

# Medication Policy and Procedure V1.0

## 1. Purpose

This Medication Policy outlines the procedures for managing, administering, and storing medication within the Alternative Provision (AP), all associated activities, sessions, and programmes delivered by APPEER CIC. Its purpose is to ensure the safety, wellbeing, and inclusion of participants who require medication during APPEER CIC provision, while upholding all legal, safeguarding, and duty-of-care responsibilities.

## 2. Legal Framework

This policy is written with regard to:

- Children and Families Act 2014
- DfE: Supporting Pupils at School with Medical Conditions (2015)
- Health and Safety at Work Act 1974
- The Equality Act 2010
- NICE guidance on managing medicines in schools
- Safeguarding and duty-of-care obligations

## 3. Scope

- This policy applies to:
- All participants attending APPEER programmes, sessions or activities
- All staff, contractors, and volunteers working with participants
- Parents, carers, and external agencies involved in participants' healthcare

#### It covers:

- Prescription medication
- Emergency medication
- Over-the-counter medication (where permitted)
- Short-term and long-term medical needs

## 4. Roles and Responsibilities

## 4.1 APPEER CIC

#### APPEER CIC will:

- Ensure that all staff responsible for administering medication receive appropriate and up-todate training
- Maintain safe systems for the secure storage, monitoring, and disposal of medication
- Keep clear, accurate, and confidential records of all medication administered



- Develop and maintain Individual Healthcare Plans (IHPs) or Care Plan for participants with ongoing or complex medical needs
- Ensure all medication-related procedures and decisions align with safeguarding principles and statutory guidance
- Ensure that individual risk assessments are carried out for participants with complex needs and medical conditions.

#### 4.2 Parents and Carers

Parents/carers must:

- Provide written consent for any medication to be administered
- Supply medication in original packaging, clearly labelled
- Provide up-to-date information regarding the participants' medical needs
- Replace expired or empty medication promptly

## 4.3 Participants

Where appropriate, participants:

- May take responsibility for self-administration with parental and AP agreement
- · Should follow staff guidance regarding safe handling of medication

#### 4.4 Staff

Staff responsible for medication must:

- Complete relevant training
- Follow this policy and associated procedures
- Record all administration accurately
- Report any concerns to safeguarding leads or senior staff

## **5. Medication Management Procedures**

#### 5.1 Consent and Documentation

No medication will be administered without:

- A completed Medication Administration Form (APPENDIX 1)
- Consent from parent/carer (or participant over 16, if appropriate)
- An Individual Healthcare Plan (for complex/ongoing needs)

## **5.2 Receiving Medication**

Medication must:

- Be handed directly to a designated trained member of staff
- Be in its original packaging with:
  - Participant'ps name
  - Medication name
  - Dose and frequency

- Prescribing doctor
- Expiry date

#### 5.3 Storage

- Medication will be stored securely in a locked cabinet or secure fridge if required.
- Controlled drugs will be stored in a controlled-access unit, with a register.
- Emergency medication (e.g., inhalers, EpiPens) must be:
  - Easily accessible
  - Carried with the participant where appropriate, or kept in a clearly identified location

#### 5.4 Administration

- Medication may only be administered by trained staff.
- Staff must check:
  - Identity of participant
  - Correct medication
  - Dose and timing
  - Expiry date
- All administration must be recorded immediately on the Medication Record Sheet.

## 5.5 Self-Administration

Permitted only when:

- Agreed by Programme management, parents, and healthcare professionals
- Assessed as safe
- Documented in the IHP

The organisation retains the right to withdraw permission if safety concerns arise.

## 6. Emergency Medication and First Aid

## **6.1 Emergency Medication**

Includes EpiPens, inhalers, rescue medication for seizures, etc.

#### AP must:

- Ensure staff receive correct emergency training
- Keep up-to-date IHPs and risk assessments
- Act promptly in medical emergencies
- · Call emergency services when required

## **6.2 Emergency Situations**

## Staff should:

- 1. Administer the relevant emergency medication (if trained)
- 2. Call 999 if required
- 3. Inform parents/carers immediately

## 4. Record the incident

## 7. Non-Prescription Medication

- Only permitted with written consent from parents/carers.
- APPEER CIC reserves the right not to administer non-prescription medication.
- Aspirin or medication containing aspirin will not be given unless prescribed.

## 8. Off-Site Activities and Trips

- Medication must be taken on all trips where required.
- A trained member of staff must be designated to carry/administer medication.
- Risk assessments must include medical needs.

## 9. Record Keeping

The AP will maintain:

- Medication Administration Forms
- Medication Record Sheets
- Incident and error reports
- IHPs
- Medication inventory and stock checks

Records will be kept securely and in line with data-protection laws.

## 10. Errors, Concerns, and Complaints

## **10.1 Administration Errors**

If a mistake occurs:

- Seek medical advice immediately
- Inform parents/carers
- Complete an incident form
- Report to senior leadership

## **10.2 Concerns or Complaints**

Handled in accordance with APPEER CIC's Complaints Procedure.

#### 11. Training

All staff administering medication will receive:

- Training appropriate to the medical needs of participants
- Annual refresher training
- Specific training from healthcare professionals when required

## 12. Review of Policy

This policy will be reviewed annually or sooner if:

Legislation changes



- A significant incident occurs
- Operational changes require an update

	MEDICATION POLICY & PROCEDURE Version No: 1.0		
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Policy Owner:	Annaliese Boucher		
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Target Audience:	Appeer staff, participants, external		
Approved and Ratified By:	Cathryn Jagger, Engagement Manager		
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## **APPENDIX 1**

## **Medication Administration Form**

Participant Details	
Name of Participant:	
Date of Birth:	
Parent/Carer Name:	
Emergency Contact Number(s):	
Emergency Contact Number(s):	
Medication Details	
Name of Medication:	
Reason for Medication:	
Form of Medication: (e.g., tablet, liquid, inhaler, EpiPen)	
Prescribed by:	
Dose Required:	
Method of Administration:	
Frequency / Time(s) to be Taken:	
Start Date:	
End Date (if applicable):	
Expiry Date of Medication:	
Storage Requirements	
☐ Standard locked cabinet	
☐ Refrigerated storage	
☐ Carried by participant (if approved)	
Other details:	

## **Permissions & Agreements**

## **Parent/Carer Consent**

I give permission for staff at APPEER CIC to administer the medication listed above to my child in accordance with the instructions provided. I understand it is my responsibility to provide the medication in its original packaging, ensure it is in date, and notify APPEER CIC of any changes.



Parent/Carer Signature:
Date:
Self-Administration (if applicable)
Sell Administration (il applicable)
Participant has been assessed as capable of self-administering this medication:
□ Yes
□ No
If yes, describe level of supervision required:
Staff Training (if required)
Specific training required for this medication:
Yes (details below)
□ No
Training provided by:
Date of training:
Record of Medication Administration
(To be completed every time medication is administered)
(1.5.55 55p. 555.5 <u>5</u>

Date	Time	Dose Given	Staff Initials	Notes (e.g., refused, error, reaction)

Administration Error or incident Report
(Only if applicable)
Describe the incident/errory
Describe the incident/error:
Action taken (e.g., first aid, parent informed, medical advice sought):
Staff member reporting:
Date/Time:
Perious
Review
Next Review Date:
Reviewed By: