Medication Administration and Use Policy

Approval Body	Governing Body
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Mulberry Academy Hastings is part of the Mulberry Schools Trust which is a charitable company limited by guarantee registered in England and Wales (Company No. 10035860).
Company's registered office: Mulberry Schools Trust, Richard Street, Commercial Road, London E1 2JP

Applies to: All pupils aged 11–16, staff, volunteers, contractors and visitors

1. Policy Statement

Our school is committed to ensuring pupils with medical needs are safely supported so they can access a full education, including trips and PE. We will make appropriate arrangements to administer and manage medicines on site, consistent with statutory guidance and UK law.

2. Legal and Guidance Framework

• Children and Families Act 2014, s.100 – duty to support pupils with medical conditions (Legislation.gov.uk).

• DfE: Supporting pupils at school with medical conditions (2014/2015 update).

• DfE & ACPO: Drugs advice for schools (2012).

• UK GDPR/Data Protection Act 2018; DfE Data protection in schools.

3. Scope

Covers prescribed medicines, OTC medicines, emergency/rescue medicines, and controlled drugs required during the school day or school activities, including trips and residentials.

4. Roles and Responsibilities

Governing Body; Headteacher/Vice Principal; Welfare/Medical Team; CMAR; Parents/Carers; Pupils; School Nurse/Clinicians.

5. Core Procedures

5.1 Submission: Medicines handed to Welfare Team with parental Medication Administration Form and in original packaging; verification and tablet/volume counts; Meditracker upload and IHCP linkage.

5.2 Storage: Locked medical cupboard; emergency devices immediately accessible; controlled drugs in locked cabinet and CD register.

5.3 Administration: Follow MAF/IHCP;

The '5 rights' of medication safety are:

1. The Right Person

   You check the name on the prescription. You should ask student for their name rather than tell them, so they can identify themselves.

2. The Right Drug

   You should look at the name of the medication itself rather than the brand name. Brand names should be avoided as they can lead to confusion. You should also check the expiry date and the prescription. Make sure that all medications, especially antibiotics, are reviewed regularly.

3. The Right Dose

When working out the dose for an individual, you should double-check the prescription to ensure you're administering the correct amount of the drug.

4. The Right Route

Once again, make sure you check the order and the appropriateness of the route that's been prescribed for the person. You should confirm that the person can safely receive or take the medication by the ordered route. The right route can also apply to the administration of the medication. For example, is it topical or does it require an injection? Or does it need to be swallowed or inserted?

5. The Right Time

When administering prescribed medication, you should always double-check the frequency and if you're giving it to the person at the right time. For example, some medications should be taken on a full or empty stomach or within a certain timeframe apart. This leads us to the next step, which is to check when the last dose was given to ensure that you're not medicating them too soon or too late. ; document each dose; two-person checks for controlled/high-risk; missed/refused doses recorded and communicated.

5.4 OTC: Written parental consent; original packaging; check last dose and maxima; dose outside school hours where possible.

5.5 Emergency: IHCP emergency actions (999, AAIs, salbutamol, buccal midazolam); immediate access; spares may be held with training.

5.6 Records/Audit: Maintain forms and logs; termly audits reported to SLT/Governors.

5.7 Disposal/Return: Return to parents or dispose safely; sharps via approved containers.

6. IHCPs and Training

IHCPs created/updated as required; risk assessment; roles and cover; briefing for supply staff; training recorded and refreshed annually.

7. Trips and Residentials

Trip medical risk assessment; carriage/access/storage; trained staff; device refrigeration plans where needed.

8. Self-Management by Pupils

Competent pupils may carry/administer medicines (e.g., inhalers) if agreed in IHCP; emergency access must be immediate.

9. Drug-Related Incidents (Non-Medical)

Follow DfE/ACPO guidance for incidents involving illegal or misused substances; search/confiscation powers; liaison with police/parents.

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10. Data Protection and Confidentiality

Medical data is special category personal data; secure storage; role-based access; retention and lawful basis documented; SARs via DfE/ICO guidance; staff training and breach procedures.

11. Unacceptable Practices

No penalising participation; no routine dosing by parents; no barriers to emergency access; heed clinical advice in IHCPs.

12. Complaints

Raise concerns with Vice Principal/Headteacher; escalate per complaints policy to Governing Body.

13. Monitoring and Review

SLT/Governors monitor compliance via audits, incident reviews, and feedback; review annually or when guidance changes.

References

Children and Families Act 2014, Section 100; DfE Supporting pupils at school with medical conditions (2014/2015); DfE & ACPO Drugs: advice for schools (2012); DfE Data protection in schools (2025); ICO Education information guidance.

Appendices

A. Medical Administration Form (MAF)

B. Medicine Receipt & Quantity Log (Meditracker)

C. Daily Administration Record (Meditracker)

D. IHCP Template & Review Checklist (Meditracker)

E. Training Record

F. Trip/Residential Medical Risk Assessment

G. Data Protection Summary

Appendix H. Medication Protocols and Procedures – Flowchart

Flowchart summarising the process from receipt to digital recording and IHCP creation:

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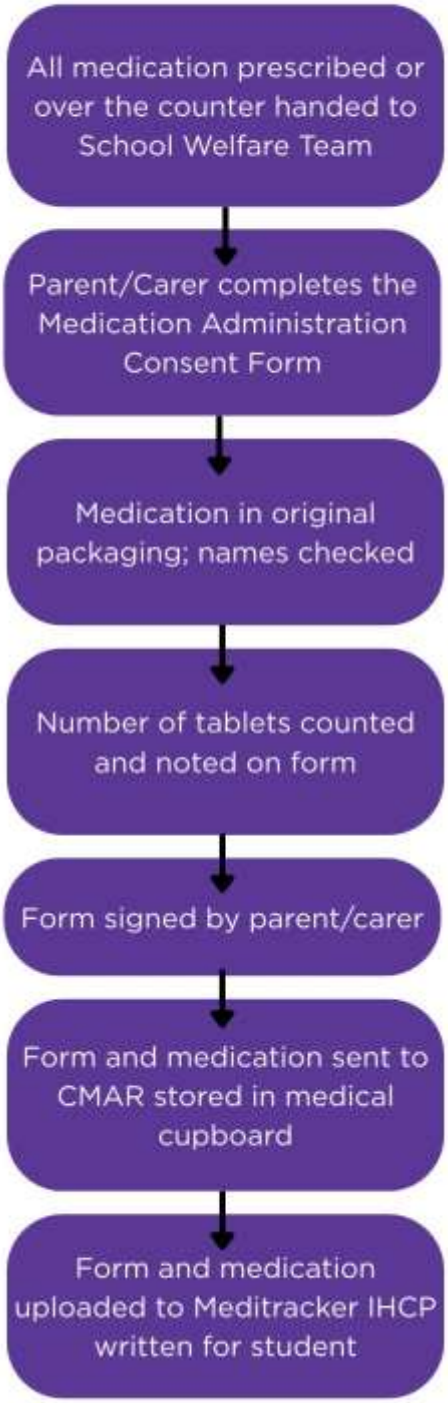
Medication Protocols and Procedures



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