Built on botheredness . . .
the enquire learning trust

Administration of Medicines Policy

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Version History

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Date	Author	Version	Comment
September 2023	JMc / MR	1	First issue
December 2024	SG		Reference to paracetamol added under section 5 and 6 in relation to it not being a prescribed medication
November 2026	S Clawley	2	Full statutory review and update.

1. Purpose and statutory framework

Enquire Learning Trust will support pupils with medical conditions so they can access education, physical activity, trips and wider school life safely and as fully as possible. This policy has regard to section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils at school with medical conditions (December 2015), which remains in force pending revision. It must be read with safeguarding, first aid, health and safety, SEND, educational visits and the academy's separate published Allergy Safety Policy. Early years provision will also meet the current EYFS statutory framework.

2. Scope and responsibilities

This policy applies during the academy day, wraparound care, clubs, trips, residentials and academy-organised activities. Trustees and leaders must ensure effective arrangements, sufficient trained staff, appropriate insurance, accessible procedures and annual review. A named senior leader will oversee systems, records, training and liaison. Parents must provide accurate information, written consent and in-date medicine in its original labelled container. Pupils will be involved and supported to self-manage where safe. Staff will not undertake administration or a healthcare procedure without suitable information, training and confidence, while all staff must summon help and act within competence in an emergency.

3. Individual healthcare plans

An Individual Healthcare Plan (IHP) will be considered for long-term, complex, fluctuating or emergency conditions, or where a condition affects attendance, participation or safety. Developed with the pupil, family, staff and healthcare professionals as appropriate, it will record triggers, symptoms, treatment, support, storage, access, self-management, emergency action, contacts, training, trips and contingencies. It will be reviewed at least annually and sooner after a change, incident, near miss or concern.

4. Consent and medicines accepted

Medicine will normally be administered only with written parental consent stating the pupil, medicine, purpose, dose, route, timing, dates, precautions and contacts. Emergency action may be taken without prior consent to preserve life. Prescription medicine must be in its original container as dispensed with the label intact. Paracetamol, ibuprofen, antihistamine or another non-prescription medicine may be given only where the academy agrees, written consent and clear instructions exist, and original packaging is supplied. Staff must check previous doses, intervals, maximum dose, allergies and contraindications and inform parents the same day. Aspirin will not be given to anyone under 16 unless prescribed by a doctor.

5. Storage, access and administration

Medicines will be stored securely and according to manufacturer instructions while remaining accessible to authorised staff. Emergency medicines such as reliever inhalers, adrenaline auto-injectors, glucagon and seizure rescue medicine must not be locked away in a way that delays access. Refrigerated medicine will be kept in a labelled closed container with controlled access and temperature monitoring where required. Before administration staff will confirm the right pupil, medicine, dose, route, time and record. A second trained check should be used where practicable for controlled drugs or high-risk tasks, but emergency treatment must never be delayed. Self-administration arrangements must be documented. CPOMS may add context but does not replace the formal medicine record.

6. Controlled drugs and records

Controlled drugs will be kept in a non-portable locked container with access limited to named staff unless immediate access is clinically necessary. Receipt, administration, running balance, return and disposal will be recorded and, where practicable, witnessed. Discrepancies must be escalated immediately. Every administration or refusal must be recorded contemporaneously, including pupil, date, time, medicine, dose, route, staff signature, reason where relevant, reaction and follow-up. Records, consent, IHPs, stock checks, training and incidents will be secured and retained under the Trust retention schedule and UK data protection requirements.

7. Emergencies, errors and refusal

For an error, suspected overdose, adverse reaction or serious deterioration: stop and assess; follow the IHP; call 999 for life-threatening concern; seek clinical advice; contact parents without delaying treatment; retain packaging and records; monitor the pupil; and report and document the incident. Leaders will consider safeguarding, RIDDOR and other reporting duties and learn from incidents and near misses. A refusal will not be forced; it will be recorded, parents informed and urgent advice sought where risk arises. Emergency information and the IHP will accompany a pupil to hospital.

8. Trips and extended provision

Pupils will be included in visits, residentials, sport, clubs and wraparound provision wherever reasonably possible. Risk assessment must cover trained staff, medicine, storage, transport, plans, emergency contacts, records and contingencies. Emergency medicine must remain immediately accessible. Reasonable adjustments will be made under the Equality Act 2010 where applicable.

9. Disposal, training and confidentiality

Parents must collect expired, discontinued or unused medicines. Medicines must not enter general waste or wastewater; uncollected medicine will be returned through an appropriate pharmacy route and sharps placed in an approved container. Staff will receive role-specific instruction from a suitably qualified healthcare professional or recognised provider, refreshed when advised or needs change. Leaders must confirm competency, not merely attendance. Relevant temporary, catering, club and visit staff will receive necessary information. Medical information will be shared only on a need-to-know basis, except where sharing is necessary to protect life or prevent serious harm.

10. Unacceptable practice, complaints and review

It is unacceptable to delay access to emergency medicine; assume identical treatment for pupils with the same condition; ignore pupil, parent or clinical views without good reason; send an unwell pupil unaccompanied where unsafe; penalise legitimate medical absence; require parents routinely to attend to administer medicine; prevent necessary food, drink or toilet breaks; or create unnecessary barriers to activities. Concerns should be raised with the headteacher or nominated leader and formal complaints will follow the Trust procedure. The named leader will audit records, expiry dates, stock, IHPs, incidents, near misses and training. This policy will be reviewed at least annually and sooner following legal change, guidance, an incident or a material change in practice.

Appendix: minimum pre-administration checks

- Confirm the pupil using two identifiers where practicable.
- Match the medicine to the written authorisation or IHP.
- Check dose, route, measuring device and instructions.
- Check time, previous dose, minimum interval and maximum daily dose.
- Check expiry, appearance, storage, allergies and contraindications.
- Observe as required, record immediately and inform parents in line with the plan.