



# Administering Medicines Policy

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Responsibility	All staff and the governing body
Effective Date	February 2026
Review Date:	February 2027
Approved by Ethos Committee:	March 2026
Storage; (i) Electronic	Google Drive & school website
Distribution	All staff and governors Open access to parents via school website

As a Church of England School, all of our policies at Holywell are rooted in our distinctively Christian character and our core beliefs which are Gospel inspired and which support the school’s Vision:

At Holywell, our vision is that everyone in our community chooses to “Live Life in all its Fullness” (John 10:10).

Inspired by the teaching of Jesus, the Good Shepherd,  
 we choose to live our values,  
 being the best we can be  
 in community.”

As a school, we are guided by ‘Live life in all its fullness’ (John 10:10). We encourage everyone in our community to make the right choices, to follow the teachings of Jesus, to be committed to keeping each other safe, to keep the focus on learning and to be peaceful problem-solvers. Doctors and the medicine they provide are to be seen as God’s blessing. Luke, who was a disciple, was a doctor as well.

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## Statement of intent

Holywell School will ensure that students with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of students' medication.

This policy has been developed in line with the DfE's guidance: 'Supporting students at school with medical conditions'.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the student feel safe whilst at school.

For the purposes of this policy, "**medication**" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

### 1. Legal framework

This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- First Aid Policy
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Policy

### 2. Definitions

- Holywell School defines "medication" as any prescribed or over the counter medicine.
- Holywell School defines "prescription medication" as any drug or device prescribed by a doctor or approved Independent or Supplementary Prescriber' as per medical prescribing guidance: <https://bnf.nice.org.uk/medicines-guidance/non-medical-prescribing/>
- Holywell School defines a "staff member" as any member of staff employed at the school, including teachers.
- For the purpose of this policy, "medication" will be used to describe all types of medicine.

### 3. Roles and responsibilities

3.1 The governing body is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds including the protected characteristics as defined by the Equality Act 2010
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who provide support to students with medical conditions are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of students with medical conditions are properly supported.
- Managing any complaints or concerns regarding this policy, the support provided to students, or the administration of medication in line with the school's Complaints Procedures Policy.

3.2 The headteacher is responsible for:

- The day-to-day implementation and management of the Administering Medication Policy and relevant procedures of Holywell School.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

3.3 All staff, including teachers, support staff and volunteers, are responsible for:

- adhering to this policy and for ensuring students do so also.
- carrying out their duties that arise from this policy fairly and consistently.
- ensuring that if a student is sent to hospital, at least one member of staff will accompany the student until their parent/carer has arrived.

3.4 Mrs Sarah King is the designated member of staff who is responsible for overseeing insulin injections for diabetic students.

3.5 Parents/carers are responsible for:

- keeping the school informed about any changes to their child/children's health.
- completing a Medication Administration Form (Appendix A) prior to bringing medication into school.
- discussing medications with their child/children prior to requesting that a staff member administers the medication.

3.6 It is both staff members' and students' responsibility to understand what action to take during a medical emergency, such as raising the alarm with other members of staff. This may include staff administering medication to the student involved.

#### 4. Training of staff

- 4.1. The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication.
- 4.2. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, students can still receive their medication from a trained member of staff.
- 4.3. The headteacher will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional.
- 4.4. Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.
- 4.5. Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice.
- 4.6. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to students, and that this is entirely voluntary, unless the supporting of students with medical conditions is central to their role within the school, e.g. the school nurse.
- 4.7. Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:
  - The timing of the medication's administration is crucial to the health of the child.
  - Some technical or medical knowledge is required to administer the medication.
  - Intimate contact with the student is necessary. Where this is necessary, there will always be a second member of staff present in this situation - for the protection of students and staff.
- 4.8. Staff members will be made aware that if they administer medication to a student, they take on a legal responsibility to do so correctly; hence, staff members will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.
- 4.9. **Training for administering AAls**

The school will arrange specialist training for staff on a regular basis where a student in the school has been diagnosed as being at risk of anaphylaxis (at least once per year). Designated staff members with suitable training and confidence in their ability to use AAls will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

  - How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
  - Where to find AAls in the case of an emergency.
  - The dosage correlates with the age of the student.
  - How to respond appropriately to a request for help from another member of staff.
  - How to recognise when emergency action is necessary.
  - Who the designated staff members for administering AAls are.
  - How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
  - How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAls on site at all times.

