Administering Medicines Policy

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Administering Medicines Policy
School and Residential / Boarding Provision

We strive to ensure compliance with the relevant legislation and guidance with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines is held by the Headteacher but delegated to our School Secretary and meds trained staff.

This policy should be read alongside the school's safeguarding, first aid, health and safety, trips/off-site visits, residential / boarding care, and supporting pupils with medical conditions procedures. It is informed by current statutory and non-statutory guidance, including DfE guidance on supporting pupils with medical conditions at school, the Human Medicines Regulations 2012, Misuse of Drugs Regulations 2001, the Independent School Standards, and the National Minimum Standards for residential special schools where applicable.

The school must have clear, safe and consistently followed arrangements for supporting pupils with medical conditions, including the safe storage, administration, recording and monitoring of medication.

Medical information will only be shared with staff who need to know in order to keep the pupil safe and meet their medical needs. Staff must follow agreed procedures and must not administer medication unless they are authorised, appropriately trained, and have access to clear written instructions and consent.

All medical information is treated confidentially by the responsible lead and staff. All administration of medicines is arranged and managed in accordance with the *Health Guidance for Schools* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Aims and Objectives
Our administration of medicine requirements are achieved by establishing principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs
- controlled drugs
- emergency medication
- as-required / PRN medication
- self-administered medication where this has been agreed, risk assessed and authorised
- therapeutic and homely remedies within the residential / boarding provision
- medical devices and prescribed medical treatments, including oxygen and enteral feeding where applicable

We:

- provide clear guidance to all staff on the administration of medicines
- ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- ensure the above provisions are clear and shared with all who may require them
- ensure that this policy is reviewed periodically or following any significant change which may affect the management or administration of medicines
- ensure medication is only accepted, stored and administered where written parental consent, clear instructions and safe storage arrangements are in place.
- ensure all administration, refusal, missed doses, medication errors and controlled drug balances are recorded accurately and reviewed where required.

- ensure emergency medication is accessible without delay and that staff know where it is stored.
- ensure pupils are supported to self-administer medication where this has been risk assessed, agreed, authorised and recorded.
- ensure medication is reconciled on receipt so that the correct medication, dose, quantity, expiry date, prescription instructions and consent are checked before administration.
- ensure high-risk medication and controlled medication are subject to appropriate double-checking and recording in the MAR and, where applicable, the Controlled Medication Book.
- ensure medication incidents and near misses are reviewed for themes, trends and learning so that practice improves over time
- provide periodic assurance to the Proprietor that medication systems remain safe, effective and compliant

Administration of Medicines

The administration of medicines is the overall responsibility of parents/carers. The Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents/carers.

Medication will only be administered in school where it is necessary to support the pupil's health, attendance, access to education, or participation in school activities, and where this has been agreed with parents/carers and recorded in writing.

Medication must not be administered without written parental consent and clear instructions, except where emergency action is required to preserve life or prevent serious harm and staff are acting in accordance with emergency procedures.

Prescribed medicines

It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from, the parents/carers.

Prescribed medication must be provided in the original container as dispensed by the pharmacist, clearly labelled with the pupil's name, medication name, dosage, frequency, route of administration and expiry date. Medication must be administered in line with the prescriber's instructions.

Non-prescribed medicines

Non-prescribed medicines, such as pain relief, will only be administered in exceptional circumstances at the discretion of the Headteacher, SMT members in his absence.

Non-prescribed medicines will only be administered where written parental consent and clear written instructions are in place. Medication must be suitable for the pupil, in date, and administered strictly in line with the manufacturer's instructions

Paracetamol may be administered to pupils with parental consent. Consent should specify the dosage, timing, and reason for administration. Staff must follow in accordance with recommended dosage on the packet. Staff must record all administration of paracetamol in the school's medication log in accordance with existing procedures.

Before administering paracetamol, staff must check whether the pupil has already received paracetamol or another paracetamol-containing medicine within the relevant time period. Staff must not exceed the recommended dose or frequency.

