



ADMINISTERING MEDICATIONS POLICY

Last Review Date	September 2026
Policy Reviewer	Director – Kane Wilson
Version	V2 22/9/26
Changes since last review	-
Next Review Date	September 2027

1. PURPOSE AND PRINCIPLES

The Ark Smallholding Ltd will support pupils with medical conditions so that they can participate in the provision as fully and safely as reasonably possible.

Medical support will be individualised, proportionate and based on accurate information from the commissioning school, parent/carers, pupil where appropriate, and relevant healthcare professionals.

No pupil will be unnecessarily excluded from animal care, forest school, woodland, practical or physical activities solely because of a medical condition. Individual risk assessment, reasonable adjustments and healthcare advice will be used to determine safe participation.

Medication must be accessible when needed, secure from unauthorised use, stored in accordance with manufacturer/pharmacy instructions, and supported by appropriate records.

This policy distinguishes medication support from first aid. Routine or specialist medication is not automatically a first-aid function; the First Aid Policy governs first-aid provision.

2. SCOPE AND RESPONSIBILITIES

- The commissioning school retains responsibility for its statutory school duties, including ensuring appropriate arrangements for the pupil's medical needs and, where required, coordinating or maintaining an Individual Healthcare Plan (IHP).
- The Ark is responsible for establishing whether it can safely implement the agreed arrangements during the pupil's attendance, ensuring relevant staff receive necessary information/training, making medication accessible and secure, keeping records, responding to emergencies and feeding significant information back to the commissioning school.
- The Director has overall responsibility for implementing this policy, identifying authorised staff, ensuring training/competence, checking storage arrangements and maintaining records.

- Parents/carers must provide accurate and current information, required medication and written consent/instructions, and must promptly notify the commissioning school and The Ark of changes.
- Pupils should be involved in decisions about their medical support according to age, understanding, maturity and individual circumstances.

3. INFORMATION REQUIRED BEFORE PLACEMENT

Before a pupil starts, The Ark will obtain from the commissioning school and/or parent/carer, as relevant:

- known medical conditions;
- allergies;
- prescribed and emergency medication;
- IHP;
- emergency action or seizure/asthma/allergy/diabetes plan;
- health-related SEND information;
- known triggers and symptoms;
- dietary/allergy information; emergency contacts;
- and relevant pupil risk assessments/support plans.

Where essential information or required medication is missing, The Ark will promptly contact the commissioning school and parent/carer. Attendance or a specific activity may need to be delayed only where safe support cannot reasonably be assured; any decision must be proportionate, documented and reviewed.

Commissioning-school risk assessments and support plans relevant to the placement should be shared before attendance, and The Ark will feed back significant medical incidents, emerging risks or material changes.

4. INDIVIDUAL HEALTHCARE PLANS (IHPS)

An IHP should be obtained where the commissioning school already has one and the plan is relevant to support at The Ark.

Where a pupil has medical needs requiring intervention, treatment, emergency planning, specialist training, material adjustments or coordinated support within the educational setting, The Ark should ask the commissioning school to confirm whether an IHP is required and contribute operational information about The Ark's environment.

The commissioning school will normally coordinate its school IHP. The plan should involve parents/carers, the pupil where appropriate and relevant healthcare professionals. The Ark contributes details about on-site delivery, outdoor access, storage, staff roles and activity risks.

The IHP should, where relevant, state the condition, signs/symptoms/triggers, daily support, medicine/device details, dose/route/timing, storage, self-administration, emergency thresholds, 999 criteria, staff training, adjustments, activity considerations and review arrangements.

The Ark will request review where there is a diagnosis, treatment or dose change, a significant incident/near miss, changed activity risk, or evidence that the existing plan no longer keeps the pupil safe.

5. CONSENT AND INSTRUCTIONS

Routine administration by The Ark requires written parental/carers consent and clear instructions. Consent and documentation must be updated when the medicine, dose, route, timing or relevant instructions change.

Where an older child has sufficient understanding and legal capacity to make a healthcare decision, their views and consent should be respected in accordance with applicable law and professional advice. This does not remove the need for The Ark to have safe written operational information.

