



Administration of Medicines Policy

Produced by Broughton Hall Catholic High School

Tel: 0151 541 9440

www.broughtonhall.com

Document Status

Version	Date	Action
Version 1	2012	
Version 2	8 th Jul 2021	Updated to current legislation and formatted. Policy agreed by Full Governors
Reviewed (no changes)	9 th Dec 2022 14 th Dec 2022	Agreed at Exec & Finance Ratified by Full Governors
Reviewed – amendments made	6 th Dec 2024 11 th Dec 2024	Removal Of self-medication of controlled drugs.
Next Review Date	Dec 2026	

ADMINISTRATION OF MEDICINES POLICY

1. Statement of Intent

- 1.1. The aim of this policy is to effectively support individual children with short term medical needs and to enable pupils to achieve regular attendance.
- 1.2. The Headteacher and school staff will treat all medical information as confidential.

2. Basic Principles

- 2.1. The guiding principle will be that medicines should be taken out with school hours. Parents/ carers (the term is used to indicate a person with legal parental responsibility) are encouraged to give doses outside the school day if possible e.g. 3 times a day could be taken in the morning, after school and at bedtime.
- 2.2. The administration of prescribed medicines within an educational establishment is a matter within the discretion of the Headteacher.
- 2.3. The supervising or giving of medication to a child is a parental responsibility but teachers or school staff may be asked to perform this task. Staff cannot be directed to undertake this role but may do so voluntarily after receiving appropriate training.
- 2.4. Medicines will only be administered on the basis of an individual health care plan or where agreement is given for specific written instructions provided by the medical practitioner, pharmacist or optometrist or other prescriber. **Verbal instructions will not be accepted.**
- 2.5. Changes to administration arrangements should be effected through the provision of new written instructions by the prescriber, new prescription or new labelling by the pharmacist or dispensing practice.
- 2.6. Non-prescribed medicines will not be administered by staff in schools under any circumstances.
- 2.7. School staff who administer medication are legally required to exercise reasonable care to avoid injury and to participate in accordance with the procedures detailed in these guidelines acting on behalf of, and within the course of their employment with, the authority which is vicariously responsible for their actions.
- 2.8. The Governing Body fully indemnifies trained and approved staff against claims for any alleged negligence, providing they are acting within their conditions of service and following school guidelines.
- 2.9. The Governing Body will indemnify any member of staff, acting in good faith, for the benefit of the pupil in an emergency situation.

3. Procedures

3.1. Administration of Non-Prescription Medicines

- 3.1.1. Staff will not administer non-prescribed medicine to students.
- 3.1.2. With parental consent the school will store non-prescribed medicine for students.

3.2. Administration of Over the Counter (OTC) Medicines (Homely Remedies)

- 3.2.1. Occasionally parents and carers or the young people themselves may wish to use “over the counter” remedies to treat minor symptoms for short periods. These can include alternative medicines such as herbal remedies, vitamins, and supplements.
- 3.2.2. Staff will not administer OTC medicines to students.

3.3. Administration of Prescribed Medicines

- 3.3.1. Medicines must always be provided in the original container as originally dispensed by the pharmacist.
- 3.3.2. This should be clearly marked with the young person’s name, date of dispensing and the name of medication, and include the prescriber’s instructions for administration.
- 3.3.3. The label on the container supplied by the pharmacist must not be altered under any circumstances.
- 3.3.4. All medicines brought in to be administered by the setting, must be recorded (Request for Administration of Medicine in School – Appendix 1). The record must show:
 - 3.3.4.1. Young Person for whom medication is prescribed or purchased.
 - 3.3.4.2. Date of receipt.
 - 3.3.4.3. Name and strength of the medicine.
 - 3.3.4.4. Quantity received (if applicable).
 - 3.3.4.5. The dosage required to be administered
 - 3.3.4.6. The time of the required dose
 - 3.3.4.7. Expiry date of medicines and any special warnings or precautions
 - 3.3.4.8. Signature of the employees receiving the medicines
- 3.3.5. Consent form must be completed by parents/ carers and include the signature of the parent/ carer and member of the Senior Leadership Team authorising administration on behalf of the Headteacher.

4. Administering Medicines – General Principles

- 4.1. A young person’s privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised.
- 4.2. In all circumstances the medication administered must be recorded on a Medication Administration Record.
- 4.3. Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- 4.4. Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the student if necessary.