Ibuprofen will only be administered where there is specific written parental/carer consent and clear written instructions confirming the reason, dose, minimum interval, maximum daily dose and circumstances when it must not be administered. Staff must check whether ibuprofen is suitable before each administration, including any known allergy, asthma, stomach problems, kidney/liver concerns, dehydration, vomiting/diarrhoea, chickenpox, bleeding risk, current illness, other medication, or other contraindication. If staff are unsure, ibuprofen must not be administered until advice has been sought from a parent/carer, pharmacist, GP, NHS 111 or other appropriate medical professional.

PRN / As-Required Medication Protocols

Each PRN/as-required medication must have a clear written protocol rather than relying on parental consent alone. The protocol must specify the reason for administration, dose, maximum daily dose, minimum interval between doses, circumstances when it must not be administered, and the point at which parents/carers, a senior leader, GP, pharmacist or emergency services should be contacted.

Staff must record the reason for administering PRN medication, the outcome where appropriate, and any escalation or advice sought.

Regular, Long-Term, Specialist and High-Risk Medication

It is our policy to manage the administration of regular, long-term, specialist and high-risk prescribed medication where appropriate, following consultation and agreement with parents/carers and, where required, medical professionals. This may include medication required to support a pupil's health, attendance, regulation, access to education, or participation in school and residential activities.

Examples may include, but are not limited to, ADHD medication, insulin, seizure rescue medication, prescribed emergency medication, prescribed melatonin, inhalers, adrenaline auto-injectors, medication administered by a specialist route, and other medication identified as high-risk or requiring additional controls.

Pupils requiring regular, long-term, complex, emergency or high-risk medication must have clear written instructions in place. Where appropriate, this should be recorded within an Individual Healthcare Plan, medication plan, risk assessment, or other agreed written medical plan. This should set out the pupil's condition, medication, dose, route, timing, signs of concern, staff actions, emergency procedures, escalation points, and any training required.

Staff must not administer specialist medication or carry out specialist medical procedures unless they have received appropriate training, have been assessed as competent, and have been authorised to do so.

Where medication is a controlled drug, it must be recorded on the pupil's MAR sheet and in the Controlled Medication Book / Controlled Drugs Register. A running balance must be maintained and checked in line with the controlled drug procedures within this policy.

Wherever reasonably practicable, high-risk medication should be independently checked by two authorised members of staff before administration. This includes insulin, buccal midazolam, adrenaline, controlled drugs, opiates, morphine, PEG feeds, rectal medication, and any other medication identified as high-risk through the pupil's plan or risk assessment.

Enteral feeding, including PEG feeding, will only be undertaken where there is an agreed healthcare plan and by staff who have received appropriate training and have been assessed as competent.

Oxygen is regarded as a prescribed medical treatment and will only be administered in accordance with an Individual Healthcare Plan by trained and competent staff.

Medical devices, including spacers, blood glucose meters, insulin pens, nebulisers, pumps and other prescribed equipment, must be stored, maintained, cleaned and calibrated where applicable in accordance with manufacturer instructions, healthcare advice and the pupil's Individual Healthcare Plan.

Staff must never alter, commence, discontinue or amend regular, specialist or high-risk medication solely on the basis of a verbal instruction from a parent/carer. Any change must be supported by an updated prescription, pharmacy label, written medical confirmation, or advice from the GP, pharmacist, prescribing clinician or other appropriate healthcare professional.

Specialist Medical Treatments - Oxygen and Enteral Feeding

Where any pupil may require oxygen, oxygen will be regarded as a prescribed medical treatment and must only be administered in accordance with the pupil's Individual Healthcare Plan or equivalent written medical plan. Staff must be appropriately trained and assessed as competent before administering oxygen.

Enteral feeding, including PEG feeding, will only be administered by staff who have received appropriate training and have been assessed as competent. The pupil's Individual Healthcare Plan or medical plan must set out the method of feeding, equipment required, infection-control arrangements, signs of concern and escalation procedures.

