Administration of Medication Policy

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ADMINISTRATION OF MEDICATION POLICY DEC 2025 Review Date: DEC 2026

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1. Purpose

This policy provides guidance on administering medicines to young people during sessions, in accordance with the advice of the young person's prescribing medical practitioner or as an emergency response. Having clear, documented procedures to manage the administration of medicines facilitates safe systems of work that ensure young people, staff safety and supports Nudge Education in meeting legislative requirements under Section 100 of the Children and Families Act 2014, the Medicines Act 1968, the Misuse of Drugs Act 1971, Mental Capacity Act 2005 & Gillick Competence, Hazardous Waste Regulations 2005, DfE / BMA guidance on OTC medicines, Keeping Children Safe in Education (KCSIE 2026), and workplace health & safety laws. Young people will be treated as individuals with due consideration given to their age, beliefs, opinions, experience, ability, cultural needs, and any other factors important to them which preserves their dignity and privacy. For more information about our arrangements to support young people with medical needs see our Supporting young people with medical conditions policy.

2. Who can administer medicines

Only staff who have been trained can undertake the administration of (only as required):

- topical medicines

- ear, eye, or nasal drops
- inhalers or other respiratory aerosol devices
- oral medicines
- invasive medicines e.g. adrenalin auto-injectors or other injection

Staff administering a medicine need an understanding of what it is for, what the normal dosage is, precautions required such as “take with food”, contra-indications to be aware of such as the effects of taking another drug that interacts with the medicine, and how to look for and report possible adverse effects (sometimes called side effects) the young person may experience, including changes which may mean the young person’s clinician should review their prescription. If necessary, staff should seek advice from a parent/carer or the Education Intervention Coordinator (EIC) if they have any questions following pre-administration checks (below) or if they are unsure what to do when administering a medicine. This is important for all medicines. Following assessment from the Lead De-escalation Trainer & Complex Needs Advisor, a decision will be made on whether a witness to the administration of medicines to young people under the age of 18 is required.

2.1 Controlled Medications

A witness to the administration of all controlled drugs is a requirement. The administration of controlled drugs must be witnessed and the witnesses must record this electronically including their full name. Only staff who have been trained to administer medicines themselves should serve as a witness to the administration of any medicine by someone else.

All records must be accurate and clearly identify the witness and/or person administering. The list of staff who have been trained to administer or witness the administration of medicines is held in our training records.

3. Types of medicine

3.1 Prescription

Prescription medicines are strictly controlled by law and can only be taken by the person they were prescribed for. It is both dangerous and illegal for anyone to take a medicine prescribed for someone else or to give a person someone else’s prescription medicine. Nudge Education requires written parental consent

to administer medicines to anyone in their care who is under the age of 16. this and it is recorded. Staff must take particular care when a young person shares the same name or same first name initials as someone else that they live or come into contact with where their medicines might be confused, this may result in the wrong dose being administered.

3.2 Non-prescription

Non-prescription or over-the-counter (OTC) medicines can be administered during Nudge Education sessions where explicit written parental or caregiver consent has been provided. This reflects national guidance that OTC medicines do not require a prescription for use in educational or childcare contexts, provided they are used safely and in line with manufacturer or clinician instructions.

While Nudge Education is not a school or childcare setting, we follow the spirit of this guidance to ensure that young people can access the medication they need during sessions, without placing unnecessary pressure on families or health professionals.

OTC medicines must only be administered when:

They are necessary during the session and cannot reasonably be taken before or after;

The young person’s parent/carer has completed the Consent to Administer Medication Form;

The medicine is provided in its original packaging with clear dosage and timing instructions;

The practitioner has no safeguarding or health concerns about the request.

Where concerns arise, such as requests that appear excessive, medically unnecessary, or inconsistent with the young person’s presentation, practitioners must follow Nudge’s safeguarding procedures and consider the possibility of Fabricated or Induced Illness (FII). All staff administering medicines are trained to identify and act on these concerns, which must be reported immediately to the Regional Designated Safeguarding Lead (RDSL) .

Nudge Education does not initiate or recommend the use of OTC medicines. Our role is solely to facilitate safe administration as agreed with families and in accordance with sessional risk assessments. Practitioners must never administer an OTC medicine without written consent, nor should they deviate from the instructions on the packaging or guidance from a healthcare professional.

