NEWBARNS PRIMARY AND NURSERY SCHOOL

ADMINISTRATION OF MEDICINES PROCEDURES

Relevant roles held and by whom (correct at the time of publishing)	
SENDCo:	Kate Nayler
Designated Safeguarding Lead (DSL):	Victoria Fitzgibbons
Administrators	Dawn Thexton, Claire Higgins

Approved by[1]			
Name:	Victoria FItzgibbons		
Position:	Headteacher		
Signed:		**Version No:**	
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[1] The Governors are free to determine how to implement.
[2] The Governing Body or Proprietor is free to determine review period. (DfE recommend annually)

REVIEW SHEET

Each entry in the table summarises the changes to these procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	February 2023
2	March 2023: New section on records and retention referring staff to Supporting Pupils… Policy.	March 2023
3	New section on different types of medicines including herbal remedies and policy decisions on some e.g., no aspirin for U16s without a prescription.	September 2023
4	Clarification in Section 4 on parental consent to administer & receiving procedures for long-term or life-long emergency medicines e.g., adrenalin, salbutamol, insulin & buccal midazolam. Updated form finding references in Section 9.	September 2024
5	Addition of information in relation to pharmacy issued OTC medication to parents	April 2025
6	New: Reference & link to Allergy Safety Policy + Diabetes/Epilepsy Procedures. Reference to the need for a nominated deputy for some roles in some circumstances. Updated: Reference to becoming a registered waste carrier and other minor changes	September 2026

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Supporting flowchart posters and self-administration form

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1. Introduction

This procedure provides the process for administering medicines to pupils when they are attending school or during school-related activities, in accordance with the advice of the pupil's prescribing medical practitioner or as an emergency response. Having clear, documented procedures to manage the administration of medicines facilitates safe systems of work that ensure pupil and staff safety and supports this school in meeting legislative requirements under Section 100 of the Children and Families Act 2014, the Medicines Act 1968, the Misuse of Drugs Act 1971, and workplace health & safety laws.

Pupils will be treated as individuals with due consideration given to their age, beliefs, opinions, experience, ability, cultural needs, and any other factors important to them such as preserving their dignity and privacy.

For more information about arrangements to support pupils with life-threatening medical conditions and how we manage the administration of emergency medicines, see our policy on Supporting Pupils at School with Medical Conditions, Allergy Safety Policy, and Diabetes & Epilepsy Management Procedures [insert as links if published on your website – it's a statutory requirement to publish the Allergy Safety Policy and strong recommendation to publish all health-related policies from health charities like Epilepsy UK].

2. Who can administer medicines

Only staff who have been trained and assessed as competent can undertake the administration of (only as required):

- topical medicines
- ear, eye, or nasal drops
- inhalers or other respiratory aerosol devices
- oral medicines (and additionally assessed for controlled drugs administration)
- invasive medicines e.g., adrenalin auto-injectors or other injection/intravenous devices, suppositories, or pessaries,
- personal oxygen supplies.

Staff administering a medicine need an understanding of what it is for, what the normal dosage is, precautions required such as "take with food", contra-indications to be aware of such as the effects of taking another drug that interacts with the medicine, and how to look for and report possible adverse effects (sometimes called side effects) the pupil may experience, including changes which may mean a pupil's clinicians should review their prescription.

If necessary, staff should seek advice from role/name of staff, the prescriber, or a pharmacy professional if they have an issue with any checks they have carried out or if they are unsure what to do when administering a medicine. This is important for **all** medicines but is particularly important for those like insulin where a Boehringer Mannheim (BM) blood check must be carried out first and the results may affect the administration.

When the risks to pupils are high from health issues complicated by the potential for refusal or mistakes administering medicines and role/name of staff is key to keeping children safe, they must have a deputy trained to the same standard. [Insert a sentence about current identified needs and therefore decision to have/not have a named and trained deputy for this role in your school].

A witness to the administration of all medicines to pupils under the age of 18 is best practice for the protection of staff and pupils but is not a requirement.

A witness to the administration of all controlled drugs is a requirement because discrepancies could become a Police matter. The administration of controlled drugs **must** be witnessed, and the witness **must** sign the record legibly.

Only staff who have been trained and assessed as competent to administer medicines themselves should serve as a witness to the administration of any medicine by someone else.

All signatures must be legible enough to clearly identify the witness and/or person administering.

The list of staff who have been trained and assessed as competent to administer or witness the administration of medicines is held [state where the list is kept or who holds it].

3. Types of medicine

3.1. Prescription

Prescription medicines are strictly controlled by law and can only be taken by the person they were prescribed for. It is both dangerous and illegal for anyone to take a medicine prescribed for someone else or to give a person someone else's prescription medicine.

This is why schools and other settings **must** have written parental consent to administer medicines to anyone in their care who is under the age of 16.

We have strict guidelines on how we accept prescription medicines to avoid receiving the wrong one. Staff must take particular care when a child shares the same first name or same initials as someone else that they live or encounter where their medicines might be confused. There is also more than one check during administration that should ensure the medicines of a parent and child cannot be confused, and an adult (over)dose be administered accidentally.

3.2. Non-prescription

The British Medical Association updated their guidance to nurseries, and schools about giving non-prescription or over the counter (OTC) medicines to pupils or children in their care in March 2022 as follows.

"It is appropriate for both prescribed and OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, **only** where written permission for that particular medicine has been obtained from the child's parent or carer."

However, every school has a statutory duty to protect the physical and mental health of pupils. This can include administering prescription or OTC medicines but also not administering them where there are significant health or safeguarding concerns.

All staff who administer medicines are trained to recognise and handle safeguarding concerns involving potential Fabricated and Induced Illness (FII). Any member of staff who has concerns about a potential case of FII must report them immediately to the DSL.