## 5. Receiving, storing and disposing of medication

- 5.1. The parents of students who need medication administered at school will be given a medication administration consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to students.
- 5.2. A signed copy of the parental consent form will be kept with the student's medication, and no medication will be administered if this consent form is not present.
- 5.3. Consent obtained from parents will be renewed annually.
- 5.4. The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.
- 5.5. The school will only store and administer prescribed medication.
- 5.6. The school will store a reasonable quantity of medication, eg a maximum of four weeks' supply, at any one time.
- 5.7. Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.
- 5.8. The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAls, will be stored in a way that allows it to be readily accessible to students who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to students, e.g. a locked cupboard.
- 5.9. The school will ensure that students know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these students.
- 5.10. Medication stored in school will be:
  - Kept in the original container alongside the instructions for use
  - Clearly labelled with:
    - The student's name
    - the name of the medication
    - The correct dosage
    - The frequency of administration
    - Any likely side effects
    - The expiry date
  - Stored alongside the accompanying administering medication parental consent form.
- 5.11. Medication that does not meet these criteria will not be administered.
- 5.12. Medication that may be required in emergency circumstances, e.g. asthma inhalers and auto-injector pens, will not be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to students who may need them and can self-administer, and staff members who will need to administer them in emergency situations.
- 5.13. The school will allow students who are capable of carrying their own inhalers to do so, provided parental consent has been obtained.
- 5.14. The school will ensure that spare inhalers for students are kept safe and secure in preparation for the event that the original is misplaced.

- 5.15. The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the students' doctor or pharmacist, parents will be asked to collect these for this purpose.
- 5.16. Needles and sharp objects will always be disposed of in a safe manner, e.g. using a sharps disposal box.

## 6. Administering medication

- 6.1. Medication will only be administered at school if it would be detrimental to the student not to do so.
- 6.2. Only suitably qualified members of staff will administer controlled drugs.
- 6.3. Staff will check the expiry date and maximum dosage of the medication being administered to the student each time it is administered, as well as when the previous dose was taken.
- 6.4. Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.
- 6.5. Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the medical room.
- 6.6. The room will be equipped with the following provisions:
  - Arrangements for increased privacy where intimate contact is necessary
  - Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment after use if necessary
  - Available PPE for use where necessary.
- 6.7. Before administering medication, the responsible member of staff should check:
  - The student's identity.
  - That the school possesses written consent from a parent.
  - That the medication name, dosage and instructions for use match the details on the consent form.
  - That the name on the medication label is the name of the student who is being given the medication.
  - That the medication to be given is within its expiry date.
  - That the student has not already been given the medication within the accepted frequency of dosage.
- 6.8. If there are any concerns surrounding giving medication to a student, the medication will not be administered and the school will consult with the student's parent or a healthcare professional, documenting any action taken.
- 6.9. If a student cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the student's parent, following advice from a healthcare professional.
- 6.10. Where appropriate, students will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained.
- 6.11. If a student refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their Individual Health Care Plan (IHCP), and parents will be informed so that alternative options can be considered.
- 6.12. The school will not be held responsible for any side effects that occur when medication is taken correctly.
- 6.13. Written records will be kept of all medication administered to students, including the date and time that medication was administered and the name of the staff member responsible.

6.14. Records will be stored in accordance with the Records Management Policy.

## 7. Medical devices

7.1. **Asthma Inhalers** - The school will allow students who are capable of carrying their own inhalers to do so, provided that parental consent for this has been obtained. The school will ensure that spare inhalers for students are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working

7.2. **Adrenaline autoinjectors (AAIs)** - The school will allow students who are capable of carrying their own AAIs to do so, provided that parental consent for this has been obtained. The school will ensure that spare AAIs for students are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency AAIs can be found at the following locations:

- at the school office
- the medical room

The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date.

Medical authorisation and parental consent will be obtained from all students believed to be at risk of anaphylaxis for the use of spare AAIs in emergency situations. The spare AAIs will not be used on students who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the student's IHCP.

Pupils' and spare AAIs will be obtained, stored and administered in line with the school's Allergen and Anaphylaxis Policy.

7.3. A supply of spare AAIs from a pharmaceutical supplier has been acquired that can be used in the case of a medical emergency for students who are at risk of anaphylaxis, but whose devices are not available or not working.

7.4. The headteacher will ensure that all relevant staff members are aware of how to submit a request to the pharmaceutical supplier to purchase these AAIs and the need to include in the request:

- The name of the school
- The purposes for which the product is required

7.5. The headteacher, in conjunction with the school nurse, will decide which brands of AAI to purchase.

7.6. Where possible, we will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands students are prescribed, the school may decide to purchase multiple brands.

7.7. We will purchase AAIs in accordance with age-based criteria, relevant to the age of students at risk of anaphylaxis, to ensure the school adheres to the correct dosage requirements. These are as follows:

- For students aged 6-12: 0.3 milligrams of adrenaline
- For students aged 12+: 0.3 or 0.5 milligrams of adrenaline

7.8. Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- The manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors

- A list of students to whom the AAI can be administered
- An administration record.

7.9 The school will arrange specialist training for staff on an annual basis where a student in the school has been diagnosed as being at risk of anaphylaxis.

7.10 Designated staff members who are suitably trained and confident in their ability to do so will be appointed as the administrators of AAIs.

7.11 As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAIs in the case of an emergency.
- The correct dosage amounts in correlation with the age of the student.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members who will administer AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

7.12 The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date, as well as any risk assessments pertaining to minimising the risk of anaphylaxis in the school, e.g. with regard to food preparation.

7.13 There will be a sufficient number of staff who are trained, and consent, to administer AAIs on site at all times.

7.14 Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit can be found in the school office.

