



# **SAFE ADMINISTRATION OF MEDICATION POLICY**

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**Reviewed by:** Rebecca Warhurst, Headteacher  
John Bolton, Governance Chair

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## 1.0 AIMS

Prosperity Children's Services is committed to the principle that all medicines should be handled in a safe and secure manner so that pupils receive the right medicine, in the right dose, at the right time.

We have set out the standards expected across the organisation. We will establish, maintain, document and audit safe and effective systems for the safe handling of medicines to:

- a) adhere to best practice standards for the administration and safe handling of medicines issued by professional bodies, related Prosperity documentation and external safety agencies,
- b) proactively manage potential risks to pupils and staff arising from the use/ issue of medicines.

### 1.1 Purpose

The purpose of this policy is to inform all school staff who are involved in the handling of medicines, of the correct procedure for safe handling, recording, storage, administration and disposal of medicines and related preparations.

## 2.0 ROLES AND RESPONSIBILITIES

The Headteacher has overall responsibility for ensuring the appropriate handling, storage and administration of medicines. This responsibility may be delegated to appropriately trained, named staff on a day-to-day basis.

Staff will ensure that:

- a) any treatment will be administered sensitively, taking the pupil's needs, wishes and feelings into account,
- b) prescribed medicines will only be given to the pupil it is prescribed for,
- c) written permission will be obtained from a parent/ carer for the administration of medicines for each pupil,
- d) all medicines will be kept securely in a locked cabinet in a lockable room and will only be made available at the time it is to be administered.
- e) written records will be kept of the receipt, administration, and disposal of all medicines,
- f) written records will be kept of when and why prescribed medicines are not administered or are refused by a pupil. Parents/ carers will be informed,
- g) medicines will be administered in accordance with the instructions on the label.

## 3.0 PROCEDURES

### 3.1 Receipt of Medicines into School

**Prior to admission to our school** pupil medical and health care needs should be identified, and their management agreed with parents/ carers/ clinicians, as appropriate.

The pupil's medicines must be handed over by a parent/ carer, signed for, checked, counted and a new Medication Administration Record (MAR sheet) set up. See **Appendix 1 – Medication Administration Record (MAR) Sheet**.

Relevant staff training (e.g. for diabetes management) and Risk Assessments should be put in place as appropriate.

**All medicines received from the pupil's home must be subject to the following checks:**

- a) check the label for precise administration details. If unclear, do not administer the medicines. Contact the parent/ carer to address this with the pharmacist,
- b) medicines with dosage instructions marked '**as directed**' must **not** be accepted,
- c) count tablets to ensure the number matches that stated on the bottle label,
- d) estimate volume of liquid medicine supplied is correct. If unsure, measure in a glass medicine measuring jar,
- e) check blister packs to ensure no seals are broken, batch numbers are the same on each sheet,
- f) check blister packs to ensure that the medicine name on the reverse of the pack is the same as that on the label,
- g) check expiry dates and whether any medicines need to be disposed of after a specific period (e.g. antibiotics). Record expiry/ disposal dates on the MAR form,
- h) record the disposal date on the medicine bottle. (e.g. antibiotics may need to be discarded 7 days after opening). On opening, write the appropriate disposal date on the bottle.)
- i) check whether there are any specific storage requirements and follow these, e.g. fridge.

### **3.2 Storage of Medicinal Products**

Our school:

- has a lockable, wall-mounted medicine cabinet, which is in a locked office for the safe storage of all medicines,
- ensured the cabinet is not visible from a window,
- restricts access to the cabinet to a few named staff only, including the Headteacher and Administrator,
- ensures all medicines should be stored in the cabinet, clearly labelled with pupil names,
- does NOT store non-medicine items in this cabinet,
- stores controlled medicines in a lockable container in the medicine cabinet, clearly labelled with pupil name,
- stores all medicines requiring storage at low temperatures in a separate, lockable fridge, solely used for this purpose. The temperature of the fridge must be maintained at 2 - 5 degrees Celsius. Temperature checks must be recorded daily,
- has a designated person responsible for the safety and administration of medicines.

#### **Staff Medication:**

Staff who bring in their own medicine to work **must** declare this to the Headteacher.

This must be secured in a safe place, by agreement with the Headteacher.

Any staff member responsible for escorting a pupil in a vehicle must as a matter of safe practice lock their personal bag in the boot of the car.

### 3.3 Record Keeping

- A **record of specimen staff signatures**, alongside printed names of staff members who have completed medicines training should be maintained and stored by the Headteacher.
- All written entries on the MAR sheets should be completed in black ink.
- If an entry is made in error, it must be crossed through with a single line. It must not be scribbled out or covered with correction fluid, e.g. Tippex. Staff should initial any mistakes that are rectified and complete a *Medication Error Report Form* - see *Appendix 2* and also see guidance below.