3.3 Herbal or homeopathic remedies

Herbal and homeopathic products are not routinely regulated to the same standard as licensed medicines. The NHS advises caution when giving these remedies to children due to the risks associated with unregulated or inconsistently produced products. For this reason, Nudge Education will not administer any herbal or homeopathic remedies unless there is clear written guidance from a qualified medical professional and explicit written parental consent.

Herbal remedies can interact with prescribed or over-the-counter medicines in unpredictable ways. They may reduce the effectiveness of a young person’s prescribed treatment, trigger unexpected side effects, or cause an adverse reaction. Given that many herbal preparations vary in strength, purity, and ingredients, practitioners must not assume they are safe because they appear “natural”.

Not all herbal medicines are subject to UK regulatory controls. Products prepared for individuals do not require a licence, and those purchased online or from outside the UK may be substandard, counterfeit, or contaminated. These risks make it unsafe for practitioners to administer such products without medical oversight.

Parents or carers may present remedies marked with a Traditional Herbal Registration (THR) symbol. While this mark indicates the product meets certain quality standards, it does not guarantee safety for every young person, nor does it indicate that the remedy is clinically effective. THR products are intended for minor, self-limiting conditions and do not replace appropriate medical assessment.

If a parent or carer requests that a herbal or homeopathic remedy be administered during a session, practitioners must:

- Seek advice from the Education Intervention Coordinator;
- Request written confirmation from a medical professional that the remedy is appropriate and safe to use alongside the young person's prescribed treatment;
- Ensure written parental consent is in place; and
- Record any concerns as a safeguarding matter if the request appears unsafe, excessive, or inconsistent with the young person's needs.

Nudge Education practitioners must never administer a herbal or homeopathic remedy without these safeguards in place.

3.4 Policy decisions on some medicines

In line with national guidance and to ensure safe, consistent practice across Nudge Education, the following policy decisions apply to the administration of certain medicines during sessions.

Young people under 16 must not be given any prescription or non-prescription medicine without explicit written parental or caregiver consent, unless the medicine has been prescribed to the young person confidentially by a healthcare professional. Where a young person has been prescribed medication without parental knowledge, practitioners will encourage them to involve their parents or carers while also respecting their right to confidentiality.

Medicines containing aspirin must never be administered to a young person under 16 unless the medicine has been prescribed by a doctor. This reflects recognised clinical risks and national safety advice.

Pain relief may only be administered when safe to do so. Practitioners must check:

- the maximum daily dosage
- the time and amount of the last dose taken
- that written consent is in place

Where necessary, every reasonable effort should be made to contact parents or carers before administering pain relief, both to verify previous doses and to inform them that the medicine will be given.

Practitioners must understand the potential consequences of incorrect dosing, whether through underdose or overdose. Relevant information from the

manufacturer's Patient Information Leaflet must be reviewed so staff know:

- symptoms of accidental incorrect dosing
- what immediate steps to take
- when advice from NHS 111, a pharmacist, or a healthcare professional should be sought

If there is any uncertainty about a dose, timing, suitability of a medicine, or any mismatch between information provided and the young person's presentation, the medicine must not be administered until clarification is obtained. Safety, accuracy, and clear communication with families and professionals remain the guiding principles for all decisions regarding medication.

4. Receiving medicines

Medicines may only be received by Nudge Education practitioners where this is agreed within the young person's Individual Health Care Plan (IHCP) or detailed within the Parental Consent to Administer Medicines Form. Medicines can only be accepted by staff who have been trained in medication administration procedures. This is essential

to ensure that all required checks are completed, that any questions can be raised promptly, and that accurate records are maintained. Because Nudge Education operates across home, community, and public settings rather than a fixed site, medicines must be handed directly to the trained practitioner at the start of the session wherever possible. Parents or carers should supply medicines in their original packaging and in the minimum quantity required for that session.

Medicines must be hand-delivered by the parent or carer directly to the trained practitioner at the start of each session. This ensures the medicine is transferred safely, securely, and with full opportunity for practitioners to complete the required checks.