3.3. Herbal or homeopathic remedies

The NHS recommends that all children avoid **all** herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the written agreement of a medical professional.

They may cause problems if the child is taking other medicines. They could make the other medicine less effective or cause the other medicine to trigger unexpected side effects. The child may experience a bad reaction or side effects after taking an herbal medicine.

There are no guarantees on what is in herbal medicines, and not all are regulated. Remedies specially prepared for individuals don't need a licence, and those manufactured outside the UK may not be subject to regulation. The risks of obtaining fake, substandard, unlicensed or contaminated medicines are increased by buying medicines online or by mail order. They may be copies of licensed medicines but made in unlicensed factories with no quality control or contain banned ingredients and toxic substances (see banned and restricted herbal ingredients on the GOV.UK website).

Evidence for the effectiveness of herbal medicines is generally very limited. Although some people find them helpful, in many cases their use tends to be based on traditional use rather than scientific research.

A parent or carer may say that the herbal medicine they want their child to take is THR marked and therefore safe. The NHS does recommend looking for a herbal medicine that is registered with the Traditional Herbal Medicines Registration Scheme. However, a THR mark does not mean the product is completely safe for everyone to take. THR products are intended for conditions that can be self-medicated and don't require medical supervision, such as coughs, colds or general aches and pains and should not be necessary at school. Claims made for THR products are based on traditional usage and not on evidence of the product's effectiveness. Using THR products for more serious conditions could also be harmful, especially if it causes a delay in seeking medical advice.

3.4. Policy decisions on some medicines

In line with national guidance, we have made several policy decisions on the administration of some medicines to pupils as follows.

Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. We will encourage the pupil to involve their parents while respecting their right to confidentiality.

Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.

Pain relief must not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief will be given. Where parents cannot be contacted, emergency pain relief will never be administered prior to 1.00 p.m.

The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.

On rare occasions when a child's parents or carers have been sold an OTC medicine to give to their child using a different dose from what is printed on the packaging or in the patient information sheet, it must be referred to role/name of staff to investigate with a pharmacist whether this is appropriate before it can be agreed.

It is the responsibility of role/name of staff to accurately record the parent or carers instructions and to check their suitability with the issuing pharmacy before agreeing that school will administer it. Staff must not get pharmacy contact details from parents or carers.

4. Receiving medicines

Medicines can only be received in school as agreed in each Individual Health Care Plan (IHCP) or as detailed in a Parental Consent to Administer Medicines Form and can only be accepted by specially identified staff who have received training in how to follow these procedures. This is because each medicine needs to be checked before it is accepted, we may need to ask questions and sometimes records need to be created.

Parents or carers are usually asked to hand deliver medicines to [insert e.g., name of role, school office, reception]. When a pupil travels independently of parents and carers e.g. on home to school transport, we will work with the Local Authority or private service provider to establish a safe and secure way to transport medicines and write it into plans, especially if a medicine is a controlled drug. We will also work with families, in the best interests of the child, if our expectations for hand-delivery are not reasonable given their personal circumstances.

It is school policy only to accept the minimum quantity of a medicine necessary in school at any one time. This might require a daily delivery to school or monthly (no more than 20 school days' worth) depending on our risk assessment and what is reasonable. Sometimes a medicine must come to school and go home daily e.g., a refrigerated antibiotic oral liquid suspension required 4 times a day.

Staff receiving medicines must check:

- There is explicit and valid written **parental consent** for the administration of this medicine to this pupil. If not, provide the appropriate form and check it *before* accepting the medicine.
- The name of **the pupil** on the prescription label (or written by parents or carers on the non-prescription medicine container) and/or the consent form match.
- The name of **the medicine** on the prescription label, and consent form, and packaging, and inside the packaging e.g., on the blister pack, bottle etc., all match, especially the strength of the medicine.
- **The expiry date** of the medicine has not passed. If the medicine is already open and it expires *before* the expiry date once opened (many oral liquid antibiotics, eardrops, and eyedrops):
  - check that the date it was first opened has been written on the container (if not ask for the date of opening to be written on it now)
  - check that the medicine is not past its safe administration window (often 28 days from opening
  - look at the packaging or Patient Information Leaflet for information).
- If the pupil has **any allergies** that might affect or be affected by the medicine, or if they have had an adverse reaction to the medicine in the past.
- The prescription or **other directions** for administration are unambiguous and include as appropriate the name, form (or route of administration), strength, timing, and frequency of dose of to be administered, course start and finish dates and, where possible, the manufacturer's Patient Information Leaflet detailing known adverse effects and other important information.
  - Raise *any* ambiguities or concerns regarding the directions for administration of the medicine with parents or (sometimes and) the prescriber, or a pharmacy professional without delay.
  - Check that all necessary calculations have been done and the medicine is ready for administration e.g. packaging for an oral liquid suspension contains a suitable 5ml medicine spoon, oral syringe, or measuring cup. If a half tablet is required, check the tablets are already cut in half.
- Any specific **storage requirements** have been and will be reasonably maintained i.e.; make sure medicines are put in the secure medical cabinet or fridge as soon as possible after receiving them and that the fridge temperature is accurate for the medicines being stored.

Once checks have been done and the medicine is accepted, receiving staff should ensure:

- records are completed and stored securely ready for administration e.g., form C1 or C2 to record receipt and parental consent *with* form D1 or D2 (controlled drugs only) to record administration on, **or** form CD to record combined receipt, consent, and administration useful for a one-off and short-term medicine like antibiotics (see contents page for links to forms),
- the medicine is put away as soon as possible in the secure medicines store or fridge, and
- anyone who needs to know about planned administration is informed.

