EAVES PRIMARY SCHOOL

Administration of Medicines Procedure

2026–27

Headteacher	Mrs Melissa Lawrenson
DSL	Mrs Lloyd
DDSLs	Mrs Lawrenson, Mrs Leavesley and Mrs Bowles
Related documents	Supporting Pupils with Medical Conditions Policy; First Aid Policy & Needs Assessment; Allergy Safety Policy; Educational Visits Policy
Recording system	Arbor, together with pupil-specific medication/IHP records as applicable
Review	At least annually and sooner following significant change, incident or revised guidance

Core rule

Medicines are administered only where this is necessary to support a pupil's health and access to education, and in accordance with written parental consent, the medicine label/instructions, any Individual Healthcare Plan (IHP), relevant healthcare advice and staff training. Emergency treatment must never be delayed while paperwork or parent contact is sought.

1. Purpose and statutory basis

This procedure sets out the safe day-to-day arrangements for receiving, storing, administering, recording and returning medicines at Eaves Primary School. It implements the school's Supporting Pupils with Medical Conditions Policy and should be read alongside current DfE statutory guidance, KCSIE 2026, the July 2026 statutory Allergy Safety guidance and relevant medicines legislation.

Supporting a pupil with medicines is distinct from general first aid. First-aid medicines are not kept in first-aid boxes.

2. Before medicine is accepted by school

- Parents/carers must provide written consent and sufficient information about the medicine, dose, timing, method and any special precautions.
- Prescription medicines should be supplied in the original container as dispensed by a pharmacist, with the pupil's name, medicine name, prescribed dose, method/frequency and relevant instructions clearly legible.
- School will not alter a prescribed dose or instruction on verbal parental request alone. A change must be supported by an updated pharmacy label, prescriber instruction or other appropriate written clinical direction.
- Where clinically possible, parents should ask prescribers whether medicines can be prescribed in dose frequencies that avoid the school day.
- School will not accept medicines that are out of date, unlabelled, decanted into another container or where instructions are unclear.
- No pupil under 16 will be given aspirin or a medicine containing aspirin unless it has been prescribed by a doctor.
- Non-prescription medicine will only be administered where the school has agreed it is necessary and safe to do so, with written parental consent, clear dosage instructions and in accordance with the manufacturer's directions. It will not be given routinely as a substitute for medical assessment.
- Where a medicine is part of an IHP or emergency plan, the plan must be available to staff who need it.

3. Receiving medicine in school

Medicines should normally be handed directly by the parent/carer to the school office or other designated adult; they should not be left unattended or sent in a pupil's bag unless an agreed self-management arrangement applies.

- The receiving adult checks the pupil's name, medicine, strength where stated, dose, timing, route, expiry date and storage instructions against the written parental information and label.
- Any discrepancy, damaged packaging, unclear instruction or expired medicine is referred back to the parent/carer before administration.
- The quantity received should be recorded where this is necessary for safe control, particularly for controlled drugs.
- Parents remain responsible for ensuring medicines supplied to school are in date and replaced when necessary; school will also carry out routine checks of medicines held.

4. Storage and access

- Medicines are stored securely and in accordance with the product label and clinical instructions, while remaining readily accessible when required.
- Emergency medicines such as inhalers, adrenaline auto-injectors and other time-critical medication must be accessible without avoidable delay and must not be locked away in a way that prevents rapid access.
- Medicines requiring refrigeration are stored in a secure, appropriately monitored refrigerator or secure container within a refrigerator, as appropriate, with access limited to authorised staff.
- Medicines are stored separately from general first-aid kit contents.
- Pupils who are competent to manage and carry their own medicines may do so where agreed with parents and, where appropriate, healthcare professionals and recorded in the IHP/arrangements.
- School-held emergency medicines/devices are managed under the relevant statutory arrangements and school policy; they do not replace a pupil's prescribed medicine.

5. Administration procedure

Two-stage safety check

Before every administration, the member of staff checks the right pupil, right medicine, right dose, right time, right route/method, expiry date and any relevant IHP or special instruction. If anything does not match or is unclear, do not administer until the discrepancy is resolved, unless immediate emergency action is required under an emergency plan.

1. Wash/sanitise hands as appropriate and prepare a suitable private, calm area.
2. Identify the pupil positively; do not rely only on where the medicine is stored.
3. Check the written consent, medicine label/instructions and IHP where applicable.
4. Check whether the dose has already been given and whether the required interval since any previous dose has elapsed.
5. Measure/administer only the stated dose using the supplied measuring device where required.
6. Support the pupil to take the medicine safely; staff must not force a pupil to take medicine.
7. Immediately record the administration: date, time, medicine, dose and name/initials or electronic identity of the administering adult.
8. Return the medicine promptly to its agreed secure storage.
9. Observe the pupil as required and act on any adverse reaction or concern.

6. Refusal, omission or administration error

- If a pupil refuses medicine, staff must not force them. The refusal is recorded and the parent/carer is informed as soon as practicable. If refusal creates an immediate health risk, staff follow the IHP/emergency plan and seek urgent clinical/emergency advice.
- If a dose is missed, delayed, spat out or vomited, staff must not automatically repeat the dose. Check the medicine instructions/IHP and seek advice from the parent, pharmacist, NHS 111, prescriber or emergency services as appropriate.
- If the wrong medicine or dose is given, or medicine is given to the wrong pupil, treat this as a medication error: seek immediate clinical advice appropriate to the medicine and circumstances, inform the Headteacher/appropriate senior leader and parent/carer, monitor the pupil, record the incident factually and consider safeguarding/incident-reporting requirements.