Procedure for Administration

When deciding upon the administration of medicine needs for children we discuss this with the parents/carers concerned and make reasonable decisions about the level of care required. Any child required to have regular prescribed medicine will have a consent form completed by the parent/carer and kept on file.

Consent forms must be specific to the medication and must include, as a minimum, the pupil's name, medication name, dose, route, timing/frequency, reason for administration, and parent/carer signature and date. Where relevant, forms should also include storage requirements, PRN instructions, emergency instructions, and any known side effects or precautions.

Regular medication is discussed during annual EHCP reviews, where appropriate, with parents/carers to ensure information remains current and suitable.

All administration of medicines is recorded. If a child refuses to take medication, parents/carers are informed at the earliest available opportunity.

Records must include the pupil's name, date, time, medication, dose, route, name/signature or initials of the administering staff member, and any refusal, missed dose, side effects, error or concern.

If a pupil refuses medication, staff must not force the pupil to take it. Staff should use calm, supportive approaches appropriate to the pupil's communication, sensory and regulation needs, record the refusal, and inform parents/carers in line with the pupil's plan and the level of risk.

Repeated refusals, or any refusal of essential or high-risk medication, must be escalated. This may include discussion with parents/carers, review of the Individual Healthcare Plan or medication plan, consultation with the GP, pharmacist or relevant clinician where appropriate, and consideration of safeguarding procedures where the medication is essential to the pupil's health or welfare.

Medication records must be accurate, completed at the time of administration wherever possible, and available for audit.

Self-Administration of Medication

Where appropriate, following individual risk assessment, written parental/carer agreement and, where appropriate, medical advice, pupils may be supported to self-administer medication. This may be particularly relevant for older pupils where it supports independence, preparation for adulthood and the development of safe medication routines.

The decision to support self-administration will consider the pupil's age, understanding, capacity, medical advice, safeguarding considerations, and any risk to the pupil or others.

The Headteacher or delegated Medicines Lead will authorise any self-administration arrangements. The agreed arrangements must set out the level of staff supervision, where medication will be stored, how administration will be recorded, and when the arrangement will be reviewed.

Self-administered medication must still be recorded on the pupil's MAR or agreed medication record. Self-administration arrangements must be reviewed regularly and sooner if there is a change in health, medication, behaviour, understanding, safeguarding concern or level of risk.

Contacting the Emergency Services

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity and parents/carers informed to accompany the pupil to the hospital if at all possible.

Emergency procedures should be clearly set out in the pupil's Individual Healthcare Plan where relevant. Staff should call 999 without delay where a pupil's symptoms indicate a medical emergency, where emergency medication has been administered and medical advice requires ambulance attendance, or where staff are unsure and the pupil may be at risk of serious harm.

Emergency medication, such as adrenaline auto-injectors, inhalers, seizure rescue medication or other prescribed emergency medication, must be accessible quickly and must not be locked away in a way that delays emergency treatment.

Medical Devices

Medical devices used to support pupils' health needs, such as inhaler spacers, blood glucose meters, insulin pens, nebulisers, pumps and any other prescribed or agreed device, must be stored, cleaned, maintained and checked in line with manufacturer instructions, medical advice and the pupil's Individual Healthcare Plan where applicable.

Where devices require calibration, battery checks, replacement parts, cleaning records or other routine checks, these responsibilities must be clearly allocated and evidenced.

Training

Where staff are required to carry out non-routine, more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source is sought before commitment to such administration is accepted.

The school will maintain a medication training record showing which staff are authorised and competent to administer medication, including any specialist or pupil-specific training. Training should be refreshed as required and reviewed following any medication incident, near miss, change in pupil need, or change in medication procedure.

Completion of online or face-to-face training alone does not automatically authorise a member of staff to administer medication independently. Staff should be observed in practice and signed off as competent before administering medication without direct supervision, particularly for controlled medication, high-risk medication, emergency medication, specialist procedures or residential/evening medication rounds.