Sometimes, there are limited exceptions to this receiving procedure, usually for long-term or life-long medical conditions that may require emergency medicines such as:

- adrenaline auto-injectors (AAI for anaphylaxis),
- salbutamol reliever inhalers (or terbutaline for asthma), and
- insulin injectors/pumps (for diabetes).

This is because when we become aware that a pupil may need us to administer these emergency medicines, we write to parents and carers explaining the support we offer and our expectations e.g., that they provide their child with 2 or more doses as recommended by their clinician **and** a spare device/dose that we hold onto during term-time only. We also complete, with the family (and clinicians if appropriate), an IHCP which records parental consent and detailed information about the medical condition and medicines.

Rather than repeatedly recording the bringing from and returning to home of these emergency medicines and spares, we will follow it up as a potential safeguarding concern if the doses and spare are **not** provided as agreed and recorded during the IHCP development process.

Buccal midazolam (for epilepsy) is not in the above list because it is a controlled drug, and receipt in school and return to the family must be witnessed and accounted for in a written record. Form D2 can be used for this purpose and will last a child almost 3 years of half-termly drug receipts and returns.

If we develop concerns about poor management of a child's medical condition that could result in a life-threatening emergency, or if we feel there is a harmful pattern of behaviour developing where the medicines are not brought to school or not replaced when expired, we might adapt form D2 or develop another systematic way to record the receiving as well as administering of their emergency medicines.

A medicine must be returned to parents or carers:

- daily when it is a bottle of oral liquid suspension and the pupil needs to take it at home
- when it has expired
- when the packaging is damaged or improperly sealed
- when the medicine has been split and there is no way to store it safely, securely or hygienically, or
- when the course of treatment has ended.

[Briefly describe how medicines that need to be returned home are handed over or otherwise returned to parents].

Staff returning medicines to parents and carers must ensure that any relevant tracking record is completed e.g., the signature sheet for the receipt and return of controlled drugs.

5. Refusing administration

Pupils can refuse the administration of medicines for a variety of reasons. It could be the taste, colour, smell, texture, or feel of it. They may be difficult, uncomfortable, or painful to use, or the pupil may have had a negative experience with the medicine, the way it is administered, or with a particular member of staff before. Sometimes, pupils refuse due to the adverse or side effects they have experienced in the past.

Pupils aged 16 or over have the same right of consent as adults to use or refuse medicines. This right is absolute and can only be removed through an Order made by the Court of Protection and only if the young person's refusal could lead to lead to their death or a severe permanent injury.

Below the age of 16, a pupil's right to consent depends on their understanding of the health decision that has to be made and their understanding of what could happen if they decide to go ahead with treatment or refuse it.

A pupil's views about their health should be treated seriously in line with their age and maturity and this is part of the United Nations Convention on the Rights of the Child.

If a pupil refuses a medicine, staff must NEVER force them to take or use it. It could result in a pupil choking or being injured, staff being injured, and a significant loss of trust in people who should be among a child or young person's most trusted adults.

5.1. Procedure for handling a refusal

Staff should follow any specific instructions in the IHCP regarding handling a refusal or the standard procedure as follows.

- Explore the pupil's concerns and reassure them.
- Explain what the medicine is, what it is for, and the adverse effects and possible adverse effects. Offer the pupil the Patient Information Leaflet or explore it with them in an age or child developmental stage appropriate way.

- If the medicine is not urgent and a delay is still within the prescription guidelines, consider agreeing to the pupil having their medicine later at a mutually agreed time. Double check that the delay will not interfere with other instructions associated with using the medicine such as taking it on an empty stomach which means it must be taken no later than 1 hour before eating or no earlier than 2 hours after eating.
- If the pupil can express a preference for a different form of their medicine, encourage them to discuss it with their parents or carers and clinician, record the expressed preference.
- If all relevant strategies for gently persuading, encouraging, and supporting a pupil to take their medicine fail, record the refusal and reason under "Reactions" on the administration record and report it in accordance with the IHCP.

5.2. Role of staff

Medicines must never be forced on pupils because it could result in injury or choking incidents. Above all, good communication, information, patience, and empathy are the best ways to support a pupil who is refusing. In handling the situation staff should:

- Consider whether the pupil is not feeling too well which might need further investigation or might influence a decision to delay administration if a delay would still be within prescription guidelines. Also consider whether they are having any physical difficulties such as with their swallowing reflex or mental health difficulties such as anxiety about their health or missing lessons or social time for the administration of their medicines.
- If the pupil is taking tablets, encourage them to take them with a little water first, then offer a juice drink of their choice unless contraindicated. Extra care should be taken with pupils who are very young or who have SEND and may just need more time to take their medicines.
- Listen, show empathy, and also explain that taking their medicine is in their best interests, so that they can either get better or stay well and live as active and healthy a life as possible.
- Offer positive feedback if the pupil has taken their medicine and ensure they have enough recovery time before being sent back to lessons if they had made some request prior to medication administration, this should be facilitated for them.
- Ensure medicine records are fully completed and the refusal detailed and reported appropriately.

As part of their regular monitoring of the administration of medicines and issues such as refusal, name of role/staff should consider the environment in which pupils are expected to have their medicines administered and whether it is private, comfortable, and contains appropriate distractions staff can use such as posters on the ceiling or wall for times when pupils need to tip their head back or lie still on their side for several minutes.

6. Covert administration

Covert administration is the process where a medicine is administered in a disguised way, usually orally mixed with food or drink or through a feeding tube, without the knowledge or consent of a pupil.