- 4.5. Medication must never be secondary dispensed for someone else to administer to the student at a later time or date.
- 4.6. The Head Teacher must ensure that staff are appropriately trained and receive refresher training at suitable intervals where this is required.
- 4.7. In some cases, training must be by a suitable provider (e.g. health practitioner such as a nurse) and recorded.
- 4.8. The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the Medication Administration Record.
- 4.9. All written records relating to medication must be completed in ink (preferably black).
- 4.10. Medication must not be given to young person's covertly (e.g. hiding in food).
- 4.11. Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a student's health or wellbeing would be detrimentally affected.
- 4.12. All records of administration of medication to a young person must be retained in line with document retention schedules.
- 4.13. Where temporary or relief staff required to administer medication the Head Teacher must ensure they have received instruction/ training and that they are assisted by a member of staff who is able to recognise each young person to whom medication is being dispensed.

5. "As Required" Medication (PRN)

- 5.1. Advice should be sought from parents/ carers when Instructions such as 'when required' or 'as necessary' appear on prescribed medication. The advice should be documented in an 'As required (PRN) Protocol'.
- 5.2. The protocol will identify any signs, symptoms and advice and will outline the necessity for administration of the medication when the young person is unable to do so.
- 5.3. A signed record must be kept of all advice and decisions made using PRN Record sheet.
- 5.4. PRN medication must be dispensed with a standard label with the 'as required' medication details. This alerts the person administering the medication that the preparation is PRN.
- 5.5. The decision on whether the PRN medication is needed must be based on the individual's PRN protocol.
- 5.6. When a PRN medication is administered a record of the administration must be made using the Medication Administration Record.

6. Consent Arrangements

- 6.1. No medication should be given to a young person without written consent obtained from the person with parental responsibility.
- 6.2. Written consent must be obtained on a Request for Administration of Medicine in School Form (Appendix 1).

7. Obtaining consent - communication and language difficulties

- 7.1. Where the young person/ parent/ carers first language is not English, consideration should be given to the use of an interpreter.
- 7.2. Where it is not possible to gain consent due to communication/ comprehension difficulties, advice must be sought from the health professionals.
- 7.3. The outcomes must be recorded on the young person's care plan if one is required.
- 7.4. For someone with hearing or sight impairment it may be necessary to arrange for communication materials or advice specific to their needs or provide assistance in using different communication means such as sign language.

8. Cultural and Religious requirements

- 8.1. Britain is a multi-cultural and multi-faith society.
- 8.2. Care must be taken to respond sensitively to individuals and not to make assumptions because of their ethnicity or religion.
- 8.3. It is important that young people and their carers are asked about any cultural or religious needs relating to the taking of medication or any prohibitions that apply.
- 8.4. All information on relating to the cultural or religious requirements of a young person must be accurate and up to date as this may have an impact on how they wish to receive care.

9. Self-Management of Medication

- 9.1. The school encourages young people to take responsibility for managing their own medicines.
- 9.2. The age at which young people are ready to take care of, and be responsible for, their own medicines, varies. There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for a person of any age to self-manage.
- 9.3. Where this is agreed it must be added to the Parental Consent Form. Health professionals need to assess, with parents and children, the appropriate time to make this transition. If the young people can take their medicines themselves, staff may still be required to supervise and suitable storage arrangements must still be provided (see Storage of Medication).

10. Carrying medication

- 10.1. The young people may carry, and administer (where appropriate), their own medicines, providing the person with parental responsibility has completed and signed a Request for Child to Carry Own Medication form.

11. Self-Management of Controlled Drugs

- 11.1. Where young people have been prescribed controlled drugs staff must be aware that these should be kept in safe custody.
- 11.2. Controlled drugs have a "street value" and they must be accounted for particularly in relation to transporting them in and out of the setting.

- 11.3. Controlled drugs must be transported to and from school by the person with parental responsibility and must be stored by the school (see Storage of Medication).

12. Refusing Medicines

- 12.1. If a young person refuses to take medicine, staff must not force them to do so.
- 12.2. They should note this in the records and inform the parents of the refusal as soon as practicable.
- 12.3. The refusal should be recorded on the Medication Administration Record sheet.
- 12.4. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

13. Failure to take medication at specified time

- 13.1. The responsibility for taking medication at the time of day specified on the parental consent form rests with the young person unless specified otherwise in a health care plan.