In a genuine medical emergency, staff must not delay calling 999, providing first aid, or giving authorised/prescribed emergency medication in accordance with the pupil's emergency plan merely because ordinary consent paperwork cannot be obtained at that moment.

6. PRESCRIBED MEDICATION

Medication should normally be prescribed for the individual pupil and supplied in the original pharmacy-dispensed container, with the dispensing label intact, unless a healthcare professional or pharmacist has advised an appropriate alternative.

The label/instructions must identify the pupil and provide sufficient information about the medicine, dose, route, timing/frequency and storage. Medication must be in date.

Before administration, staff must check the written consent/IHP against the pharmacy label and current instructions. Staff must not alter a prescribed dose solely on verbal parental instruction.

If instructions conflict, the label is illegible, the dose is unclear, the medicine is expired, or treatment has changed without updated documentation, staff must not administer until the discrepancy is resolved, unless an emergency plan provides clear authorised action. The parent/carers and commissioning school should be contacted and pharmacy/healthcare advice obtained where needed.

7. NON-PRESCRIPTION / OVER-THE-COUNTER MEDICINES

The Ark will not routinely hold communal supplies of non-prescription medicines for pupils.

A non-prescription medicine may be administered to an individual pupil only where the Director is satisfied that there is a clear need, written parental/carers consent has been provided, the medicine is supplied for that pupil in original packaging, age/dose instructions can be followed safely, and there is no risk of duplicate dosing.

Each dose must be recorded. Staff must check when the medicine was last given and whether the pupil has received another product containing the same active ingredient.

Non-prescription medication must not be used as a substitute for medical assessment where symptoms are severe, recurrent, worsening or prolonged. Pharmacist, NHS 111, GP or emergency advice should be sought as appropriate.

Aspirin must not be given to a child under 16 unless it has been prescribed by a doctor.

8. SELF-ADMINISTRATION AND PUPIL-HELD MEDICATION

Pupils should be supported to manage their own health needs where they are competent and it is safe to do so.

A decision that a pupil may carry or self-administer medication must consider age, maturity, individual need, risk, medical advice and the IHP/emergency plan.

This may include inhalers, adrenaline auto-injectors, diabetes monitoring/treatment equipment and other emergency medicines where agreed.

Where a pupil carries emergency medication, The Ark will consider whether a spare or backup supply should also be available in accordance with the pupil's plan and current guidance. Staff must know where it is and how it can be accessed immediately.

9. STORAGE AND SECURITY

Non-emergency medicines will be stored securely with access restricted to authorised staff and in accordance with the product instructions.

Emergency medicines must be immediately accessible and must not be locked away in a way that causes delay. Security arrangements should prevent unauthorised access while preserving rapid access for the pupil and trained/authorised staff.

Medicines requiring refrigeration will be kept within the required temperature range, clearly labelled and physically separated/protected from food where practicable, with access controlled. A dedicated lockable medicines container within a refrigerator may be used where it does not compromise required access.

Controlled drugs, if prescribed, will normally be stored securely in a non-portable container with access limited to named staff, unless the pupil is assessed as competent to possess the medicine. A record will be maintained of doses administered and the amount held. Emergency accessibility must still be considered.

The Ark will not stock excessive quantities of an individual pupil's medicine.

10. MEDICATION DURING OUTDOOR, WOODLAND AND ANIMAL-CARE ACTIVITIES

Before an activity begins, staff must consider whether the pupil may need routine or emergency medication while away from the main building and whether the activity exposes known triggers such as exertion, animals, food, pollen, insect stings, temperature or smoke.

Where medication may be required urgently, it must travel with the pupil/group or otherwise remain immediately accessible. A responsible adult may carry it in a secure, clearly identifiable container together with essential emergency information and any necessary administration record.

Temperature-sensitive medicines/equipment must be protected from heat, cold, moisture and damage in accordance with manufacturer/pharmacy advice. Medicines must not be left unattended in vehicles or exposed outdoor locations.

Staff must know how to summon emergency assistance and direct emergency services to the pupil's location on the site.

Individual risk assessment and reasonable adjustments should be used for animal handling, woodland activities, tools/equipment, fire-related activities, physical exercise and allergen exposure. A medical condition should not lead automatically to exclusion.