A fundamental human right enshrined in the Mental Capacity Act 2005 is every adult's right to make their own decisions (even unwise ones like refusing healthcare) and that professionals working with them *must* assume they have the mental capacity to do so unless it is proved otherwise. Children are not automatically deemed to have this same mental capacity due to their age, and lack of knowledge, and experience which makes them vulnerable people who need a parent or guardian to act on their behalf. Young people aged 16 and 17 are presumed to have the mental capacity to make their own decisions about their healthcare and children under the age of 16 can also be deemed 'Gillick competent minors' by a clinician (see Gillick competence and Fraser guidelines | NSPCC Learning for more information).

It is clinicians and parents or carers who need to understand why a child is refusing a medicine and come to a decision on how to deal with it on the basis of pragmatism e.g., a different oral form of drug,

treatments less often, or resignation that some compliance is better than none. Obtaining compliance by force risks the long-term consequence of disenfranchising the eventual adult from seeking clinical care in future, perhaps resulting in very serious enduring harm.

Some medicines cannot be taken with or after food and some become ineffective when mixed with certain foods or drink.

Crushing a tablet or opening a capsule before administration can make its use 'off-licence' meaning not UK approved and potentially dangerous. Altering the characteristics of a medicine may change a person's response to it e.g., crushing a tablet designed to release slowly over 24 hours might result in overdose or it could increase any adverse effects due to the whole dose being released too quickly.

Diluting a liquid medicine in a drinks bottle and allowing a pupil to consume it in a classroom over hours and not minutes may mean the medicine will not work or it has an adverse effect instead. A drinks bottle left where other pupils might drink from it is also an unacceptable risk to other pupils. It is a very serious safety and legal matter if someone takes a prescription or OTC medicine that has not been prescribed to them.

The role of school and school staff when administering medicines to reluctant pupils is primarily to:

- follow the directions of clinicians;
- use gentle persuasion but *never* force administration;
- keep accurate records about refusal; and,
- appropriately share information that may help resolve future refusals e.g., that taste is the issue.

This school will not covertly administer medicines to a pupil unless:

- the pupil actively refuses the medicine; *and,*
- they are considered to lack mental capacity by their clinicians; *and,*
- there are explicit clinician instructions on how to do it safely; *and,*
- there is explicit written parental consent to do so; *and,*
- there are exceptional reasons why we should.

Consent form C2 requiring input from a clinician will be required. We may also seek independent pharmaceutical advice at any time if we are concerned about what we are being asked to administer and how.

If this school agrees to administer a medicine to a pupil covertly, relevant detail in the IHCP will include where necessary:

- how to give the medicines overtly (openly in the normal manner);
- how to give the medicines covertly (disguised);
- specific information about the suitability of the method chosen, for example crushed or mixed with certain food or drinks;
- whether the medicine is unpalatable (size, taste, texture etc.);
- adverse effects (actual or perceived);
- swallowing difficulties;
- lack of understanding about what the medicine is for;
- lack of understanding of the consequences of refusing to take a medicine;
- ethical, religious, or personal beliefs about the treatment;
- what staff are to do if the pupil also refuses the food or drinks that contain the disguised medicine.

Staff who have **any** concerns about the covert administration of **any** medicine to a pupil must address their concerns in the first instance to role/name of staff. If, for any reason, they are unavailable the Head teacher/other senior leader will seek urgent advice from one of the pupil's clinicians or a pharmacy.

7. Administering medicines

These procedures seek to ensure we achieve the six "rights" to the safe administration of medicines.

- Right person that we hold the right consent to administer to,
- Right medicine,
- Right dose,
- Right time,
- Right route, and
- Right records.

7.1. Self-administration

It is school policy that all pupils will self-administer their own medicines if they are capable of doing so safely and if we hold explicit parental consent for this. Depending on the capability of pupils or explicit instructions in their IHCP, staff will either measure the dose and give it to the pupil to use, or staff will never lose sight of the medicine and will check the dose the pupil has measured as they do it or before they use it.

Pupils can be assessed as competent to self-administer by [insert who e.g., role/name of staff, any authorised member of staff listed [insert where], any trained and assessed member of staff listed [insert where]]. This usually involves the member of staff explaining school procedures to the pupil and observing closely how they follow them while providing any necessary support, after which they should mark the consent for self-administration as 'agreed', 'with support' or 'not agreed.'

Pupils who did not pass their assessment to be able to administer their own medicines can be assessed again at any time.

If the assessment of the pupil's capacity to safely administer their own medicines does not match with parents' or carers' wishes and consent, they must be informed and a plan may need to be agreed to develop the necessary skills.

Staff supervising self-administration will ensure:

1. they have a trained witness with them where possible unless the medicine is a controlled drug when they *must* have a trained witness present to agree checks, watch the medicine being taken, and legibly sign the record.
2. they have the right pupil, right medicine, and right records (see relevant steps in the 'All medicines' section below), that consent includes self-administration, and that the pupil is agreed as competent to self-administer.
3. they have clean hands and that the pupil washes and dries their hands thoroughly.
4. the pupil knows the important details from the prescription, packaging, or patient safety information leaflet e.g. what they need the medicine for, how to use it, and things to be aware of as far as they can understand.
5. the pupil has everything they need to self-administer e.g., spoon, disposable gloves for topical medicines if the instructions recommend patients use them, food if it must be taken with food, water to drink afterwards etc.
6. they carefully watch the whole process and do not carry out any other task until the medicine has been used successfully.
7. the pupil carries out any post-administration tasks like washing their spoon or hands.
8. they complete the administration records and note and report any significant issues (see all relevant steps in the 'All medicines' section below).

If a pupil will be self-administering more than one medicine at a time, staff supervising the process must ensure they follow the procedure as if they were the one administering it regarding presenting the pupil with **only ONE medicine at a time** with its records and in such a way that it is not possible to confuse one medicine for another.

Medicines must never be put out in advance (sometimes called 'potting up'), especially if more than one medicine is due at the same time for a pupil or when more than one pupil is due their medicine because this can lead to accidents and errors.