- Medication errors and significant near misses are reviewed so that systems, training, storage, communication or IHPs can be improved.

7. Emergency medicines

Emergency medicines take priority over routine recording processes. Staff follow the pupil's IHP/emergency plan and their training. Call 999 where indicated; do not wait for a parent to arrive before providing emergency treatment.

- Asthma inhalers and spacers must be rapidly accessible. School-held emergency salbutamol, if maintained, is used only in accordance with the applicable statutory scheme, parental consent and school procedure.
- Adrenaline auto-injectors (AAIs) must be rapidly accessible. Pupil-prescribed AAIs and any school-held emergency AAI are managed under the Allergy Safety Policy, current statutory allergy guidance and applicable medicines regulations.
- Other life-saving prescription-only medicines that may lawfully be administered in an emergency are given only by staff with the appropriate instruction/training and in accordance with the pupil's plan or emergency arrangements.
- After emergency medicine is used, parents/carers are informed and the incident is recorded/reviewed. Replacement medication is obtained promptly.

8. Controlled drugs

- A pupil who has been prescribed a controlled drug may legally possess it if they are competent to do so and this has been agreed as part of their arrangements.
- Where school stores a controlled drug, it is kept securely in a non-portable container with access restricted to named/authorised staff, while remaining accessible for administration when required.
- A record is kept of doses administered and the amount held where appropriate, creating an auditable trail.
- Controlled drugs are administered in accordance with the prescriber's instructions. A member of staff may administer a controlled drug to the pupil for whom it has been prescribed, in accordance with the prescription.

9. Self-management

Children who are competent should be encouraged to take responsibility for managing their own medicines where this is safe and appropriate. The level of independence will reflect age, maturity, condition, risk, parental agreement and healthcare advice. Arrangements are recorded, and staff provide supervision/support where needed.

10. Educational visits, PE and wraparound provision

- Pupils must not be prevented from participating in trips, PE, clubs or wraparound provision solely because they need medicine, where reasonable arrangements can be made safely.
- Visit leaders check medication, expiry dates, IHP/emergency information, trained staff and storage/access arrangements before departure.
- Time-critical and emergency medicine travels with the pupil/group and remains immediately accessible.
- Administration off site is recorded and communicated to relevant staff/parents so that duplicate doses are avoided.

11. Records and Arbor

Eaves will maintain a clear record of medicine administered. Arbor may be used as part of the school's recording and communication system, alongside pupil-specific medicine forms/IHP records where required. Records must enable staff to establish what has been given, when, by whom and what action followed.

- Written parental consent/medicine information is retained in accordance with school procedures.
- Each administration, refusal, omission and significant medication error is recorded.
- Where the office contacts a parent/carer following an issue, the time, method and relevant outcome are recorded on Arbor.
- Records are handled confidentially and shared on a need-to-know basis.

12. Disposal and return

- Parents/carers should collect medicines when they are no longer required or have expired.

- School does not dispose of medicines in general waste or wastewater. Uncollected/expired medicines are returned to a pharmacy or managed in accordance with local pharmacy/healthcare advice.
- Sharps are disposed of in an approved sharps container in accordance with the manufacturer's instructions and local arrangements.
- At the end of a course, school term/year or when a pupil leaves, medicines are returned to the parent/carer unless continuing arrangements are agreed.

13. Staff training and safeguarding

- Staff who administer medicines receive information and training appropriate to the task. Staff undertaking delegated clinical/healthcare procedures must have suitable training and be assessed as competent where required.
- The school's training matrix is continually updated to record relevant training and renewal dates.
- Staff must not undertake a procedure they have not been trained/authorised to perform, except that in an emergency all staff should use their best endeavours and call for appropriate emergency help.
- Any concern about fabricated or induced illness, unexplained injury, neglect of medical needs, misuse of medication or another safeguarding issue is reported without delay to Mrs Lloyd (DSL) or a DDSL in accordance with KCSIE 2026 and the Child Protection and Safeguarding Policy.

14. Parent/carer responsibilities

- provide accurate, current information about the child's medical needs and medicines;
- provide medicines in the correct original container with clear instructions;
- complete required consent/IHP documentation and inform school promptly of changes;
- ensure adequate supplies are available and medicines remain in date;
- collect discontinued or expired medicines promptly; and
- provide replacement emergency medication immediately after use or expiry.

15. Quick administration checklist

Check	Complete	Notes
Written consent/instructions available	☐	
Right pupil confirmed	☐	
Right medicine/strength confirmed	☐	
Right dose confirmed	☐	
Right time/interval confirmed	☐	
Right route/method confirmed	☐	
Medicine in date	☐	
IHP/emergency plan checked where applicable	☐	
Administration recorded immediately	☐	
Medicine returned to correct storage	☐	
Parent/office informed if required	☐	

16. References

- DfE statutory guidance: Supporting pupils at school with medical conditions.
- DfE statutory guidance: Allergy Safety in Schools (July 2026).
- DfE: First aid in schools, early years and further education.
- Keeping Children Safe in Education 2026.
- Human Medicines Regulations 2012, including relevant emergency medicines provisions.
- Misuse of Drugs Act 1971 and associated controlled-drug legislation, where applicable.
- Children and Families Act 2014, section 100.