



## **Administration of Medication Policy**

### **NEXT GEN Engagement**

**Policy Owner:** Adam Pickersgill

**Review Cycle:** Annual

**Next Review Date:** 21.01.27

**Approved by:** Director

**Date Approved:** 21.01.26

### **1. Purpose**

This policy outlines the procedures and responsibilities involved in the administration of both prescribed and non-prescribed medication to students to ensure their safety, wellbeing, and full participation in education at [Name of AP].

### **2. Legal Framework**

This policy is compliant with:

- Children and Families Act 2014
- The Equality Act 2010
- Supporting Pupils with Medical Conditions at School (DfE guidance)
- Health and Safety at Work Act 1974
- GDPR and Data Protection Act 2018

### **3. Roles and Responsibilities**

#### **The Headteacher/Provision Lead will:**

- Ensure there are sufficient trained staff to manage and administer medication.
- Oversee implementation and annual review of the policy.
- Ensure staff are aware of students with medical conditions and any emergency protocols.

#### **Designated Staff (Medication Administrator):**

- Maintain accurate records of medication received, administered, and disposed of.
- Ensure secure storage of all medications.
- Administer medications in accordance with written instructions and IHPs (Individual Healthcare Plans).
- Complete relevant training and refreshers.

#### **Parents/Carers:**

- Provide written consent using the appropriate forms.

- Supply medication in original packaging with the pharmacy label.
- Notify the school of any changes to the child's condition or medication.

**Students (where appropriate):**

- May be encouraged to self-administer medication under supervision.
- Must not share medication with other students.

**4. Prescribed Medication**

- Will only be accepted if prescribed by a healthcare professional.
- Must be clearly labelled with student's name, dose, timing, and expiry date.
- Stored securely in a locked cabinet or fridge.
- Administration logged with time, dose, and staff signature (and witness where possible).

**5. Non-Prescribed Medication**

- Only administered with written parental consent.
- Kept to a minimum (e.g. paracetamol, antihistamines).
- Never administered without prior agreement, and never on a long-term basis.

**6. Emergency Medication**

- Includes EpiPens, inhalers, and seizure medication.
- Must be easily accessible in emergencies.
- All staff must be trained in emergency use and response.
- Spare emergency medication may be stored with parental consent.

**7. Record Keeping**

- Medication Administration Records (MARs) are kept for each student.
- Records retained securely and in line with GDPR.
- Any errors or incidents must be logged and reported immediately.

**8. Storage and Disposal**

- Medications are stored in a locked cabinet or medical fridge.
- Keys held by authorised staff only.
- Expired or unused medication returned to parents or disposed of via a pharmacy.
- Sharps disposed of in line with medical waste guidance.

**9. Training**

- All designated staff receive accredited training.
- Refresher training provided annually or as needed.
- Records of staff training are maintained.

**10. Individual Healthcare Plans (IHPs)**

- Developed for students with complex or long-term medical needs.
- Created in collaboration with parents/carers, healthcare professionals, and staff.
- Reviewed regularly or when a student's condition changes.

**11. Off-site and Trips**

- Risk assessments must consider medication needs.

- Staff must carry emergency medication and consent forms.
- Parents informed of procedures and expected to provide necessary medication in advance.

## **12. Confidentiality**

- Student health information is shared on a need-to-know basis only.
- All staff handling medication are trained in confidentiality and GDPR compliance.

## **13. Policy Review**

This policy will be reviewed annually or in response to significant changes in legislation, guidance, or the needs of the setting.