If a member of staff supervising a pupil's self-administration of a medicine is unsure what to do at any stage when following this procedure, or if the information checked does not match with expectations, they must ***STOP***, not administer the medicine, and refer to role/name of staff for advice before proceeding.

7.2. All medicines

When a pupil is not able to self-administer their own medicines, a member of staff who has been trained and assessed as competent to do so will administer it in line with the following procedures.

If a member of staff administering a medicine is unsure what to do at any stage when following this procedure or if the information checked does not match with expectations, they must ***STOP***, not administer the medicine, and refer to role/name of staff for advice before proceeding.

Preparation

1. Find a trained **witness** to observe if possible unless the medicine is a controlled drug when a trained witness *must* be present. Controlled drugs must NEVER be administered without a witness present to agree the checks made, watch the dose being measured, and the medicine being taken, and to legibly sign the records.
2. When the secure records store and/or the restricted access or secure medicines store is not where the medicine will be administered:
   - **a)** Collect the pupil and the medicine **records** –Individual Health Care Plan (if the pupil has one), the signed/authorised Parental Consent to Administer Medicines (Form C1, C2, or CD), and the Administration of Medicines Record (Form CD, D1, D2, or E1 if this is a one-off administration e.g., necessary pain relief).
   - **b)** Collect the **medicines** using [insert agreed secure and discreet method].
3. Collect the **pupil** or wait [in the agreed place or insert room all medicines are administered in] for them to arrive as scheduled.

Administration

1. Thoroughly **wash and dry hands** and any necessary equipment e.g., medicine spoon, oral syringe, measuring cup, glass, tablet cutter.
2. If required, undertake other **preparations or infection control** procedures such as checking the examination bed liner is unused if the pupil needs to lie down for administration or if they might need to lie down afterwards, preparing other necessary equipment, safely donning fresh Personal Protective Equipment (PPE) if needed in the circumstances.
3. Ensure **only ONE medicine is administered at a time** by arranging medicines and records to ensure that it will be impossible to confuse one medicine for another and administer the wrong dose i.e., have out one medicine and only the records for that medicine; check, administer & record it; and put away the medicine and the record ***before*** setting out another, even if it is to the same pupil. There is no need to wash clean hands between medicines for the same pupil.

Establish the SIX RIGHTS of medicines administration

ALWAYS ask the pupil or talk to them about each check in an age or stage appropriate way.

1. **Right pupil** – Have no other pupil records nearby. Check the pupil's identity and their IHCP for important information such as valid parental consent to administer *this* medicine to *this* pupil, whether self-administration has been assessed and agreed, is not agreed, or if agreement is being worked towards and further assessment is required, their allergy status, any preferred method of administration if there are options, whether they might refuse the medicine, adverse effects they have experienced before to be alert to etc.

2. **Right medicine** – Have no other medicine records nearby.

   - Check the person's name on the prescription medicine label or the non-prescription medicine label written by parents or carers matches the pupil's name. Be vigilant in checking the date of birth of the patient on prescription labels with the pupil's when a parent or carer shares the same name as the pupil and the adult's prescription may have been handed to school in error.

   - Check the name of the medicine on the prescription label matches the name of the medicine in the IHCP and in the administration record, and that the name of the medicine on the external packaging *and* the blister pack or container inside also matches. Double check that the strength of the medicine matches to ensure it has not been mixed up with a much stronger version. This can happen when an adult in the household with the same name takes the same medicine and the wrong blister pack or container has been put back in the wrong packaging at home.

   - Check the physical state of the medicine, packaging, and labelling, noting ready to report any significant damage such as a pierced blister pack or cracked pill container, that the expiry date has not passed, and whether storage had been suitable i.e., it was in the fridge if it requires refrigeration. When a medicine has a different expiry date once opened, commonly eye, ear, or nasal drops and sprays, and most oral liquid suspensions, the date of opening should be written on the bottle and packaging where possible. Consult the packaging or Patient Information Leaflet for the expiry period from opening which is often 28 days but can be less so it must be checked. It is not good practice to calculate the expiry date from the date of opening and write it on the medicine in case it is confused for the opening date.

   - Check the amount of medicine available is as expected and note how much will be left after administration. If there appears to be too much medicine available or not enough, ***STOP***, do not administer the medicine yet. Re-check the records and the medicine store and refer to role/name of staff first if still unsure whether there has been a previous missed dose or if the due dose has already been taken *before* administering *this* dose of the medicine. Missing medicines, especially controlled drugs must be recorded [state how] and reported immediately to role/name of staff.

3. **Right dose** – Check that the required dose matches all the relevant medicine-related records and any special instructions on the dispensing label e.g., "not to be given with milk or antacids" or "to be taken with food" etc. and take appropriate action.

   NEVER dispense a medicine (take it from its original container) and give it to another member of staff, unless it will remain in sight the whole time and you and the witness can see the pupil take it.

4. **Right time** – Check against the IHCP and the administration record that this medicine is for this pupil, that they are due to have it *now*, the dose they should be having, the normal frequency etc., that nothing has changed, and that the pupil has not already had it.

   Giving a medicine too late or too early can have serious consequences for the way the medicine works and on the health or wellbeing of the pupil. This can include occasions when the timing of a dose interferes with how it should be taken, for example offering a pupil their medicine after lunch when it must be taken on an empty stomach. If a previous dose was too recent, there is also a danger of toxicity.

5. **Right route** –

   - **Covert administration** e.g., medicine mixed with food or drink, is strongly discouraged, and can only be carried out if it is explicitly agreed with parents in the pupil's IHCP and clear written parental consent is held (see section 4.3 below). Refer all concerns to role/name of staff.