The following records must be available for each pupil:

- Written consent for the administration of first aid and medicines from a person with parental responsibility for the pupil. This will be kept in the pupil's file.
- A Medicines Administration Record (MAR) sheet recording all medicine administered to the pupil (prescribed and non-prescribed).
- The school need to keep a central **Medicines Book** recording all medicines coming into and out of the school. When medicines are entered into the Book, they need to be given a number and this number should be cross **referenced over to the relevant MAR sheet**.

### 3.4 Controlled Drugs

**Where possible, agreement should be reached with parents/ carers for Controlled Drugs to be administered out of school hours and not on school premises.**

- Controlled drugs must be entered into the **Controlled Drugs Register** and the pupil's MAR sheet, which should be signed for by two designated staff members.
- The amount of medicine received will be recorded in red pen and must clearly state the date received, type and dosage quantity. It must be signed by both staff and the amount received must be added to the amount of stock already held (e.g. 12 + 24) and a total put in the running balance column.
- The stock level must be checked at least once in every 24-hour period, whether the medicine is administered or not.
- Tablets must be counted using a tablet counter.
- Liquids must be estimated. If liquids are administered infrequently, then a glass medicine jar must be used to measure the amount of stock remaining on a weekly basis.

**Any incidents concerning missing controlled medicines are to be investigated and immediately notified to the Headteacher/ their line manager.**

- **The controlled drug must be kept in a lockable container, within the medicine cabinet.**

***As with all unwanted medicines, any unused controlled drugs should be returned to the parent/ carer for safe disposal by a pharmacist. On handover to the parent/ carer, a signature should be obtained, confirm receipt.***

### 3.5 Administration of Medicines

- Keys to the medical cabinet must be stored separately to other keys.

- Keys must be available only to the Headteacher and another designated person (Administrator).
- The designated person should keep a logbook signing keys in and out; they are responsible for the keys and administration of all medication.
- Medicines must only be administered in accordance with the instructions on the label. If a label has been altered in any way or the instructions have been obscured and are illegible, then the medicine must not be administered and must be returned to the pharmacy and a new prescription dispensed.
- Medicines should only be administered by staff that have undergone the Safer Handling of Medicines training approved by the Company.

Prior to each administration of any medicine, staff must check the following details:

- the pupil's name and identity,
- medicine name,
- prescribed dose,
- time of administration,
- route of administration.

Medicines must be administered hygienically:

- staff must wash their hands before and after administration,
- if tablets are to be dispensed from a bottle these must not be handled by staff but tipped into an appropriate container and offered to the pupil,
- if the medicines are in a blister pack, this can be dispensed directly into the pupil's hand,
- if medicines are in liquid form, this should be offered to the pupil on a medicine spoon or in a dispensing pot to ensure the correct dosage. The spoon must be washed and stored for further use by that pupil only,
- if medication is prescribed cream, it should be squeezed directly onto a pupil's finger for them to apply themselves,

**Staff must observe the pupil** to be reasonably sure that they have taken the medicine before signing the MAR sheet.

**Staff must inform the parent/ carer if:**

- the pupil does not appear to be responding to the medicine or appears to be suffering from side-effects,
- the pupil refuses the medicines.
- there is any adverse drug reaction or suspected adverse drug. Parents/ Carers should seek medical advice, before any further administration of the medicine is considered.

Medicines should not be secondary dispensed for someone else to administer to a pupil later or at another date.

If a label becomes detached from a container or is illegible, the prompt advice of the person who made the supply must be sought. Until then the container should not be used.

If medicines are being transported with a pupil, then these should be stored and secured safely out of reach of a pupil i.e. in the boot of a car.

### **3.6 Use of Non-Prescribed Medicines**

Sometimes called 'homely remedies, the following non-prescribed medicines may be used in school if parents/ carers have provided written consent. Evidence of written consent should be kept in pupil files.

The following medicines may only be administered in line with the manufacturer's recommendations relating to age and dosage.

#### **i. Paracetamol.**

This may be administered for headaches, period pains and to reduce temperatures.

Paracetamol is available in liquid form (proprietary name, Calpol), tablet form and soluble tablet form. Pupils may have a preference as to which preparation they prefer and this should be clearly stated on their MAR sheet. This is also required to be risk assessed individually for each pupil particularly when there is a history of overdoses or self-harm. Liquid form would be deemed the safer option in these circumstances and evidence to support these risk assessments should be available within them.

