NORWICH HIGH SCHOOL
For Girls aged 3-18

GDST

Administration of Medicines Policy

July 2026

Policy owner	Nurse using GDST protocol
Policy last reviewed	July 2026
Policy next review date	July 2027
Policy audience	Staff, Parents & Guardians

1. Purpose

This policy sets out the procedures for the safe management, storage, administration and recording of medicines within school. It should be read alongside the school's *Supporting Pupils with Medical Conditions Policy*, *First Aid Policy*, Individual Healthcare Plans (IHPs) and Medical Emergency Action Plans.

Where the term 'parents' is used this includes parents, carers, guardians and anyone with parental responsibility.

The term 'School Nurse' includes Medical Officers, Welfare Officers, Pupil Health Officers, or other similar job titles.

2. Responsibilities

School

The school is responsible for ensuring:

- Appropriate medication administration procedures are in place;
- Designated staff receive suitable training;
- Only designated and appropriately trained members of staff administer medication.

Training

Designated medicine administrators must:

- Complete the *Medication Awareness for Schools* e-learning module on GDST Learn (the school's Inset Coordinator can allocate courses to named staff, or email GDST Learn at Trust Office);
- Be trained, ideally by a registered nurse, in the factors to be aware of / side effects / contra-indications when administering paracetamol, ibuprofen, antihistamine, travel sickness pills and emergency medication, and what to do if they occur.
- Be assessed, ideally by a registered nurse, as competent to administer specific medicines, eg controlled drugs. The training and competency should be refreshed every 3 years, or if a new/different medication needs to be administered, or policies/procedures have changed, or if there have been any medication related incidents.
- Receive condition-specific training where required, eg diabetes;
- Training records must be maintained by the school.

School Staff

Staff who administer medication are responsible for:

- Following this policy;
- Undertaking required training and competency checks;
- Checking that consent has been provided before administering medication (except in an emergency situation, eg anaphylaxis)
- Checking any details provided on the consent forms are consistent with the instructions on the medicine container.
- Maintaining accurate records;
- Following Individual Healthcare Plans and Action Plans.

Parents

Parents are responsible for:

- Providing accurate and up-to-date information about conditions that require their child to take medication whilst at school;
- Providing written consent for the school to administer medication
- Informing the school of any medication changes;
- Providing medication in original packaging with the prescription label to an appropriate member of staff;
- Ensuring medicines sent to school are in date;
- Collecting expired or discontinued medication and replacing it if necessary;
- Ensuring their children bring any emergency medicine they routinely carry on their person with them to school each day.

3. Consent

No pupil will be given medication without written parental consent, except in emergency circumstances where immediate treatment is necessary to preserve life or prevent serious deterioration in health.

- It is recommended that even if written consent has been given for a **junior** school pupils to be given **non-prescription** and **over-the-counter medicines,** staff ring home to double check consent at the time of administration.
- If **senior** school pupils have been assessed as Gillick competent, and understand why they are taking the medication, there is no need to double check consent with the parent if they have already given consent.

Non-Prescription and Over-the-Counter Medicines

Consent for commonly used over-the-counter medicines may be obtained through the *Pupil Health Assessment Form* (completed on Admissions+ before the pupil joins the school) or a separate *Over-the-Counter Medication in School* consent form. Consent remains valid unless withdrawn or amended by parents, although schools must ensure medical information remains current.

Prescribed Medicines

Written parental consent must be provided for all prescription medicines using the school's *Consent to Administer Prescribed or Over-the-Counter Medication in School* form. A separate form should be completed for:

- Each medication;
- Each new course of treatment;
- Any change in dosage or administration instructions.

Emergency Medication

Written parental consent and medical authorisation should be obtained for the administration of emergency medication prescribed for children diagnosed with asthma and / or at risk of anaphylaxis, or any other conditions that requires emergency medication.

- Emergency adrenaline auto-injectors (AAIs) – via BSACI Allergy Action Plan or Pupil Health Assessment form completed on Admissions+
- Emergency salbutamol inhalers – via Asthma and Lung UK Asthma Action Plan or Pupil Health Assessment form completed on Admissions+
- Any other emergency medication held by the school – via *Consent to Administer Prescribed Medication in School* form or hospital / GP Emergency Action Plan.

These arrangements should be reviewed regularly (ideally annually) or sooner if a pupil's medical condition changes.

4. Storage of Medicines

Other than a small supply of over-the-counter medicines that parents routinely give consent for, eg paracetamol, ibuprofen and antihistamine, schools should only store medicine that has been prescribed for an individual child.

All Medicines Medicines will be stored:

- In accordance with manufacturer instructions
- At the correct temperature.
- In original labelled containers
- Securely (in a lockable cabinet, cupboard, drawer or if necessary fridge) with restricted access (except emergency medication).

The school's stocks of medicines should be checked occasionally to ensure they are in date.

Prescribed / Controlled / Emergency Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children should know where their medicines are stored and who holds the key to the storage facility.