- Ensure all pupils who self-apply a **topical cream, ointment, or dermal (skin) patch** thoroughly wash and dry their hands first. Offer disposable gloves to pupils if the medicine's instructions recommend users wear them to apply it. Some topical medicines feel unpleasant and are difficult to wash off the hands so hesitant pupils may apply it more thoroughly if given a disposable glove.

  ALWAYS wear disposable gloves to apply any medicine to pupils topically, including dermal patches. Without the physical barrier to stop the medicine from absorbing into the skin of the member of staff applying it, this could be medically problematic if staff have an allergy to the pupil's medicine or use a medicine themselves that has contra indications for mixing with the pupil's medicine, and legally problematic if it is a prescription medicine because a prescription can only be used by the person it is prescribed to. In applying a topical medicine with an unprotected hand, the member of staff will be inadvertently using a drug that was not prescribed to them.

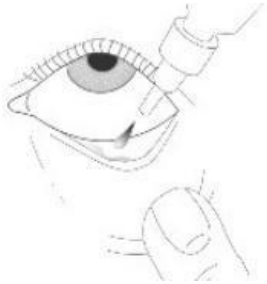
- Ensure all pupils taking **oral medicines** sit or stand upright comfortably and have at least 100-150ml of drinking water available. Oral medicines can only be administered to prone pupils by staff who have been specially trained in the risks and controlling them. [If administering an oral medicine to a pupil who is lying down is routine, make clear above that all staff are specially trained if they are, or insert here how staff will know who is specially trained]. Refer all concerns to role/name of staff.

  Support the pupil to self-administer oral medicines or administer the medicine for them as follows:

  - Most liquids should be shaken well before opening for about 10 seconds. ALWAYS check the medicine's instructions first.
  - Measure liquid doses of less than 5 millilitres (ml) with an oral syringe (NHS how to video), doses of 5ml increments with a 5ml medicine spoon (1 full spoon = 5ml, 2 full spoons = 10ml, 3 full spoons = 15ml, 4 full spoons = 20ml) or an oral syringe or use a measuring cup for larger doses.
  - NEVER refill an oral syringe from a medicine bottle for a second dose after the syringe has been in a pupil's mouth without thoroughly washing it first. Use a clean syringe or a larger measuring spoon or cup to give a whole dose in one go instead.
  - NEVER use a household teaspoon or dessert spoon to measure liquid doses.
  - For solid doses in capsule, tablet, or powder form, open the packet, blister pack, or container and count, weigh, or pour out the correct dose into a medicines pot without touching it.
  - ALWAYS ensure powders that must be added to water are thoroughly mixed before being consumed. Powders can only be mixed with water and not something else like juice except under the express written directions of a clinician or pharmacist. Some medicines are contra-indicated for acidic mixers.
  - NEVER open capsules, cut, or crush tablets except under the express written directions of a clinician or pharmacist. Doing so will make a drug "off licence" (unapproved because it is not in the form prescribed) but also potentially dangerous. Opening a capsule that is meant to release a drug slowly into the bloodstream from the gut, or changing the nature of a medicine e.g., from a solid tablet to a loose powder can seriously affect the way the medicine acts on the body. Splitting tablets can also result in differences between fragments of the medicine which can alter the therapeutic dose.
  - NEVER cut tablets unless the instruction to administer only a portion of a whole tablet is from a clinician i.e., clearly stated on the prescription label *and* the parent or carer has not provided the tablets pre-cut as requested. [Insert details of any secondary safety measure to protect staff and pupils e.g., whether parents will be consulted first, whether only name of staff/role and their deputy are authorised to cut tablets etc.].

- Take steps to ensure parents or carers are reminded to please provide tablets for their child in a form that is ready for them to take i.e., already pre-cut. Encourage parents or carers who have difficulty with this task to ask their pharmacy to provide tablets in the correct dose amounts for their child or pre-cut.
- NEVER dispense part-used medicines to a pupil and ALWAYS dispose of part used or split medicines that cannot be stored according to the manufacturer's instructions i.e., when a tablet is popped out of a blister pack and split, the unused half should be disposed of (see disposal below).
- Pass the correct dose over to a pupil who can self-administer or administer it to a pupil who needs support in accordance with their IHCP. ALWAYS use a medicine spoon and not fingers if the pupil needs support to put a pill or tablet in their mouth, even when wearing disposable gloves.
- Encourage the pupil to drink water to help the medicine go down and to wash away any unpleasant taste.

- Support the pupil to self-administer **eyedrops** or administer the medicine for them as follows:
  - Ensure the pupil is sitting upright comfortably (or lying down) and has water to drink afterwards. The ears, tear ducts, nose, and throat are all connected so pupils may taste eyedrops.
  - Avoid touching the pupil's eyes with your fingers or the nozzle.
  - Ask the pupil to tilt their head slightly up and backwards and to pull gently downwards on their own lower eyelid (as pictured right). If the pupil cannot do that, use the thumb of your free hand.