In rare circumstances where a parent or carer is genuinely unable to hand-deliver the medicine, the practitioner and the Education Intervention Coordinator will work with the family, and where relevant, the commissioner to agree an exceptional, risk-assessed alternative method of transfer. Such arrangements must prioritise safety and must never be used for convenience.

This is particularly important for controlled drugs, which require enhanced security at every stage of transfer and storage. Any alternative arrangements for transporting medicines must be clearly documented within the young person's IHCP or medication risk assessment, including who is responsible for the transfer, how the medicine will be secured, and how it will be received and verified by the practitioner.

Nudge Education will only accept the minimum quantity of medicine necessary for a single session to reduce risks relating to storage, loss, misuse, or incorrect administration.

4.1 Checks when receiving medicines

Staff receiving medicines must ensure that:

- Written parental/caregiver consent is in place for the medicine being administered. If consent is missing or incomplete, the medicine must not be accepted until the correct form is completed and verified.
- The young person's name on the prescription label (or written on OTC packaging) matches the consent form.
- The medicine name, form, strength, and packaging all match the consent form and prescription information.
- The expiry date has not passed.
- If the medicine is already open and has a shortened shelf life after opening (e.g., many oral liquids, eardrops, or eyedrops), staff must check that the date of opening is recorded and that the product is still within its safe use period.
- The young person's allergies and adverse reactions are considered and consistent with the IHCP.
- Instructions for administration are unambiguous, including dose, frequency, route, timing, and any special precautions.
- Any uncertainties must be clarified with the parent/carer or, where necessary, the prescriber or a pharmacist before the medicine is accepted.
- The medicine is ready for administration, including availability of correct measuring devices. If a half-tablet is required, tablets must be pre-cut by the parent or pharmacist.
- Any storage requirements (e.g., refrigeration or protection from light) can be reasonably met during the session.

During the session, medicines must be stored securely and remain under the practitioner's direct control at all times. They should be kept in a safe, discreet location such as a locked medicines pouch/bag carried by the practitioner or a secure, supervised area within the session space. Medicines must never be left unattended, placed in vehicles, or stored in areas accessible to others.

4.2 After receiving the medicine

Once checks are complete and the medicine is accepted:

- Records must be completed and stored securely.
- The medicine must be kept safe, secure, and within sight of the practitioner throughout the session.
- Relevant staff (e.g., EIC,) must be informed where appropriate.

4.3 Emergency and long-term medicines

Some exceptions to standard receiving procedures apply for young people who require emergency medicines such as:

- adrenaline auto-injectors (AAI for anaphylaxis)
- salbutamol or terbutaline inhalers for asthma
- insulin injectors/pumps for diabetes

Where these medicines are required, Nudge Education will write to parents/carers outlining expectations, including the need for two devices/doses where recommended by clinicians and a spare supplied to the practitioner for session use only. Parents/carers will also be asked to provide the IHCP, relevant clinical documents, and Nudge's own medication information and consent forms.

Any concerns about unsafe management of a young person's medical condition, or patterns that could put the young person at risk, must be recorded and escalated as a safeguarding concern immediately.

4.4 Returning medicines

Medicines must be returned to parents or carers:

- at the end of each session

- immediately if packaging becomes damaged, compromised, or improperly sealed

Practitioners must ensure that:

- the medication administration form is fully completed
- parents/carers confirm the amount supplied and the amount returned

The Education Intervention Coordinator (EIC) checks these amounts as part of routine oversight. This ensures accountability, accuracy, and the safe management of medicines within a session-based intervention model.

5. Refusing administration

Young people may refuse to take or use a medicine for many different reasons. This may relate to the taste, smell, texture, or route of the medicine, previous negative experiences, discomfort, anxiety, or concerns about side effects they have experienced before. In a trauma-informed context, refusal may also be linked to trust, emotional state, or a desire for independence or control.

Young people aged 16 or over have the same legal right as adults to consent to or refuse medication. This right can only be overridden through a formal Order of the Court of Protection in circumstances where refusal may result in death or severe, permanent harm.

For young people under 16, their ability to consent depends on their capacity to understand the decision being made, including the purpose of the medicine and the consequences of accepting or refusing it. Practitioners must respect the views of the young person in line with their age and maturity, consistent with the United Nations Convention on the Rights of the Child.