Once a child no longer needs their medication in school it should be returned to the parent.

Controlled drugs must:

- Be stored in a locked, non-portable container or controlled drugs cabinet except for on educational visits when drugs must be securely stored eg in a lockable cash box looked after by a designated member of staff at all times;
- Be accessible only to authorised staff;
- Be stored separately from general medicines where practicable;
- Be kept in accordance with manufacturer's instructions.
- Be logged on a Controlled Drugs Register (see section 6 below)

Emergency medicines, eg adrenaline devices and asthma inhalers, must remain readily accessible and never be locked away. Refer to the relevant policies, eg *Asthma Policy* and *Allergy Policy*, for specific details of storage requirements for emergency medicine.

Medicines requiring refrigeration Schools should have a lockable medicines refrigerator maintained between 2°C and 8°C. The temperature should be monitored daily and recorded. If medicines need to be stored in a refrigerator containing food, eg on a school trip, they must be kept in a clearly labelled, airtight container.

If the refrigerator breaks down or fails to maintain the correct temperature the medicines must be returned to parents.

5. Record Keeping

The school will maintain accurate records of all medication administered. Records must include:

- Pupil name
- Group, class or form name
- Date and time medicine administered
- Name and strength of medication
- Dose administered
- Method of administration
- Any adverse reaction
- Name and signature of administering staff member.

Records should be maintained on CPOMS or the school's approved recording system, including medication administered during educational visits / off site visits.

6. Administration of Medicines

Medicines should only be administered by designated and appropriately trained members of staff.

Before administering any medication, staff must check:

- Current **parental consent** for medication administration;
- **Right Person** - Always confirm the identity of the individual checking name and date of birth and have access to the pupil's current medical information (eg on SIMS)
- **Right Medication / Strength / Dose** - Double check the medication being given, any special instructions eg take with food, confirm expiry date and any known side effects or contraindications
- **Right Route** - Ensure medication given via correct route (eg topically, via inhaler or orally).
- **Right Time** - Check time medication last given and correct interval has passed since last dose.
- **Right to refuse** - A student has the right to decline their medication.

Only medicines licensed for use in the United Kingdom will normally be administered.

Unless specifically prescribed by a doctor or pharmacist, staff must adhere to the age limitations on over-the-counter medications. For example paracetamol 500mg tablets should NOT be given to children under 10 years old. Parental instruction to give doses suitable for older children or adults is not sufficient reason to administer it.

All administration of medicine must be recorded.

If staff have any concerns about administering medication, they must seek advice from the School Nurse, healthcare professional or parent before proceeding.

Non-Prescription and Over-the-Counter Medicines

The following principles apply:

- The school will only administer non-prescription medicines, eg paracetamol, ibuprofen or antihistamine, where written **parental consent** has been obtained.
- Non-prescription medicines should not normally be administered to **children under the age of 8** (criteria in the National Standards[2] for under 8s day care providers)
- Pupils should not normally be given non-prescription medication before midday to allow for the correct time interval to elapse after any medication taken before the start of the school day.
- **Aspirin** will never be administered to a pupil under 16 unless prescribed by a doctor.
- It is recommended that even if written consent has been given for a **junior** school pupils to be given **non-prescription** and **over-the-counter medicines,** staff ring home to double check consent at the time of administration. If **senior** school pupils have been assessed as Gillick competent, and understand why they are taking the medication, there is no need to double check consent with the parent if they have already given consent.
- Parents will be informed when medication has been administered. Parents of **Early Years (EYFS) children must** be informed as soon as practicable and preferably on the same day.
- Complimentary or alternative medicines, e.g. food supplements, homeopathic, herbal or alternative remedies will not normally be administered unless prescribed by a UK registered healthcare professional and supplied in appropriately labelled packaging as dispensed by a pharmacist.

Prescribed Medicines

The school will only administer prescribed medicines, eg antibiotics or codeine phosphate when:

- It would be detrimental to the pupil's health if the medication were not administered during the school day;
- The medicine has been prescribed by an authorised healthcare professional;
- It is supplied in the original pharmacy-dispensed container;
- The container includes the pupil's name and dispensing instructions.

Disposal – Prescribed medicines that are expired, discontinued or no longer required must be returned to the parent for safe disposal or staff can return it to a pharmacy.

Controlled Drugs

Some prescribed medicines are classified as Controlled Drugs under the Misuse of Drugs legislation. Examples may include methylphenidate, dexamfetamine, morphine.

Controlled Drugs may only be administered by authorised and appropriately trained members of staff in accordance with the prescriber's instructions.

If Controlled Drugs are administered routinely on a daily basis there is no need to inform the parents unless a dose has been missed for any reason or if they need to be administered outside the normal administration routine.

A **Controlled Drugs Register** must be maintained, recording:

- Quantity received
- Date received
- Administration details
- Quantity remaining
- Disposal arrangements

Disposal - Controlled Drugs that are expired, discontinued or no longer required must be returned to the parent for safe disposal or staff can return it to a pharmacy. The school must maintain a record of drug disposal.