#### **ii. Simple Linctus/ Cough Medicine**

This may be administered for sore throats and coughs.

A separate MAR sheet is used to record the administration of non-prescribed medicines.

If pupils need to use non-prescribed medicines this should be administered using the same procedures for checking, recording and storage, as if it were a prescribed medicine.

### **3.7 Medicines for Pupils Off-Site or on School Trips**

If a pupil is due to attend an off-site activity/ school trip/ be away from school:

- any medicines due to be taken should be kept in the original container e.g. blister packet with exact number required and not transferred to another container or envelope,
- The pupil must undergo a Risk Assessment to assess whether they understand their medicine regime and so that staff are confident that the pupil will manage their medicines safely. Staff must supervise the pupil taking any medication,
- Any medicines taken away from the school needs to be recorded as discharged on the pupil's Medicines Administration Recording Sheet,
- Staff should take the pupil's medical details along with medicines administration sheets,
- On return, staff must ensure MAR sheets are updated and any unused medication/ inhalers are returned for safe storage in the medical cabinet.

### **3.8 Disposal of Medicines**

- All unused medicines, prescribed and non-prescribed, must be returned to a parent/ carer for disposal at a pharmacy.
- The medicines must not be removed from their original packages. If individual tablets are found, they must be put in an envelope and labelled with the date that the medicine was found along with any other known details.

All unused medicines must be recorded on the MAR sheet, recording the following details:

- name of the medicine to be returned,
- number of tablets or amount of liquid,
- date on which they were returned,
- signature of the staff member recording the information.

The parent/ carer should be asked to sign and date the MAR to indicate receipt of the medicines.

Where pupils are self-administering insulin or any other medicines with a syringe, a 'sharps box' must be provided.

It is the responsibility of GPs and Community nurses to safely dispose of any syringes or needles that they have used.

### **3.9 Accounting for Medicines**

All medicines held in the school are to be accounted for and balanced on the following basis:

- Headteacher/ designated person – at the end of each week, or following a medicines error or incident, check and sign stock, reporting any discrepancies to their line manager,
- Any incidents concerning missing controlled medicines are to be investigated and immediately notified to the line manager and police as appropriate.

### **3.10 First Aid**

Please refer to our School **First Aid Policy**.

## **4.0 SPECIFIC OR SKILLED HEALTH TASKS**

If a pupil requires support with a skilled health task, this will only be undertaken with the clear agreement and agreed protocols with the parent/ carer,

If required, appropriate training would be sought for staff to ensure that they had the necessary level of skills before undertaking such duties.

### **4.1 Diabetes and Epilepsy**

Pupils who are prescribed inhalers should have written recommendations from the prescribing doctor as to how these should be administered. This should inform protocol and risk assessments to safeguard the pupil.

- For pupils diagnosed with Diabetes or Epilepsy, protocol should be activated which informs the care / support that they require from the staff team involved in their care.
- A Risk Assessment will be drawn up and all staff informed about the risks, including how these can be best managed in school/ off -site activities.
- Staff training will take place as required.

- The pupil must be registered with the relevant clinician, e.g. Diabetic Nurse and be encouraged to have their regular check-ups and support in respect of their personal needs in this area.

All staff should be supported and be provided with specialist training in these areas to ensure the welfare and health needs of the pupil remain a priority.

#### **4.2 Epi-Pens**

- Epi-Pens must be labelled with the pupil's name and stored in the medical cabinet.
- A Risk Assessment will be drawn up and all staff informed about risks, including allergies the pupil might have.
- Staff training will take place as required, including in administering the Epi-Pen.
- Staff should observe pupils who self-administer and complete follow up recording.
- A spare epi-pen should be kept within the school or with staff whilst off-site with a pupil.

#### **4.3 Asthma Inhalers**

- Inhalers must be labelled with the pupil's name and stored in the medical cabinet.
- Staff should observe pupils self-administering.
- A spare inhaler should be kept within the school or with staff whilst off-site with a pupil.

### **5.0 MANAGEMENT OF MEDICATION ERRORS**

PROSPERITY Children's Services recognises that, despite high standards of good practice, care and training, mistakes may occasionally happen for various reasons.

Every employee has a duty and a responsibility to report any errors immediately to the Headteacher/line manager, and relevant health care professional.

**If medicines have been incorrectly administered the following procedure should take place:**

- a) Seek immediate medical advice (NHS direct),
- b) Record the advice given in detail, including the name of the professional identified,
- c) Follow the advice and instructions from medical professionals,
- d) Report to the Headteacher immediately,
- e) Headteacher should advise the parent/ carer,
- f) Explain to the pupil (where appropriate),
- g) Monitor the pupil for side effects and record observations,
- h) Record the error on the medicines sheet and in the pupil's file,
- i) Report as per Company policy and procedures (incident process).