Practitioners must never force a young person to take any medicine. Forced administration is unsafe, can cause physical harm, and significantly damages the trusting, relational environment that underpins Nudge Education’s work.

5.1 Procedure for handling a refusal

Where a young person refuses a medicine, practitioners should follow any instructions set out in the IHCP. If none are specified, the following steps apply:

- Explore the young person's concerns calmly and without judgement. Use relational, trauma-informed communication to understand what is making the medicine difficult for them.
- Provide clear information about what the medicine is for, how it works, and any known or possible side effects. Offer to look at the Patient Information Leaflet with them in a way that matches their developmental level.
- If the medicine is not time-critical, and delay remains within safe prescribing guidelines, agree a short postponement. Ensure this will not conflict with instructions such as "take on an empty stomach" or minimum time intervals between doses.
- If the young person expresses a preference for a different form (e.g., liquid rather than tablet), acknowledge this, record it, and encourage them to discuss alternatives with their parent/carer or clinician.
- If the young person continues to refuse after all supportive strategies have been used, do not administer the medicine. Record the refusal and the reason (where given) in the administration record under "Reactions," and inform the Education Intervention Coordinator without delay so they can update the parent/carer.

5.2 Role of staff

Practitioners support young people through relational practice, empathy, and clear communication. When a young person refuses a medicine, staff should:

- Consider whether the young person is feeling unwell, anxious, overwhelmed, or dysregulated, as these may influence their ability to take their medicine.
- Be mindful of physical considerations such as swallowing difficulties or sensory sensitivities.
- For tablets, encourage the young person to take small sips of water first and, where appropriate, offer a preferred drink afterward (unless contraindicated).
- Give the young person the time and space they need, recognising that each individual may respond differently and may benefit from a slower, more supportive pace.
- Explain calmly and compassionately why the medicine is important for their wellbeing and what might happen if it is missed, without pressure,

coercion, or fear-based language.
- Offer praise and reassurance if the young person chooses to take their medicine.
- Ensure all records are completed accurately and that the refusal is shared with the case manager promptly.
- Practitioners should also ensure the environment supports the young person's comfort and dignity. Sessions take place in varied community or home settings, so practitioners must use discretion to identify a quiet, private, appropriate space for administering medicines. Where a young person needs to sit, tilt their head back, or lie still to receive medicine, practitioners should plan for a safe and comfortable environment.

6. Covert administration

Covert administration refers to giving a medicine in a disguised form, such as mixing it with food or drink or administering it through a feeding tube, without the young person knowing or consenting. This is an exceptional practice with significant ethical, legal, and clinical implications.

Under the Mental Capacity Act 2005, every adult has the right to make their own decisions about their healthcare, even when those decisions may appear unwise. Young people aged 16 and 17 are presumed to have the capacity to decide whether to take or refuse medicines unless assessed otherwise by a clinician. Children under 16 may also be assessed as having sufficient understanding to make their own healthcare decisions (known as Gillick competence).

For young people who do not have capacity, it is the responsibility of clinicians and parents/carers to explore why the young person may be refusing medication and to decide on the safest and most appropriate approach. Options may include offering the medicine in a different formulation, adjusting timing, or agreeing that partial compliance is the most realistic outcome. Importantly, forced or deceptive administration can cause long-term harm to trust, wellbeing, and future engagement with healthcare.

Many medicines cannot be mixed with food or drink because doing so may alter how the medicine works or render it ineffective. Crushing tablets or opening capsules without clinical instruction is unsafe, may result in overdose or toxicity, and constitutes the medicine being used "off-licence." Allowing a

diluted medicine to be consumed slowly over hours can also reduce effectiveness. Leaving disguised medicines unattended introduces further risks, including accidental ingestion by others.