Staff must not administer medication or carry out medical procedures beyond their training, competence or authorisation.

Storage

The storage of medicines is the overall responsibility of the Headteacher who ensures that arrangements are in place to store medicines safely. Secure storage is situated in our main school office.

Medicines must be stored safely and securely but remain accessible to authorised staff when required. Emergency medication must be accessible without delay. Storage arrangements must take account of the medication type, pupil need, manufacturer instructions, and risk of unauthorised access.

The storage of medicines is undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

Medication storage temperatures

Medication must be stored in accordance with the manufacturer's instructions, pharmacy label and any specific storage requirements stated on the medication packaging or written medical instructions.

Medication storage areas, including medication cupboards, safes and residential medication storage, should be kept clean, dry, secure and within a suitable temperature range for the medication being stored. Where medication is stored at room / ambient temperature, the school will aim to keep storage areas within 15°C–25°C wherever possible, unless the medication packaging states a different storage requirement.

Medication cupboard / storage temperatures will be checked and recorded regularly. If the temperature of a medication storage area falls outside the expected range, or if staff are concerned that medication may have been exposed to unsuitable temperatures, the Medicines Lead or senior leader must be informed. The affected medication should not be administered until the medication label, manufacturer's instructions and/or pharmacy advice have been checked.

Medication requiring refrigeration must be stored in a suitable medication fridge, normally between 2°C and 8°C. Fridge temperatures must be checked and recorded daily when refrigerated medication is held. Where the fridge temperature falls outside the expected range, affected medication must be quarantined, not administered unless confirmed safe, and pharmacy advice must be sought. Any action taken must be recorded.

Temperature records for medication fridges, cupboards, safes and storage areas will be reviewed as part of routine medication audits, and any repeated temperature concerns will be escalated to senior leadership and the Proprietor as part of medication governance assurance.

Medication Acceptance and Reconciliation

Before medication is accepted into school or residential provision, authorised staff must verify the correct pupil, medication name, strength, dose, route, timing/frequency, quantity supplied, expiry date, pharmacy label or prescription instructions, and current written parental/carer consent.

Any discrepancy, unclear instruction, missing label, out-of-date medication, damaged packaging, quantity concern, change in prescription or mismatch between the medication, consent form, MAR or pharmacy label must be resolved before the medication is accepted or administered.

Where controlled medication is received, the quantity received must be recorded immediately in the pupil's Controlled Medication Book / controlled drug register and checked against the MAR and medication instructions before administration.

Medication cupboards, storage areas and medication fridges must be checked regularly. Fridge temperatures must be recorded to evidence that temperature-sensitive medicines are stored safely and in line with product instructions. Any concerns regarding temperature, security, expiry dates, labelling, or storage conditions must be reported to the named medicines lead immediately.

Medication expiry dates will be checked at least monthly. Emergency medication will be checked weekly to ensure it remains in date, clearly labelled, complete and immediately accessible.

Medication fridges should normally operate between 2°C and 8°C unless the manufacturer's instructions specify otherwise. Fridge temperatures must be recorded when a medication fridge is in use.

If the medication fridge temperature falls outside the acceptable range, affected medication must be quarantined, the Medicines Lead and senior leader informed, and pharmacy advice sought before the medication is used. The concern, advice received and action taken must be recorded.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

Medication should not be accepted if it is unlabelled, out of date, not in the original container, or does not have clear instructions for administration.

It is the responsibility of the parents/carers to provide medicine that is in date. This should be agreed with the parents/carers at the time of acceptance of on-site administration responsibilities.

Parents/carers must inform the school immediately of any medication changes, dose changes, discontinued medication, new allergies, side effects, or changes to the pupil's medical condition.