The Headteacher will encourage staff to report errors, in line with this being a 'telling school'. Errors should be dealt with in line with Company policy and procedures, in a constructive manner that addresses the underlying reason for the incident and to help prevent recurrence.

## 6.0 LEARNING AND DEVELOPMENT

No member of staff is permitted to be involved in the administration of medicines at any level until the following has taken place:

- a) Completed and passed the Safer Handling of Medicines e-learning module.
- b) Completed a competency-based assessment with the Headteacher prior to administering medicines to pupils.

## 7.0 POLICY REVIEW

This policy will be reviewed annually by the Headteacher and ratified as correct.

## 8.0 APPENDICES

Staff will be trained as appropriate and know where to access all related forms. See below for examples of each:

- 8.1 Appendix 1 – Safe Administration of/ Medication Administration Record (MAR) Sheet
- 8.2 Appendix 2 – Medicines Error Report Form
- 8.3 Appendix 3 – Consent for Medication and Emergency Medical Treatment
- 8.4 Appendix 4 – Disposal of Medication Form

### 8.1 Appendix 1 – Safe Administration of/ Medication Administration Record (MAR) Sheet

Name of Pupil		Date of birth		MAR Chart Number		1																						
Allergies/ Key Notes																												
Medicine Profile		Route:	oral	w/c:				w/c:				w/c:				w/c:												
Time		Dose	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28
Medicine name, quantity, strength, formulation and dose (Apply label from pharmacy)																												
Running balance:																												
Commenced by:	C/F:	Checked by:	Qty Received:	Returned by:	Qty Returned:	Pharmacist Sig:																						
Medicine Profile		Route:		w/c:				w/c:				w/c:				w/c:												
Time		Dose	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28
Medicine name, quantity, strength, formulation and dose (Apply label from pharmacy)																												
Running balance:																												
Commenced by:	C/F:	Checked by:	Qty Received:	Returned by:	Qty Returned:	Pharmacist Sig:																						

## 8.2 Appendix 2 – Medicines Error Report Form

Medication Error Report Form			
Error Details			
Error Report			
Date error discovered / reported:		Date error occurred:	
Discovered by or reported to (Name / Position / Title):			
Senior Leader on duty when error occurred:			
Details of error:	You may consider attaching additional records or pages to the end of this form if more space is needed.		
Pupil Information			
Name:		D.O.B:	
Parent/ Guardian:		Contact details:	
Has the parent/ guardian been contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Details of interaction:		
If the pupil took/used the medicine/medical device, what symptoms, if any, did the pupil experience?			

### 8.3 Appendix 3 – Consent for Medication and Emergency Medical Treatment

#### CONSENT FOR MEDICATION AND EMERGENCY MEDICAL TREATMENT

##### FULL NAME OF PUPIL:

I agree to Silver Birch School arranging the following medical treatment/ examinations for my child to have:

- First Aid treatment
- Emergency medical examination and/ or treatment, including anaesthetic as required
- Routine medical treatment including immunisation, where this takes place in schools,
- Receiving prescribed medicines
- Obtaining and administering the following homely remedies that does not exceed 48 hours
  - Paracetamol
  - Paediatric Simple Linctus / Simple Linctus for cough/ sore throat

The issue of consent to medical treatment has been explained to me and I have given the School all medical information that they may require in the course of arranging medical treatment for my child.

##### Summary of health conditions and/or allergies:

Parent/ Carer Name <i>(print)</i>	Signature	Relationship to Pupil	Date

Parent/ Carer Name <i>(print)</i>	Signature	Relationship to Pupil	Date

On behalf of Silver Birch School, part of Prosperity Children’s Services Ltd:

Staff Name <i>(print)</i>	Signature	Role/ Designation	Date

8.4 Appendix 4 – Disposal of Medication Form

## DISPOSAL OF MEDICATION RECORD

The following named medication \_\_\_\_\_ , dosage \_\_\_\_\_  
for the following Pupil (*print name*) \_\_\_\_\_ has been returned  
to the following pharmacy \_\_\_\_\_ for disposal.

Amount of returned medication \_\_\_\_\_ (tablets / sachets /  
liquid\*)

\* Delete as appropriate

Staff member signature \_\_\_\_\_

Print staff member name \_\_\_\_\_

Pharmacist signature \_\_\_\_\_

Print Pharmacist name \_\_\_\_\_

Date \_\_\_\_\_

Pharmacy stamp (if available)