7. Self-Management of Medication

Where appropriate pupils should be encouraged to carry and administer their own **emergency medication**. This commonly applies to:

- Asthma inhalers
- Adrenaline devices
- Diabetes medication and equipment
- Other emergency medicines identified within an IHP.

Refer to the relevant policies, eg *Asthma Policy*, *Allergy Policy* for specific details.

Pupils should not normally carry **over the counter or prescribed** medicines (other than emergency medicines eg adrenaline devices), or have them in their possession whilst they are at school. However, there may occasions when it is necessary for students to carry and administer their own medication, eg if they need to take it mid-meal. In these circumstances specific arrangements must be agreed by the school, the medicines must be kept securely on their person or in their lockers. Schools must provide guidance to the pupils on safe storage and use of the medicines they bring into school, and the maximum quantities that are allowed to carry / store in school.

8. Refusal of Medication

If a pupil refuses medication or spits it out:

- Staff must not force administration
- The refusal must be recorded
- Parents must be informed as soon as possible

- Emergency procedures should be followed if refusal places the pupil at immediate risk – refer to Individual Healthcare Plan / Action Plan.

9. Educational Visits and Off-Site Activities

Arrangements for pupils to take any necessary medication, either routinely or in emergency situations, must be taken into consideration when planning the visit / off-site activity.

Staff supervising visits / off-site activities must be aware of each pupil's medical needs, relevant emergency procedures and their responsibilities for medication administration. A copy of Individual Healthcare Plans and Medical Emergency Action Plans must be taken on all visits / off-site activities in the event of the information being needed in an emergency.

The trip leader or a nominated member of the trip team should liaise with the School Nurse in good time before the trip (at least one week before hand) to organise and arrange collection of all relevant medication held by the school.

Nominated members of staff accompanying the trip will be responsible for storing, carrying and administering any medication pupils require and recording all administrations. If it is not possible to record medicine administration directly onto CPOMS, or the school's recording system, whilst the visit is in progress, a paper record can be made which can be scanned onto the electronic system on return to school. A separate record sheet should be used for each student so that scanned records are GDPR compliant.

Pupils will **not** be able to attend the visit / off-site activity if they have not brought all their emergency medication (eg inhalers and adrenalin devices) with them. **Staff must check** that pupils have this medication with them before departing on the visit. Refer to the relevant policies, eg *Allergy Policy*, for specific details re carrying emergency medication on school trips.

For **international visits**, the Educational Visits Coordinator (EVC) and Trip Leader must ensure that:

- Medication is lawful in the destination country and any transit countries;
- Appropriate medical documentation is obtained from the prescribing clinician where required;
- Original pharmacy labels remain intact;
- Controlled drugs licences or permits are obtained where necessary;
- Sufficient medication is carried for the entire visit (staff should check this), with contingency supplies where appropriate. NB some countries only permit a certain quantity of tablets to be brought into the country – usually the exact amount needed for the trip.

Parents must provide medication well in advance of departure to allow checks to be completed.

Controlled Drugs on Educational Visits / Off Site Visits - When controlled drugs are required on educational visits / off site trips:

- A specific risk assessment must be completed which includes emergency medical arrangements and action in the event that the Controlled Drugs are lost.
- The visit leader must identify a designated member of staff responsible for the safe keeping of the drugs at all times;
- They must be kept in its original packaging with the pharmacy dispensing label attached
- They must be securely stored eg in a lockable box or bag with a tamper proof seal/tag and never left unattended in public areas eg vehicles.
- They should be carried in staff hand luggage during travel and in a staff members room when at the accommodation;
- Administration records must be maintained throughout the visit;
- A doctor's letter (on headed paper) should travel with the student stating:
    - Pupils full name and date of birth
    - Medication name
    - Dose and total amount being carried
    - Dates of travel
    - Confirmation that it is prescribed for personal medical condition (named) treatment
    - Copy of prescription (optional but advisable)
- Prior to departure undertake a drug count to ensure there is enough medication for the entire length of the trip.

10. Medication Errors

Any medication error must be treated seriously. Action must be taken to prevent any potential harm to the child. The member of staff must:

- Seek immediate medical advice where necessary
- Inform parents/carers as soon as possible
- Inform the School Nurse and Head
- Record the incident on the school's incident reporting system (Sphera)
- Participate in any review to prevent recurrence.

11. Staff Medicines

Staff are responsible for the safe storage of their own medicines. Personal medication must be kept securely and out of reach of pupils at all times, particularly in EYFS settings and on educational visits.

12. Further Information

Further information can be found in:

- Department for Education: Supporting Pupils at School with Medical Conditions
- Equality Act 2010
- Children and Families Act 2014
- Human Medicines Regulations
- Misuse of Drugs Act 1971
- GDST First Aid Policy
- GDST Educational Visits Policy