADMINISTRATION OF CONTROLLED DRUGS**

### **Storage:**

- The controlled drug must be stored in a lockable cupboard/cabinet – *this may be the safe cupboard used for all medicines, in which case there should be a separate, labelled container for the drugs and this register*
- Staff responsible for the administration of the controlled drug must be aware of its location and have access
- The controlled drug must only be given by a member of staff who has received instruction in its administration
- The dosage must be witnessed by a second member of staff, wherever possible - *where this is not possible, for example in 1-1 situations, a manger/supervisor at intervals should countersign this record to evidence compliance with the procedures*
- Any discrepancies must be reported and investigated immediately.

### ***NB – Emergency medicines***

*Where a drug that is either a controlled drug or one that should be subject to the standards for controlled drugs and is designed for emergency use (Buccal Midazolam, for example), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely and not in a way where pupils could access it*

**Recording:**

The receipt, administration and disposal of controlled drugs will be recorded in a book intended for that purpose. It will be bound and with numbered pages.

- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug
- The prescriber's instructions and any additional guidelines will be followed
- The controlled drug register replaces the MAR sheet for *the specific drug only* – the health and medicine information sheet will also be completed
- ***Entries must never be amended/deleted nor pages removed***
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page..."
- If it is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed

*Information on a controlled drugs register, as a minimum will record the information set out in the templates below.*

CONTROLLED DRUG REGISTER FORMAT PART 1									
<b>NAME OF CHILD</b>									
MEDICINE RECEIVED									
Name of medicine received:									
Strength:									
Form:									
Quantity/amount:									
Received from:		Pharmacy: or				Date			
		Parent/carer				Date			
Signed:							Date		
Witnessed:									
DISPOSAL METHOD									
Name of medicine received:									
Returned to:		Pharmacy: or				Date			
		Parent/carer				Date			
<i>Amount: – this should be the amount remaining from the administration record</i>									
Signed:							Date		
Witnessed:									
CONTROLLED DRUG REGISTER FORMAT PART 2									
Received		Administered				By whom		Stock	
Amount	Date	Name	Date	Time	Amount given	Worker administerin	Worker witnessin	Balance remaining	

**Appendix 3 - List of Codes of Practice in Children's Services Guidance**

1. Allergy/Anaphylaxis
2. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) in school and other settings
3. Asthma
4. The asthma attack – What to do
5. Children with Diabetes needing insulin
6. Continence management & the use of Clean Intermittent Catheterisation (CIBC)
7. Epilepsy - Treatment of Prolonged Seizures
8. Action to be taken if a medicine administration error is identified
9. Controlled Drugs
10. Disposal of Medicines
11. Safe handling and storage of medical gas cylinders
12. Non-prescribed medicines/medicinal products
13. First Aid