Staff must never alter, commence, discontinue or amend medication solely on the basis of a verbal instruction from a parent/carer. Medication changes must be supported by an updated prescription, pharmacy label, written confirmation from an appropriate medical professional, or advice from the GP, pharmacist, prescriber or relevant clinician.

Safe Administration Checks – The 6 Rights

Before administering any medication, staff must follow the **6 Rights of Medication Administration**. These checks must be completed every time medication is administered, including prescribed medication, non-prescribed medication, PRN/as-required medication, emergency medication and controlled drugs.

Staff must check:

1. Right pupil – confirm the medication is being given to the correct pupil by checking the pupil's name against the medication label, consent form, MAR sheet and/or medication plan.

2. Right medication – confirm the medication being given matches the medication named on the pharmacy label, consent form, MAR sheet and/or medication plan.

3. Right dose – confirm the dose matches the written instructions, including the correct strength, amount, measurement, number of tablets, ml, puffs or units.

4. Right time – confirm the medication is due at that time, has not already been administered, and that the required interval between doses has been followed, particularly for PRN/as-required medication.

5. Right route – confirm the medication is being given by the correct route, for example oral, inhaled, topical, buccal, nasal or other prescribed route, and that staff are trained and competent to administer medication by that route.

6. Right record – record the administration accurately at the time of administration wherever possible, including the date, time, medication, dose, route where relevant, and staff signature/initials. Any refusal, missed dose, PRN reason, side effect, error or concern must also be recorded.

If any of the 6 Rights cannot be confirmed, staff must **stop and not administer the medication** until the concern has been clarified with the named medicines lead, senior leader, parent/carer, pharmacist, GP or other relevant professional as appropriate. Staff must never guess, estimate or rely on memory alone when administering medication.

Double-Checking High-Risk Medication

High-risk medication must be independently checked by two authorised medication-trained members of staff before administration, unless this is not possible due to an urgent or unavoidable circumstance.

This includes, but is not limited to, insulin, buccal midazolam, adrenaline, controlled drugs, opiates, morphine, PEG feeds, rectal medication and any other medication identified as high-risk within the pupil's Individual Healthcare Plan or risk assessment.

Where two medication-trained staff are not available, the administering member of staff must be authorised and medication-trained, must follow the pupil's written instructions and the 6 Rights of Medication Administration, and must record why a second medication-trained staff member was not available. The Medicines Lead or senior leader must be informed as soon as possible, and the administration should be reviewed.

For controlled drugs, the MAR sheet and Controlled Medication Book / Controlled Drugs Register must both be completed, including the running balance and signatures/checks required by the controlled drug procedure.

The second check should confirm the pupil, medication, dose, route, time, written instructions, expiry date and record. For controlled medication, the second check/signature must be recorded in the Controlled Medication Book / controlled drug register as well as on the MAR where applicable.

Residential / Boarding Medication Arrangements

Where pupils are resident or boarding, medication arrangements must cover the full 24-hour period, including school day medication, evening medication, night-time medication, weekend arrangements, transport between school and residence, and return home arrangements.

Residential staff must not administer medication unless they are authorised, appropriately trained, competent, and have access to the pupil's written medication instructions, consent, MAR sheet and any Individual Healthcare Plan / medical plan that may be relevant.

There must be a clear handover process between school staff and residential staff so that medication due, medication given, missed doses, refusals, PRN medication, side effects, controlled drug balances and concerns are communicated accurately and recorded.

The school and residential provision must operate one consistent medication system, or clearly linked systems, so that records are complete across the full day and there is no gap between school administration records and residential administration records.

Medication stored within the residential setting must be stored securely, separately for each pupil, in line with product instructions, and accessible only to authorised staff. Emergency medication must remain accessible without delay.

Controlled drugs held or administered within the residential provision must have secure storage, restricted access, and a running balance record in the same way as controlled drugs held in school.

Any medication error, missed dose, refusal, stock discrepancy, incorrect record, or concern within the residential provision must be escalated to the named medication lead / senior leader and recorded in line with the school's medication incident process.

