Administration of Medication Policy

Document Control

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1. Purpose

This policy sets out how South Cumbria Skills Exchange (SCSE), operated by Whamos Training and Development CIC, manages situations where a learner placed with us requires medication during a session. It covers prescribed, non-prescribed, and emergency medication.

While SCSE does not routinely administer medication, we recognise that some learners — particularly those with chronic medical conditions, ADHD, epilepsy, asthma, anaphylaxis, type-1 diabetes, or mental health prescriptions — may need to take medication during their time at SCSE. This policy ensures we do so safely.

This policy reflects the DfE's statutory guidance Supporting Pupils at School with Medical Conditions (2015), the Children and Families Act 2014, KCSIE 2024, and the Equality Act 2010.

2. Scope

This policy applies to:

- All medication taken during an SCSE session by any learner under 18 (or by a vulnerable adult learner)
- Medication held on SCSE premises for use by a specific learner
- Emergency medication that may need to be administered in life-threatening situations

It does not cover medication taken by staff for their own use, which is governed by the Health and Safety Policy and Alcohol and Drugs Policy.

3. Default position

SCSE's default position is that:

- Medication should ideally be taken outside SCSE session times
- Where medication must be taken during a session, the parent/carer is the first option (e.g. coming on-site)
- Where neither is feasible and the learner is competent and confident to self-administer, the learner takes the medication themselves under staff observation
- SCSE staff administer medication only where this is necessary, agreed in writing, and properly supported

4. Information required at the point of placement

Before placement begins, SCSE requires the following information for any learner with a medical need that may require medication during a session:

- Name of the condition
- Name of the medication, dose, frequency, route of administration
- GP and consultant details (where relevant)
- An Individual Healthcare Plan (IHP) — typically prepared by the commissioning school's medical team or by the learner's healthcare provider
- Written parental authorisation, signed and dated
- Any specific training requirements for SCSE staff
- Storage requirements (refrigerated, room temperature, lockable cabinet)
- Symptoms to watch for and the response required
- Emergency contact details

Without this information, SCSE may not be able to accept a placement where medication during sessions is anticipated.

5. Individual Healthcare Plan (IHP)

Where a learner has an IHP from their commissioning school or healthcare team, SCSE adopts it. Where one does not exist and is needed, SCSE works with the parent/carer, commissioning school and where appropriate the school nurse or healthcare provider to draft one.

The IHP records:

- The medical condition and its triggers, signs and symptoms
- The medication required, including dose and timing
- The route of administration
- Daily care needs (e.g. blood-glucose monitoring, peak-flow measurement)
- What to do in an emergency, including when to call 999
- Who is responsible for what
- Review date

The IHP is reviewed annually or whenever the learner's condition or medication changes.

6. Storage of medication

All medication held on SCSE premises is:

- In its original packaging with the original pharmacy label showing name, dose, route, expiry, and prescriber details
- Stored securely in a locked medication cabinet at reception
- Stored at the temperature specified (refrigerated medication held in a dedicated lockable fridge that is not used for food)
- Logged in and out by a named staff member
- Returned to the parent/carer at end of placement, or disposed of safely if the parent confirms it is no longer needed

Controlled drugs are subject to additional logging, double-signing, and storage rules; where a learner requires a controlled drug, SCSE consults the prescriber and the commissioning school before accepting.

7. Administration

Where SCSE staff administer medication, the following procedure applies:

- Two staff members are present — one administering, one witnessing.
- Both check: the right learner, the right medication, the right dose, the right route, the right time. ("Five rights")
- The pharmacy label is checked against the IHP and against the written parental authorisation.
- The medication is observed being taken (where oral) or administered as specified.

- The administration is recorded immediately — date, time, medication, dose, who administered, who witnessed, any unusual observations.
- The medication is returned to secure storage.

If at any point in this process there is uncertainty — wrong dose, expired medication, unexpected side effects, learner refusal — the administration does not proceed and the parent/carer is contacted.

8. Self-administration by competent learners

Many young people manage their own medication safely (for example, asthma inhalers, insulin pens for type-1 diabetes, ADHD prescriptions). Where the learner, parent/carer, and IHP confirm that self-administration is appropriate:

- The medication is held by the learner during sessions (or in agreed accessible storage)
- A staff member is aware of when self-administration is taking place
- Self-administration is recorded in a daily log by the staff member observing
- The learner can ask for staff support at any time

For inhalers (asthma) and adrenaline auto-injectors (anaphylaxis), self-administration is the norm and learners always have immediate access to their devices.