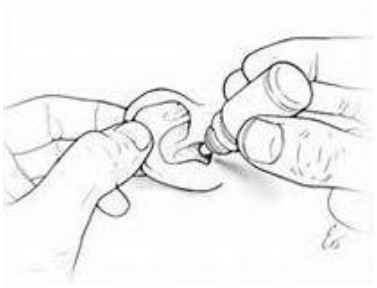
  - Squeeze the bottle gently to release the required number of drops as pictured right, release the eyelid, and ask the pupil to remain in that position for a moment and blink rapidly before they sit more naturally and wipe any excess with tissues.
  - WAIT 5 MINUTES before administering another dose of a different eyedrop. ALWAYS administer multiple eyedrops in the following order for best results.
    1. Aqueous solutions such as chloramphenicol,
    2. Drops which sting such as atropine,
    3. Suspensions such as dexamethasone,
    4. Eye ointments such as Lacrilub.
  - If an administered eyedrop clearly misses the eye completely, discount it and administer another drop to replace the missed drop. If the eyedrop hits the eyelid and some may still have run into the eye, do not discount the drop, and *do not administer more drops* than the required dose. Record the number of drops that *may* have missed the eyeball but were not discounted under "Reactions" on the administration record. This might be important information that the child's clinicians will need to know if the medicine is not working as they expect and it may lead to a change in the pupil's treatment plan.
  - For pupils who find it impossible to keep their eyes open, it may be more appropriate for staff to adopt the technique more commonly used with babies where the pupils lies down with closed eyes and a drop is placed in the corner and encouraged to run into the eye.
  - Allow the pupil's eyes to adjust from the effects of the eyedrops before they return to lessons and record any adverse effects, reactions they experienced, or other concerns.

- Support the pupil to self-administer **eardrops** or administer the medicine for them as follows:
  - Ensure cold drops are warmed gently to at least room temperature for about 30 minutes before administering to avoid the pupil feeling dizzy and disoriented after administration. If required and appropriate, eardrops can be gently warmed to body temperature in a pupil's pocket. This need must be noted in the pupil's IHCP or on the consent form for the medicine under dose details.

- Check the pupil's ear is clean and if not encourage them to safely clean only the outer part of their ear around the ear canal but not inside it. NEVER allow a cotton bud to be inserted into the ear canal.
- When cleaning a pupil's ears or administering eardrops for them, wear disposable gloves.
- Ensure the pupil is sitting upright comfortably with their head tilted back and to the side or lying comfortably on their side with the affected ear uppermost. Check they have water to drink afterwards. The ears, tear ducts, nose, and throat are all connected so pupils may taste eardrops.
- Ask the pupil to either gently pull the top corner of their ear up and back (older children and adults) or grip their ear lobe and pull gently down and back (babies and young children) to straighten the ear canal and help the drops pass down it. If the pupil cannot do that, use the thumb and forefinger of your free hand to pull whichever part of the ear in whichever direction opens the ear canal best.



- Shake the bottle well, remove the cap and put the tip of the nozzle just inside the ear hole, trying to avoid touching the ear with the nozzle and contaminating it.
- Squeeze the bottle to release the required number of drops, gently press the flap of ear beside the ear canal over the entrance a few times to encourage the drops to run down inside and release the ear.



- Ask the pupil to stay in the same position for a few minutes to aid absorption before they sit up, wipe away any excess with tissues and return to class. Record any adverse effects, reactions they experienced, or other concerns.

- Support the pupil to self-administer **nasal drops or sprays** or administer the medicine for them according to the prescription and/or manufacturer's instructions and the pupil's IHCP.
- Support the pupil to self-administer **asthma-related nasal sprays** or administer the medicine for them as follows (https://youtu.be/S31maomo1xQ):
  - Ask the pupil to gently blow their nose to get rid of any mucus and ensure they can sniff air through each nostril before spraying, dispose of the tissues, and wash their hands.
  - Ensure the pupil is sitting comfortably and has water to drink afterwards. The ears, tear ducts, nose, and throat are all connected so pupils may taste the spray. Good nozzle positioning and inhalation technique will reduce this.
  - Ask the pupil to shake the bottle well with the cap on for 10 seconds. Take off the cap. Hold the nasal spray upright, point the nozzle away from everyone and press the button on the side or press the pump down until a fine mist of spray can be seen coming out. This means it is now ready for use.
  - Ask the pupil to hold the nasal spray in the opposite hand to the nostril into which it will be used. Tilt their head forwards a little bit. Place the nozzle just inside their nostril, pointing it slightly outwards, away from the centre of the nose. This helps the medicine get to the right place and helps to avoid adverse effects. Some brands recommend blocking the other nostril with a finger.
  - Ask the pupil to press the button on the side or press the pump down and breathe in very gently through their nose and not to sniff hard. Take the nozzle out and breathe out through their mouth. If their dose is 2 sprays, repeat these steps.
  - Use the same technique to use the nasal spray in the other nostril. If using the correct nasal spray technique, it shouldn't drip from the nose or down the back of the throat.

  - Encourage the pupil to avoid sneezing or blowing their nose just after using the spray by concentrating on breathing steadily.

- If a pupil is *not* having breathing difficulties but using a **treatment inhaler**, follow the instructions for administering it as outlined in the pupil's IHCP. Visit How to use your inhaler | Asthma UK for videos on how to use 21 different asthma treatment devices.
- If a pupil has a **MART treatment plan** for asthma (usually prescribed for those aged 12 and over), follow ***ONLY*** the MART plan.
- If a pupil has no MART plan, *is* having some breathing difficulties, and needs to use a **reliever inhaler**:
  - Ensure the pupil is sitting upright comfortably and has at least 150ml of drinking water available if the medicine is a steroid.
  - ALWAYS use a spacer when one is available when giving or supporting a pupil to use their treatment or an emergency reliever inhaler. NEVER use a spacer that is wet or has been dried with a cloth. If the spacer is wet inside or if rubbing the plastic with a cloth has created a static charge, the medicine will stick to the spacer, and the pupil may feel no benefit after using it.
  - Attach the pupil's reliever inhaler to the spacer. If using the school emergency salbutamol reliever inhaler because there is something wrong with the pupil's own device or it is unavailable, check the asthma register and that parental consent is held first, and then follow the administration instructions in the emergency asthma kit unless the IHCP states otherwise.
  - Press the dispensing button on the reliever inhaler to deliver ONE puff into the spacer and offer it to the pupil.
  - Ask the pupil to breathe steadily and deeply using the spacer for 30-60 seconds.
  - If there is no immediate improvement, give ONE further puff of the reliever inhaler every 30-60 seconds (to a maximum total of 10 puffs).
  - If the pupil improves and the medicine is a steroid, ask them to drink at least 100-150ml water afterwards to help prevent fungal mouth infections. If unsure, offer water anyway and encourage good hydration.
  - If the pupil still seems breathless or uncomfortable after the maximum number of reliever inhaler doses has been given, refer to IHCP for urgent next steps (usually immediate referral to their parents and clinician).
- Check the medicine has been used or taken properly before allowing the pupil to leave or before putting the medicine away if administering another one. If the pupil refuses the medicine including accidental or deliberate choking or vomiting, or they exhibit behaviours like trying to detach a patch, palming tablets (passing them surreptitiously from one hand to the other to throw or pocket them while pretending to take them with the other hand), spitting it out immediately, hiding it in their mouth to spit out later etc., ***STOP***, support the pupil, ***do not administer a further dose***, record what happened, and refer to role/name of staff for advice.