7.15 Medical authorisation and parental consent will be obtained from all students believed to be at risk of anaphylaxis for the use of these spare AAIs in emergency situations.

7.16 The spare AAIs will not be used on students who are not at risk of anaphylaxis or where there is no parental consent.

7.17 Where consent and authorisation has been obtained, this will be recorded in their IHCP.

7.18 The school will maintain a Register of AAIs, copies of which will be kept in the school office, which lists students to whom spare AAIs can be administered. This includes the following:

- Name of student
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements.

## 8. Educational trips and visits

8.1. In the event of a school trip or activity which involves leaving the school premises, medication and devices such as insulin pens and asthma inhalers, will continue to be readily available to staff and students.

8.2. If possible and appropriate, students will carry certain medications themselves, e.g. asthma inhalers.

8.3. If the medication is of a type that should not be carried by students, e.g. capsules, or if students are very young or have complex needs that mean they need assistance with taking the medication, the medication will be carried by a designated staff member for the duration of the trip or activity.

- 8.4. There will be at least one staff member who is trained to administer medication on every out-of-school trip or activity which students with medical conditions will attend.
- 8.5. Staff members will ensure that they are aware of any student who will need medication administered during the trip or activity and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.
- 8.6. If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, the school will ensure that there is a record of the frequency at which students need to take their medication, and any other information that may be relevant. This record should be kept by a designated trained staff member who is present on the trip and can manage the administering of medication.
- 8.7. All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in the case of a medical emergency with regard to the specific medical needs and conditions of the student, e.g. what to do if an epileptic student has a seizure.

## **9. Individual Health Care Plans (IHCP)**

- 9.1. For chronic or long-term conditions and disabilities, an Individual Health Care Plan (IHCP) will be developed in liaison with the student, parents/carers, headteacher, special educational needs and disabilities coordinator (SENDCO) and any relevant medical professionals.
- 9.2. When deciding what information should be recorded on an IHCP (see appendix B), the governing body will consider the following:
  - a) The medical condition, as well as its triggers, signs, symptoms and treatments
  - b) The student's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment and dietary requirements
  - c) The specific support needed for the student's educational, social and emotional needs
  - d) The level of support that is needed and whether the student will be able to take responsibility for their own health needs
  - e) The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
  - f) Which staff members need to be aware of the student's condition
  - g) Arrangements for receiving parental consent to administer medication
  - h) Separate arrangements which may be required for out-of-school trips and external activities
  - i) Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised
  - j) What to do in an emergency, including whom to contact and contingency arrangements
  - k) What is defined as an emergency, including the signs and symptoms that staff members should look out for
- 9.3. The governing body will ensure that IHCPs are reviewed at least annually. IHCPs will be routinely monitored throughout the year by the SENDCO.

## **10. Medical emergencies**

- 10.1. Medical emergencies will be handled in line with the First Aid Policy.
- 10.2. The school will ensure that emergency medication is always readily accessible and never locked away, whilst remaining secure and out of reach of other students.
- 10.3. The headteacher will ensure that there are a sufficient number of staff members who have been trained in administering emergency medication by an appropriate healthcare professional.
- 10.4. For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the student who requires it, and is not locked away.
- 10.5. For all emergency and life-saving medication that is to be kept in the possession of a student, e.g. EpiPens or prescribed AAls, the school will ensure that students are told to keep the appropriate instructions with the medication at all times, and a spare copy of these instructions will be kept by the school in the school office.

## **11. Monitoring and review**

- 11.1 This policy is reviewed annually by the governing body and the headteacher
- 11.2 Records of medication, which have been administered on the school premises, or on school trips and visits, will be monitored and the information will be used to improve school procedures.
- 11.3 Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.
- 11.4 Holywell School will seek advice from any relevant healthcare professionals as deemed necessary.
- 11.5 Any changes made to this policy will be communicated to the relevant stakeholders, including students whose medication is stored at school and their parents.



# Holywell School



## Individual Health Care Plan

<b>Student Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Form Teacher:</b>	
<b>Medical Condition(s):</b>	
<b>Date plan drawn up:</b>	

<b>Family Contact 1:</b>	(as on SIMS)		
<b>Name:</b>			
<b>Telephone Nos:</b>	<b>Home</b> :		<b>Mobile</b> :
	<b>Work:</b>		
<b>Relationship:</b>			

<b>Family Contact 2:</b>	(as on SIMS)		
<b>Name:</b>			
<b>Telephone Nos:</b>	<b>Home</b> :		<b>Mobile</b> :
	<b>Work:</b>		
<b>Relationship:</b>			



**Describe what constitutes an emergency for the student, and the action to be taken if this occurs:**


**Follow up care:**


**Who is responsible in an emergency (State if different on off-site activities):**


	<b>Signed:</b>	<b>Date:</b>
<b>Parent / Carer:</b>		
<b>Headteacher:</b>		
<b>SENDCO:</b>		
<b>GP or Healthcare Professional:</b>		

## Appendix B – Parental Agreement Form

Holywell School will not give your child medicine unless we have signed authority to do so.

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date