6.1 Role of staff

When a young person is reluctant to take medication during a session, practitioners must:

- Follow clinical instructions recorded in the IHCP or provided by parents/carers
- Use gentle, relational persuasion, never force
- Document refusals accurately
- Share any relevant observations that may help clinicians and families understand the refusal (e.g., issues with taste, fear, discomfort)

6.2 Nudge Education position on covert administration

Nudge Education will only support covert administration in extremely rare and clearly justified circumstances, and only when:

- The young person has actively refused the medicine
- A clinician has formally assessed that the young person lacks the capacity to make this decision
- A clinician has provided explicit written instructions on how covert administration must be carried out safely
- Written parental/carer consent is in place
- There are exceptional reasons, agreed by senior staff, why covert administration is necessary to protect the young person's health.
- Written confirmation from the prescribing clinician is mandatory. Nudge Education may also seek independent pharmaceutical advice if there are any concerns about the method or safety of administration.

6.3 Documentation requirements

If covert administration is agreed, detailed instructions must be recorded within the young person's IHCP or medication risk assessment, including:

- How the medicine is to be administered overtly
- The exact method for covert administration

- Whether the medicine may be crushed, opened, or mixed with specific foods or drinks
- Any known issues such as taste, texture, or previous adverse reactions
- Any swallowing or sensory considerations
- Ethical, cultural, or personal beliefs relevant to treatment
- What staff should do if the young person refuses the food or drink containing the medicine

6.4 Escalation of concerns

Any practitioner who has concerns about a request for covert administration must raise this immediately with their Education Intervention Coordinator (EIC). If the Education Intervention Coordinator is unavailable, concerns must be escalated to the Lead who De-escalation Trainer and Complex Needs Advisor will seek urgent guidance from the young person's clinician or a pharmacist.

7. Administering medicines

These procedures ensure that medicines are administered safely, consistently, and in line with both clinical instructions and Nudge Education's safeguarding responsibilities. Practitioners must always follow the "six rights" of safe administration:

1. Right person

2. Right medicine

3. Right dose

4. Right time

5. Right route

6. Right records

Medicines should be administered in a calm, private, and respectful environment that supports the young person's dignity. Because Nudge

delivers interventions in community, home, and public settings, practitioners must use judgement to select a safe space that minimises distraction and maintains confidentiality.

If practitioners are ever unsure about any step of the process, or if information does not match expectations, they must STOP, not administer the medicine, and seek immediate guidance from their Education Intervention Coordinator (EIC).

7.1 Self-administration

Nudge Education promotes self-administration where it is clinically appropriate, safe, and supported by written parental/carer consent. Self-administration helps young people develop confidence, independence, and understanding of their own health needs.

A young person may self-administer a medicine only when:

- Their parent/carer has provided explicit written consent for self-administration
- The young person has been assessed by their parent/carer as competent to do so
- The IHCP or medication risk assessment confirms it is safe and appropriate for the young person to self-administer during sessions.
- Practitioners remain responsible for supervision, safety, and record-keeping, even where self-administration is agreed.

When supervising self-administration, practitioners must ensure:

- A trained witness is present where possible, and is mandatory when the medicine is a controlled drug.
- They have the correct young person, correct medicine, and correct documentation before starting.
- Both practitioner and young person have clean, dry hands before the medicine is handled.
- The young person understands what the medicine is for and how it should be used, at a level appropriate to their age and understanding.
- All necessary equipment is ready (e.g., oral syringe, medicine spoon, water, gloves for topical medicines where required).

- The practitioner watches the entire process and does not leave the young person unsupervised until the medicine has been taken or applied.
- Any follow-up steps (e.g., rinsing a mouth after inhaled steroids, washing hands) are completed.
- Any concerns about accuracy, safety, refusal, or side effects are recorded and reported to the case manager immediately.

Practitioners must never prepare or “set out” medicines in advance for a young person to take later, and must never allow medicines to be left unattended between preparation and administration.

If at any point the practitioner is unsure whether the medicine has been taken correctly, or if there is doubt about the dose, the medicine must not be repeated unless advised by a clinician or pharmacist.

7.2 All medicines

When a young person is not able to self-administer, a trained practitioner will administer the medicine in accordance with the IHCP, parental consent, and clinician instructions. If, at any stage, information is unclear or does not match expectations, the practitioner must STOP, not administer the medicine, and seek advice from the Education Intervention Coordinator.