14. Controlled Drugs

- 14.1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.
- 14.2. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drug information can be viewed on the Home Office website <http://www.homeoffice.gov.uk/documents/cdlist.html>
- 14.3. Controlled Drugs Register
 - 14.3.1. A separate record of controlled drugs should be maintained to include the receipt, administration and possible disposal of controlled drugs.
 - 14.3.2. These records must be kept in a bound book or register with numbered pages.
 - 14.3.3. The book will include the balance remaining for each product with a separate record page being maintained for each child.
 - 14.3.4. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly.
 - 14.3.5. The book should be locked away when not in use.
- 14.4. Administration of Controlled Drugs
 - 14.4.1. Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.
 - 14.4.2. The administration of controlled drugs is recorded using the Controlled Drugs Register and on the Medication Administration Record sheet.
 - 14.4.3. Staff **MUST NOT** sign the record of administration unless they have been involved in the administration of the medication.
 - 14.4.4. The recommended procedure for the administration of controlled drugs is as follows:

- 14.4.4.1. Check the child's Parental Consent form for details of dosage required etc.
- 14.4.4.2. Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
- 14.4.4.3. Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
- 14.4.4.4. Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.
- 14.4.5. If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect.
- 14.4.6. If a dose of medication is refused or only partly taken then the parents/carer should be contacted for advice on any adverse reactions and risk to the young person.
- 14.5. Return or Discontinued Controlled Drugs
 - 14.5.1. A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

15. Storage of Medication

- 15.1. All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate.
- 15.2. Stock should be rotated as it is received.
- 15.3. Never mix the remains of an old prescription with a freshly supplied prescription.
- 15.4. Medicine cupboard/ cabinets must of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required.
- 15.5. The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use.
- 15.6. The medicine cupboard should be reserved for medicines only.
- 15.7. The key to the medicine cupboard will be retained for the duration of the working day in a locked key cupboard.
- 15.8. The key to the cupboard will be retained by an authorised person and access should be restricted to authorised members of staff only.
- 15.9. Medication requiring storage by refrigeration:
 - 15.9.1. The temperature of the fridge is to be monitored and recorded daily.
 - 15.9.2. In the event that medicines are stored outside the required range, usually between 2-8°C, the dispensing pharmacist should be contacted for advice.
 - 15.9.3. Non- pharmaceutical items must not be stored in this fridge.
 - 15.9.4. The refrigerator should be cleaned and defrosted regularly.
- 15.10. Storage of Controlled Drugs:

- 15.10.1. Controlled drugs must be stored in a locked container.
- 15.10.2. The container must be secured to the wall.
- 15.10.3. Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty.
- 15.10.4. All records must be recorded in the controlled drugs register and not on the Medication Administration Record sheet.

16. Self-Managing General Medication

- 16.1. Where a young person is self-managing medication in a school, this must be agreed by all parties (and may be included in a care plan where required).
- 16.2. The school has storage arrangements available and parents/ carers and the young people are encouraged to use it for all types of medication which is being self-managed by the young person as this approach offers effective safety and security for other young persons who could otherwise access the medication.

17. Educational Visits

- 17.1. Where required, staff will take charge of the medicines and return the remainder on return to the school or to parents/ carers as appropriate.
- 17.2. Where a young person is self-medicating this should continue whilst on the educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

18. Disposal of Medicines

- 18.1. Medication should not be disposed of by via the sink, toilet or dustbin, this is both illegal and unsafe.
- 18.2. Office staff are responsible for reminding parents when medicine dates are due to expire.
- 18.3. All medication must be collected by the parent at the end of the course/ treatment. Any medication left in school at the end of each half term will be taken to the pharmacy for safe disposal.

19. Related Policies

- 19.1. Supporting Children with Medical Conditions
- 19.2. First Aid Policy

Appendix 1



Request for Administration of Medicine in School

Staff will only give your child medicine when you complete and sign this form, and the

Head Teacher/ Senior Leader Team has agreed that staff can administer the medication.

PUPIL DETAILS

Childs Name:	Date of Birth:
Condition of Illness:	Class:

MEDICATION

Name and strength of medication as written on the container:	Date dispensed:
Dates that medication is to be taken: From: To:	Quantity Received:

FULL INSTRUCTIONS FOR USE

Dosage:	Method:
Timings:	Special precautions:
Side effects:	Self-Administration: Yes/ No
Procedures in case of emergency:	

CONTACT DETAILS

Name:	Relationship to pupil:
Address:	Telephone number:

I understand that it is my responsibility to deliver and collect the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake.

Signed _____ Date _____

Staff member receiving medication

I agree that the medication was brought into school in accordance with the policy by the child's parent/ carer:

- In date
- Pharmacy label in child's name is intact
- In its original container as dispensed by the pharmacist
- Accompanied by instructions for administration, dosage and storage

Signed _____ Date _____

Staff Name _____

Headteacher/ Senior Leader Approval

I agree that this medication can be administered in accordance with the policy.

Signed _____ Date _____

Staff Name _____