6. **Right records** –

- Record on the administration record details of the medicine given, or that it was offered and refused, or that administration went wrong in some other way (see above).
- Record any other issues and trigger any action necessary e.g., notification to parents of insufficient pre-cut tablets.
- Ensure any witness to the procedure has signed the administration record.

Before administering another medicine…

1. Safely doff any disposable gloves or apron worn if about to administer a medicine to a different pupil. There is no need to change PPE when administering another medicine to the same pupil.
2. Once it has been used, return the medicine to the safe storage place identified on the risk assessment immediately. Alternatively, if there is more than one medicine to administer and it is impractical to return each one to the safe storage place after administration, remove the used medicine from the immediate work area so that it cannot be confused with another medicine before administering the next one.
3. Return the completed and signed administration record to the pupil's file and put the file in the safe records storage place. Alternatively, if there is more than one medicine to administer and it is impractical to return each pupil or medicine record to the safe storage place after administration, remove the record from the immediate work area so that it cannot be confused with another one before administering the next medicine.
4. Update the IHCP with any important new information [or insert way to record and report appropriately to the person who is responsible for updating IHCPs if other staff are not permitted to change those records].
5. Wash all used equipment thoroughly in warm soapy water including any spacer used to give an inhaled medicine if it got dirty while giving a dose. Air dry equipment where possible and put all dry equipment away. NEVER wipe spacers inside or out with a paper towel or cloth of any kind. Rubbing the plastic spacer can build up a static charge that stops them working by causing the fine mist meant to be inhaled to stick to the inside of the spacer instead.
6. ALWAYS ensure information that needs to be recorded and reported home or to a clinician is passed on to [insert name/role of staff and one other name/role in case of their absence].

Always doff PPE and thoroughly wash & dry hands between pupils, even if gloves were used.

If a member of staff administering a medicine is unsure what to do at any stage when following this procedure or if the information checked does not match with expectations, they must ***STOP***, not administer the medicine, and refer to role/name of staff for advice before proceeding.

8. Disposing of medicines

The disposal of waste medicines is subject to the Hazardous Waste Regulations (2005) and regulated by the Environment Agency. The storage, carriage, processing, and supply of waste are all subject to stringent controls designed to minimise the negative effects of waste on the environment and humans who live or work in it. The regulations prohibit the mixing of hazardous waste with non-hazardous waste.

Our school policy is to return all unused medicines to parents and carers for proper disposal by them when necessary. We might do this when:

- their child's treatments stops or changes;
- their child leaves this school;
- their child's medicines have expired or will expire during a school holiday period;
- something has happened to the medicine, and it is no longer fit for use e.g., a used or damaged dermal patch, the bottle cap is broken and can't be sealed, the unused half of a split tablet that cannot be stored properly, tablets that have been spat out or dropped on the floor.

Properly controlling medicines in school and ensuring anything that is not fit for use or not needed anymore is sent home ensures that:

- medicines belonging to a pupil who has left this school cannot be confused with another pupil's medicines and be administered in error;
- medicines no longer prescribed cannot continue to be administered in error;

- expired medicines that have become ineffective or harmful due to their age cannot be administered.

For more information about the process of returning medicines to parents or carers, see the end of Section 3 on Receiving medicines above.

If medicine becomes waste because it is contaminated before it can be properly administered e.g., a tablet spat out onto the floor, it must be put in a tamperproof container and stored securely until it can be handed over to parents or carers.

Staff should use a small resealable plastic bag labelled with the pupil's name, date of birth, and today's date taped over the seal in such a way that it cannot be opened again without obvious signs of tampering. If the medicine is a controlled drug, the member of staff managing the administration procedure must ensure their witness watches them do this and sees them put the sealed bag in the designated locked cabinet in the secure medicines store ready to be handed over at the end of the school day.

[Remove the following paragraph if you are **not** a registered waste carrier - schools that buy emergency salbutamol or adrenaline **must** register or they cannot legally dispose of their own expired medicine. Considering Benedict's Law (2026), every school in England and Wales must register]. If it is not possible to return waste medicine home, or the waste is ours, staff must put the waste into the tamperproof sharps box designated for this purpose. If the medicine is a controlled drug, the member of staff managing the administration procedure must ensure their witness watches them do this.

The designated sharps boxes for waste medicines can only be disposed of in accordance with our agreement with the receiving pharmacy on handling waste medicines and our registration to carry it there for disposal.

9. Records and retention

School will keep a record of all medicines that we administer to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

For more information about the forms to use and recording the administration of medicines, staff can access our Supporting Pupils with Medical Conditions Policy and the associated record forms on our secure staff network [insert where or a link or say where printed copies can be found].

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should be held in a separate file to the pupil file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

Records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, like Forms CD, D1, and D2, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.