7.3 Preparation

- Ensure a trained witness is present when required, and always for controlled drugs.
- Wash and dry hands. Prepare any necessary equipment e.g., oral syringe, measuring spoon, water, gloves and other relevant Personal Protective Equipment (PPE).
- Ensure the environment is as private, calm, and safe as possible within the session setting.
- Only have one medicine and its corresponding records present at any time.

7.4 Administration

Before administering any medicine, practitioners must confirm the Six Rights of safe administration. This should be done in a calm and supportive way, talking

the young person through each step at a level that matches their age, understanding, and individual need

7.4.1 Right person ➔ Check consent, IHCP details, allergies, and identity. ➔ Ensure self-administration is not planned for this medicine.

7.4.2 Right medicine ➔ Confirm the young person's name, medicine name, strength, packaging, and expiry date. ➔ Check opened products remain within safe-use timeframes. ➔ If the quantity of medicine appears inconsistent with expected remaining doses, do not proceed until clarified.

7.4.3 Right dose ➔ Check the prescribed dose and any special instructions. ➔ Do not crush, split, or alter medicines unless explicitly instructed by a clinician or pharmacist. ➔ Only use appropriate measuring devices, not household spoons.

7.4.4 Right time ➔ Confirm the medicine is due now and ensure sufficient time has passed since the last dose. ➔ Check any timing-specific instructions (e.g., taken with food, on an empty stomach).

7.4.5 Right route

Practitioners must follow the correct route of administration exactly as prescribed. The following guidance provides the essential steps required for safe administration during Nudge sessions.

- Oral medicines (liquids, tablets, capsules)
- Ensure the young person is sitting or standing upright.
- Shake liquid medicines if instructed; measure doses using the correct device (oral syringe, medicine spoon, or measuring cup).
- Never use household spoons.
- Do not crush, open, or split medicines unless a clinician or pharmacist has provided explicit written instruction.
- Offer water after administration to aid swallowing and reduce unpleasant taste.
- If any doubt arises about whether the young person has taken the full dose, do not repeat unless directed by a clinician.
- Topical medicines (creams, ointments, patches)
- Practitioners must wear disposable gloves.

- Ensure the young person washes and dries their hands before and after application.
- Apply only the amount directed and only to the area specified.
- Never touch topical medicines with bare hands; some products can absorb through the skin.
- Eye drops or ointment
- Ensure the young person is seated or lying comfortably.
- Avoid contact between the dropper/nozzle and the eye or eyelashes.
- Gently pull down the lower eyelid and instil the prescribed number of drops.
- Ask the young person to blink several times; wipe excess with a clean tissue.
- Leave at least 5 minutes between different eye preparations to avoid dilution.
- If a drop clearly misses the eye, repeat only that drop once.
- Ear drops
- Warm the bottle in your hands for a few minutes to prevent dizziness.
- Ask the young person to lie on their side or tilt their head so the affected ear is uppermost.
- Pull the ear gently back and up (older children) or down and back (younger children).
- Administer drops without touching the ear; allow the young person to remain in position for a few minutes for absorption.
- Nasal sprays or drops
- Ask the young person to gently blow their nose beforehand.
- Keep the head slightly forward; aim the nozzle outward (away from the nasal septum).
- Instruct gentle inhalation while activating the spray.
- Avoid the young person sniffing strongly immediately after use.
- Inhalers (with or without spacer) Follow the IHCP or asthma action plan:
- For reliever inhalers: ■ Use a spacer when provided. ■ Shake inhaler; release one puff into the spacer; allow the young person to take deep, steady breaths. ■ If symptoms persist, administer further puffs at intervals as instructed.
- For steroid inhalers, rinse the mouth after use to reduce risk of infection.

If at any stage the practitioner is uncertain about technique, dosage, or expected response, they must STOP, record the concern, and seek

guidance from their case manager, parent/carer, clinician, or pharmacist before proceeding.

7.4.6 Right records

➔ Records on the administration record details of the medicine given, or that it was offered and refused, or that administration went wrong in some other way (see above). ➔ Record any other issues and trigger any action necessary e.g., notification to parents of insufficient pre-cut tablets. ➔ Ensure any witness to the procedure has signed the administration record.