Therapeutic and Homely Remedies for Boarding

Where therapeutic or homely remedies are used within boarding/residential provision, they must be managed under an approved Homely Remedies Protocol with appropriate consent, clear instructions, safe storage, recording and oversight.

Examples may include antiseptic cream, throat lozenges, antihistamine, saline spray or agreed supplements such as Feroglobin. These must not be used as a substitute for medical advice where symptoms are persistent, concerning or outside the agreed protocol.

Controlled Drugs

Controlled drugs prescribed for a pupil will be stored securely in a locked, non-portable container with access restricted to named authorised staff. Controlled drugs must remain accessible to authorised staff in an emergency where required.

Where a controlled drug is prescribed for a pupil, parents/carers must provide the medication in the original pharmacy-labelled container and must inform the school/residential provision of the quantity being handed over. The school/residential provision will record the quantity received, store the medication securely, and maintain a running balance of medication held and administered. Controlled drug records should include date, time, pupil name, medication name and strength, dose administered, balance remaining, staff signature/initials, and a second staff check/signature.

At Broadlands Hall School, the Controlled Medication Book is the controlled drug register for pupil-specific controlled medication. Controlled medication must be recorded on the MAR and in the Controlled Medication Book, with the running balance updated at the time of administration wherever possible.

Controlled Medication Book entries must be legible, sequential and auditable. Errors must not be erased or obscured; corrections should be made in line with the school's medication recording procedure and escalated where the running balance, stock or administration record is unclear.

Parents/carers must inform the school/residential provision immediately of any changes to controlled medication, including dose changes, discontinued medication, changes to timing, side effects, or concerns. Controlled drugs must not be sent into school/residential provision without prior agreement and clear written instructions.

Trips and Off-Site Visits — Medication

Medication required during trips, appointments, transport arrangements or off-site activities must be planned in advance as part of the trip risk assessment and, where relevant, the pupil's Individual Healthcare Plan or medication plan. A named authorised adult must be responsible for carrying, storing and administering medication during the trip.

Medication taken off site must remain in the original pharmacy-labelled container wherever possible, with clear written instructions and current parental consent. Medication must be kept secure, supervised and accessible when required. Emergency medication must remain quickly accessible and must not be locked away in a way that delays treatment.

Medication must not be transported loose, unlabelled, in envelopes, or informally in pupil bags unless this has been formally risk assessed and agreed in writing. Any medication administered off site must be recorded on return, or at the time of administration where the appropriate record is available.

Where a controlled drug is required during a trip or off-site activity, additional safeguards must be in place. The controlled drug should be transported in a secure, lockable medication box or bag wherever practicable, remain in the original pharmacy-labelled container, and stay under the direct supervision of the authorised medication-trained member of staff responsible for it. The quantity taken off site, any dose administered, and the quantity returned must be recorded and checked against the controlled drug register/running balance. Any discrepancy must be escalated immediately to the named medicines lead and senior leadership and recorded as a medication incident.

The Controlled Medication Book / controlled drug register must clearly evidence the quantity taken off site, dose administered, quantity returned and balance remaining. The MAR must also be updated so that the pupil's medication record remains complete.

Disposal of Medicines

It is the responsibility of the parents/carers to ensure that all medicines no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.

Where medication is no longer required, has expired, or has been discontinued, the school will request collection by the parent/carer as soon as possible. Medication awaiting collection must be stored safely and must not be administered. Where this is not possible, the school/residential provision will arrange safe disposal in line with local procedures and pharmacy/NHS advice. Disposal must be recorded, including the medication name, pupil name, quantity disposed of, date, reason for disposal, and staff involved.

Sharps must be disposed of in an appropriate sharps container. Used emergency devices, such as adrenaline auto-injectors, should be managed in line with emergency procedures and handed to ambulance staff or disposed of safely as appropriate.