9. Emergency medication

Where a learner has prescribed emergency medication (rescue inhalers, adrenaline auto-injectors, rectal diazepam or buccal midazolam for seizures, glucagon for diabetic hypoglycaemia), SCSE staff:

- Have read and understood the IHP
- Have received specific training for any non-routine emergency administration
- Have rehearsed the response plan
- Know the location of the emergency medication at all times
- Know when to call 999

Where the medication is administered, 999 is called as soon as practical and the parent/carer is informed.

For emergency administration of inhalers and auto-injectors, the DfE has confirmed that schools and similar settings may hold a spare device for use in emergencies if appropriate consent and policy are in place. SCSE follows current DfE guidance on spare salbutamol inhalers and spare AAIs.

10. Non-prescribed medication

SCSE does not generally administer non-prescribed (over-the-counter) medication. Where a learner requests, for example, paracetamol for a headache, the parent/carer is contacted and the matter is dealt with by them (e.g. by the learner being collected, or by parental advice on the phone).

Exceptions are made only where:

- A specific written authorisation from the parent/carer is on file in advance
- The medication is in its original packaging
- The IHP, if any, allows it
- The dose, frequency and indications are clear

11. Refusal of medication

If a learner refuses prescribed medication during a session:

- The staff member does not force or coerce
- The refusal is recorded with date, time, and any reason given
- The parent/carer is contacted the same day
- The prescriber is consulted where relevant

Repeated refusal is treated as a potential safeguarding indicator (an aspect of the learner's wellbeing has changed, or there is family disagreement about the medication) and is shared with the DSL.

12. Errors and incidents

A medication error (wrong dose, missed dose, wrong learner, wrong medication, wrong route, wrong time) is treated seriously. The procedure:

- Stop and assess the learner's condition
- Call 999 if the learner has any sign of harm
- Notify the parent/carer immediately
- Notify the prescriber (GP, consultant or pharmacy) for advice
- Record the incident in detail
- Notify the DSL and Directors
- Notify the commissioning school the same day
- Conduct a review to understand what happened and prevent recurrence
- Notify CQC where required (specialist settings only — usually not applicable to SCSE, but escalation is checked case-by-case)

13. Confidentiality

Medication information is special category data under UK GDPR. It is handled in line with the Secure Data Handling and Data Protection Policy. Access is restricted to those involved in the learner's care.

14. Training

Staff who administer medication or are involved in emergency response receive:

- Basic medication awareness as part of induction
- Specific training on the medication relevant to each learner whose IHP they support
- Annual first aid training (the directors hold current First Aid at Work certificates)
- Anaphylaxis awareness and use of adrenaline auto-injectors
- Asthma awareness and use of inhalers
- Where a learner has epilepsy, seizure-management training including, where indicated, buccal midazolam administration

Training is documented in each staff member's training record.

15. Equality Act 2010 considerations

SCSE will not refuse a placement on the basis of a medical condition, where reasonable adjustments can support the learner safely. Where a learner's needs exceed what SCSE can safely manage (e.g. very complex medication regimes requiring nursing-level support), this is discussed at referral and an alternative provision is supported.

16. Looked-after children and emergencies

For looked-after children, the consenting adult is the corporate parent (the local authority) acting through delegated authority — typically the social worker. SCSE confirms at placement who has authority to consent for medication, in writing.

17. Related policies

This policy should be read alongside:

- Safeguarding Policy
- Health and Safety Policy
- First Aid Policy

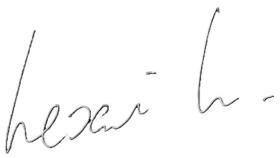
- SEND Policy
- Mental Health Policy
- Reasonable Adjustments Policy
- Secure Data Handling and Data Protection Policy
- Admissions and Referral Policy

18. Policy review

This policy is reviewed annually by the Directors, or sooner if statutory guidance, the cohort, or specific learner needs require change.

Approval & Review

This policy has been approved on behalf of the Directors:

Elizabeth Amos-Milburn *Co-Director*	**Alexandra Gager-Liebhart** *Co-Director*
	

Date of approval: 18th May 2026

Next review: 18th May 2027

Schedule 1 — Record of Changes

Version	Date	Nature of Change
001	18th May 2026	Initial published version included in the Combined Policies and Procedures 2026 edition.