7.5 After administering a medicine

After giving a medicine, practitioners must complete the following steps before moving on:

1. Remove and dispose of PPE appropriately

- Remove and dispose of gloves/apron, and wash hands thoroughly.
- PPE does not need to be changed when administering another medicine to the same young person, unless it has become soiled or contaminated.

2. Store the medicine safely

- Return the medicine to its designated safe storage location immediately.
- If more than one medicine is being administered in the same session and it is impractical to return each item to storage between doses, place the used medicine well away from the work area so it cannot be confused with the next medicine.

3. Complete records

- Record the administration on the medication administration form straight away.
- Note any difficulties, refusals, or unexpected reactions.
- Update the IHCP or medication risk assessment if new information has emerged and inform the case manager.

4. Clean all used equipment

- Wash spoons, syringes, spacers, or other equipment in warm soapy water and allow them to air dry.
- Do not wipe spacers inside or outside with cloths or paper towels, as this can create static and make them ineffective.

5. Communicate essential information

- Ensure any information that needs to be shared with parents/carers, clinicians, or other staff is passed on promptly via the case manager.

6. Wash hands

- Practitioners must wash and dry hands thoroughly between different young people, even if gloves were used.

If at any stage the information available does not match expectations, or the practitioner feels uncertain, they must STOP, not administer the medicine, and seek advice from the case manager before proceeding.

7.5 Quality Assurance and Oversight

Nudge Education carries out routine quality assurance of medicine administration, including annual spot checks, review of administration records, and ongoing oversight by the Education Intervention Coordinator (EIC). Practitioners must complete refresher training in line with Nudge's training cycle, and any themes or concerns identified through audits will be used to improve practice and strengthen safeguarding.

8. Disposing of medicines

The disposal of medicines must comply with the Hazardous Waste Regulations (2005), which require that waste medicines are handled safely and never mixed with household or general waste.

Because Nudge Education operates in community and home environments rather than a fixed site, our approach is simple:

We return all unused or waste medicines to parents or carers for appropriate disposal.

This includes any medicine that:

- is no longer needed during the session
- has expired or passed its safe “use after opening” date
- has been damaged (e.g., broken cap, torn blister pack)
- cannot be stored safely (such as half tablets that are not sealed)
- becomes contaminated (e.g., spat out, dropped, or handled incorrectly)

Returning medicines promptly ensures they are not used in error and cannot cause harm to others.

8.1 Contaminated or unsafe medicines

If a medicine becomes unusable during a session (for example, a tablet is spat onto the floor or a patch is removed prematurely), staff must:

- Place it in a small resealable plastic bag or tamperproof container
- Store it securely until it can be handed back to the parent or carer
- Record what happened on the medication administration form
- Immediately inform the Education Intervention Coordinator

For controlled drugs, a trained witness must observe the practitioner placing the medicine into the tamperproof container and verify the record.

8.2 Returning medicines

At the end of each session, practitioners must:

- Return all medicines directly to the parent or carer
- Confirm the quantities given at the start and returned at the end
- Complete the medication administration form accordingly

This ensures a full audit trail and protects both the young person and the practitioner.

8.3 Rationale for returning medicines

Returning all medicines to parents/carers at the end of sessions ensures that:

- Expired or damaged medicines cannot be administered accidentally
- No medicine is left unsecured in a community setting

- The family retains responsibility for safe storage and disposal
- Nudge practitioners do not transport or hold medicines longer than necessary

If a medicine requires urgent disposal (for example, due to contamination with bodily fluids), practitioners should follow advice from the Education Intervention Coordinator who may seek guidance from a pharmacist or clinician.

9. Records and retention

Nudge Education keeps accurate records of all medicines administered during sessions. This ensures young people are kept safe, families are well-informed, and practitioners have a clear audit trail to support safeguarding, quality assurance, and clinical decision-making.

Records must be completed immediately after administration, including when a medicine is:

- given successfully
- refused
- taken incorrectly (e.g. spat out)
- not administered due to uncertainty or safety concerns

Practitioners must also record any observed side effects, concerns, refusals, or unexpected reactions and report these promptly to their Education Intervention Coordinator (EIC).