Where controlled drugs are no longer required, expired, discontinued, or need to be returned, this must be recorded. Parents/carers will usually be asked to collect the medication for safe return to a pharmacy. If this is not possible, the school/residential provision will arrange safe disposal in line with controlled drug procedures and pharmacy/NHS advice.

Monitoring, Audit and Review

The school will monitor the implementation of this policy through regular checks of medication storage, consent forms, administration records, controlled drug balances, expiry dates, training records and incident/near-miss records.

Medication systems should be checked at least weekly by the delegated medicines lead or authorised person. A wider leadership review should take place at least termly, or sooner following an incident, concern or significant change.
Medication audit arrangements should include, as a minimum: daily checks of medication fridge temperatures and storage temperatures where required; weekly checks of MAR records, controlled medication, emergency medication and storage arrangements; monthly checks of medication expiry dates and stock; and termly leadership review of medication governance, incidents, training and actions.
The Proprietor will receive periodic assurance that medication systems remain safe, effective and compliant. This assurance may include audit outcomes, medication incident themes, controlled medication compliance, staff training and competency records, and progress against any corrective action plans.

Temperature records for medication fridges, cupboards, safes and storage areas will be reviewed as part of routine medication audits, and any repeated temperature concerns will be escalated to senior leadership and the Proprietor as part of medication governance assurance.

Medication errors, missing records, stock discrepancies, expired medication, or failure to follow procedure must be reported to senior leadership and reviewed so that corrective action is taken.

Medication Errors, Incidents and Near Misses

Any medication error, incident or near miss must be reported immediately to the named medicines lead and a member of senior leadership. The pupil's welfare must be checked first and medical advice sought where needed. Parents/carers must be informed as soon as appropriate, depending on the nature and level of risk.

Medication errors, incidents and near misses may include, but are not limited to:

- medication given to the wrong pupil
- wrong medication given
- wrong dose given
- medication given at the wrong time
- missed dose
- refused dose
- medication not recorded
- incorrect running balance for controlled drugs
- missing medication
- expired medication given or found in use
- medication stored incorrectly
- emergency medication not available or not accessible
- medication administered by a member of staff who is not authorised or trained
- incomplete or inaccurate Controlled Medication Book / controlled drug register entry
- failure to complete medication reconciliation before accepting or administering medication

All medication errors, incidents and near misses must be recorded, investigated proportionately, and reviewed to identify any immediate actions, safeguarding concerns, training needs, system changes or updates required to the pupil's Individual Healthcare Plan, MAR sheet, risk assessment or medication.

Where medication cannot be located, staff must search immediately, inform the Medicines Lead or senior leader, inform parents/carers where appropriate, seek medical or pharmacy advice where a dose may be affected, record the incident, investigate what happened and review procedures to reduce the risk of recurrence.

Medication incidents, errors and near misses will be analysed for themes and trends. Learning from incidents will inform staff training, supervision, audit priorities, policy review and improvements to medication systems.

Any discrepancy involving a controlled drug, including an incorrect running balance, missing medication, unexplained stock difference, or recording error, must be treated as a medication incident and escalated immediately to the named medicines lead and senior leadership.

Parents/carers will be informed of medication errors or incidents involving their child, unless there is a safeguarding reason not to do so immediately. Where urgent medical advice is required, staff will contact 999, NHS 111, the pupil's GP, pharmacist, or other relevant medical professional as appropriate.

Parent / Carer Responsibilities and Communication

Parents/carers are responsible for providing accurate and up-to-date medical information, written consent, and medication in original packaging with clear instructions. Parents/carers must inform the school immediately of any changes to medication, dose, allergies, medical condition, side effects, or emergency arrangements.
Parents/carers should provide written confirmation of medication changes as soon as possible and ensure that any updated medication is supplied in line with the medication acceptance and reconciliation requirements set out in this policy.

The school will communicate clearly with parents/carers about what medication can and cannot be administered in school, what information must be provided, how medication should be handed in, and how parents/carers will be informed of refusals, missed doses, incidents or concerns.