

## Administering Medicines Policy

<b>Reviewed by:</b>	Richard Fihosy and Claire Ames
<b>Policy Commencement Date:</b>	02.10.2021
<b>Ratified by:</b>	Provision Manager and DSL
<b>Review:</b>	Annual
<b>Next Review:</b>	Autumn Term 2026
Review Date 08.03.24 Richard Fihosy	Page and Sections Page 1 - Former Director's name was deleted.
Aug 25	Full Policy Review

## Purpose and Principles

AS2Educate is committed to ensuring that children and young people with medical needs are supported to access education safely and effectively. We recognise that some children may require medicines to be administered during provision hours. Our approach aligns with:

- Statutory guidance: *Supporting Pupils at School with Medical Conditions (DfE, 2015 updated 2024)*
- Health and Safety at Work Act 1974
- Children and Families Act 2014
- Working Together to Safeguard Children (2025)
- Trauma-informed practice principles, recognising that medical interventions can be anxiety-inducing and require sensitivity and emotional support.

The administration of medicines remains the primary responsibility of parents/carers. Our role is to support safe administration when it is necessary for a child's health or ability to attend provision.

## Key Principles

- Medicines should only be administered during provision hours where it would be detrimental to a child's health or attendance not to do so.
- We seek to ensure the physical safety and emotional wellbeing of children receiving medication, providing reassurance, privacy where appropriate, and trauma-sensitive care.
- Children are involved in decisions about their own health management whenever possible, respecting their voice, autonomy, and dignity.

## Parental Consent and Communication

- Written parental consent is required for administering any prescribed or non-prescription medicines to a child under 16, except in exceptional circumstances where medicine has been prescribed without parental knowledge (e.g., confidential sexual health treatment). In these cases, every effort will be made to encourage parental involvement while respecting the child's right to confidentiality (as per Gillick competence and Fraser guidelines).
- Parents/carers must provide clear instructions about dosage, timing, and administration.
- Parents must inform the Provision of any changes to the prescription or medication regime promptly.

## Types of Medicines Accepted

- Prescribed medicines only, which are:
  - In-date

- Labelled with child's name, dosage, and instructions
- In the original pharmacy packaging, unless it is insulin or a specialist device (e.g., inhaler or pump).
- Non-prescription medicines will not normally be administered unless there is a specific written agreement with parents/carers and advice has been sought from a medical professional.
- Aspirin-containing medicines will not be administered to children under 16 unless prescribed by a doctor.

### **Safe Storage and Access**

- All medicines are stored securely in a locked, non-portable container, accessible only to trained staff.
- Emergency medication (e.g., adrenaline pens, inhalers, diabetes management equipment) must be readily available and never locked away, including during off-site activities or trips.
- Children should know where their medicines are stored and who to approach for access.
- Controlled drugs are stored securely, with records kept of all doses received and remaining quantities.

### **Administration Procedure**

- Only trained and authorised staff may administer medicines.
- Staff must check:
  - The child's identity
  - Name of medicine
  - Dosage, method, and timing of administration
  - Last dose given (to prevent overdose)
- Staff will ensure the child feels safe and supported, offering privacy and emotional reassurance where needed (trauma-informed approach).
- A written record is made immediately after each administration, including:
  - Name of medicine
  - Amount and time given
  - Name and signature of staff administering
  - Any observed side effects

- Children will never be forced to take medicine; if they refuse, parents will be informed immediately and medical advice sought if necessary.

#### **Disposal of Medicines**

- When medicines are no longer required or have expired, they will be returned to parents/carers for safe disposal.
- Sharps will be disposed of in approved sharps containers.

#### **Emergency Situations**

- In emergencies, staff will act without delay, administering life-saving medicines such as adrenaline or inhalers as trained, contacting emergency services where needed.
- Parents/carers will be informed immediately following any emergency intervention.

#### **Training and Competence**

- Staff will receive **regular training** on:
  - First Aid at Work training
  - Safe administration of medicines
  - Managing medical conditions in line with Individual Healthcare Plans (IHPs)
  - Trauma-informed care approaches to reduce fear, stress, or re-traumatisation during medical interventions.