9.1 What records are kept

For each medicine administered, Nudge Education records:

- the name, dose, and form of the medicine;
- the time and method of administration;
- the name and signature of the practitioner and, where required, the witness;
- whether the dose was taken, refused, or partially taken;
- any side effects, reactions, or concerns.

These records form part of Nudge Education's internal safeguarding and quality assurance documentation.

9.2 Storage of records

Medication administration records are considered Nudge Education records, not part of the young person's personal education or care file.

To protect confidentiality:

- Consent forms must be stored separately from the young person's main file.
- Medication administration records must also be stored separately and securely.

These records must not be transferred to the young person's next school, provision, or service unless there is a specific safeguarding or clinical reason to do so and appropriate permissions are in place.

9.3 Retention period

Records relating to the administration of medicines, including witness signatures, must be kept for two years from the date of the last entry.

After this period, they may be securely destroyed.

Individual young person records relating to medicine administration must also be destroyed once the young person has left Nudge Education, unless required for safeguarding, legal, or investigation purposes.

9.4 Information sharing

Any essential information that needs to be shared with parents, carers, clinicians, or other professionals must be passed through the Education Intervention Coordinator, ensuring:

- accuracy
- timely communication
- compliance with safeguarding and data protection requirements

Practitioners must never share medication information directly with external professionals or settings unless authorised to do so as part of a coordinated plan.

10. Policy Review

This policy will be reviewed annually or when there are significant changes in legislation, guidance, or organisational needs. Parent, carer, and staff feedback will inform improvements to ensure high standards of care and safeguarding.

This policy has been signed off by the Nudge Education Directorate. Charlotte Noutch Director of Partnerships & Services 5 Dec 2025

11. Linked Policies

Equality, Diversity and Inclusion Policy

Information Security and Data Protection Policy

Child Protection and Safeguarding Policy

Health and Safety Policy

All Policies can be found here.

NEO Online Addendum — DRAFT

> **Status:** This NEO online addendum is newly drafted and pending review by the Director of Operations and Designated Safeguarding Lead before it goes live. The canonical Nudge Education Administration of Medication Policy above continues to apply for face-to-face provision.

Statement on NEO and medication

NEO does not administer medication. As a fully online alternative provision, NEO has no physical access to learners. Responsibility for the safe storage, scheduling, and administration of any medication a learner takes during the school day lies entirely with the parents, carers, or another responsible adult in the learner's home — not with NEO staff, practitioners, or qualified teachers.

This is stated explicitly in:

- The NEO Home-School Agreement signed at admission.
- The learner's individual support plan, where relevant.
- Communications with commissioners as part of the placement contract.

What NEO can do

While NEO does not administer medication, NEO does:

- Hold awareness of medication regimes that materially affect a learner's session experience (timing of fatigue, side effects on attention, scheduled doses that affect availability), so sessions can be timetabled and adjusted appropriately.
- Pause sessions or build in breaks to accommodate family-managed medication schedules where this is agreed in the individual support plan.
- Note in the session log if a learner indicates they have not taken expected medication, and pass that observation to the family — without making clinical judgements.
- Refer concerns about consistent medication non-adherence, where they may indicate a safeguarding issue, to the DSL.

What NEO will not do

- Hold any learner's medication in any form.
- Direct or instruct a learner to take or not take medication during a session.
- Verify that a dose has been taken.
- Make decisions about adjusting medication timing or dose.

Family responsibility

At admission, families confirm in writing that:

- They retain full responsibility for the storage, timing, and administration of any medication their child takes during the NEO school day.
- They have provided NEO with the medication-relevant information that affects the learner's session participation.
- They will inform NEO of any change to medication that materially affects the learner's day.

Commissioner clarity

Commissioners referring a learner to NEO are informed at the placement-agreement stage that medication administration is not within the scope of NEO's provision. Where a learner's medical condition requires medication to be administered during the school day and there is no responsible adult available at home, the commissioner and NEO consider together whether NEO is an appropriate placement.

Cross-reference

- **Supporting Young People with Medical Conditions Policy** (NEO addendum)
- **Risk Assessment Policy**
- **NEO Home-School Agreement**

Document control

Field	Value
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Owner	Director of Operations
Status	live
Source file	`3. Service Delivery/Administration of Medication Policy - Dec 2025.pdf`