11. ADMINISTRATION PROCEDURE

- Before administering a medicine, the authorised member of staff will check: the correct pupil; correct medicine; correct dose; correct time; correct route; expiry date; current instructions; and written consent/IHP information.
- Where practicable, the pupil should confirm their name and what the medicine is for, appropriate to age and understanding.
- Administration should protect dignity and privacy while maintaining safe oversight. A second staff member is not universally required unless the pupil-specific plan, medicine, controlled-drug procedure or risk assessment requires one.
- After administration, the record must be completed promptly.

12. REFUSAL, OMISSION OR INABILITY TO ADMINISTER

A pupil must not be forced to take medication.

If a pupil refuses, staff will consider the pupil's IHP/emergency plan, explain consequences in an age-appropriate way, record the refusal and inform the parent/carer and commissioning school as soon as appropriate.

If refusal creates a significant or immediate health risk, staff will seek urgent medical advice and call 999 where indicated.

If no suitably trained/competent staff member is available, required medication has not been supplied, it has expired, instructions are unclear, or safe administration cannot otherwise be assured, staff must not improvise or act outside competence. The Director must coordinate immediate safety arrangements with the parent/carer, commissioning school and healthcare/emergency services as necessary.

13. EMERGENCY MEDICATION AND MEDICAL EMERGENCIES

Emergency medication may include adrenaline auto-injectors, asthma reliever inhalers, epilepsy rescue medication, diabetes medication/glucose/glucagon and other prescribed emergency medicines.

Staff must know which pupils have emergency medication, where it is located, the signs that require action, and which staff have received any necessary pupil-specific training.

In an emergency, follow the pupil's IHP/emergency plan, provide first aid, administer prescribed/authorised emergency medication where trained and appropriate, and call 999 without delay where the plan, symptoms or clinical guidance indicates.

Emergency services must be given clear access directions. Relevant medical information, medication/device information and a copy of the emergency plan should accompany or be made available to ambulance/hospital staff where practicable.

Parents/carers and the commissioning school must be informed as soon as reasonably practicable. The incident must be recorded and reviewed.

14. ALLERGIES AND ANAPHYLAXIS

Allergy information must be obtained before attendance and reflected in the IHP/emergency plan and activity risk assessment where relevant.

Risk controls may address food, animal dander/saliva, bedding/feed, insect stings, pollen, plants, latex or other known environmental triggers. Controls should be individualised and proportionate rather than relying on broad 'allergen-free' assurances.

A pupil's adrenaline auto-injector(s) must be rapidly accessible wherever the pupil is on site. Staff identified in the plan must know how and when to use the device and when to call 999.

Where anaphylaxis is suspected, use the pupil's adrenaline auto-injector in accordance with the emergency plan/device instructions and call 999. Current NHS advice is to use a second auto-injector after 5 minutes if symptoms have not improved, where a second device is available.

All serious allergic incidents and near misses should be recorded, shared with the commissioning school and reviewed for lessons.

15. ASTHMA

Pupils should have rapid access to their prescribed reliever inhaler and spacer where required; competent pupils may carry their own inhaler where agreed.

The IHP/asthma action plan should identify triggers, usual treatment and emergency actions. Outdoor exercise, cold air, pollen, animal exposure, smoke and other known triggers should be considered in risk assessment.

If an asthma attack is not responding to the pupil's reliever treatment, the pupil is worsening, or no inhaler is available, staff should call 999 in line with the pupil's plan and current NHS advice.

16. EPILEPSY

Where a pupil has epilepsy, The Ark should obtain the seizure plan/IHP specifying usual seizure pattern, first-aid actions, rescue medication if prescribed, staff training and 999 thresholds.

Rescue medication must only be administered by staff who have the information, training and competence required by the plan.

Call 999 where the pupil's individual plan requires it, for a first known seizure, where a seizure lasts longer than usual or more than 5 minutes if the usual duration is unknown, where recovery is not as expected, or where other emergency criteria are present. Any injury must also be assessed and recorded.

17. DIABETES

Diabetes arrangements should be set out in the pupil's IHP, including glucose monitoring, insulin/other medication, food/drink access, hypo/hyperglycaemia signs and treatment, emergency thresholds, equipment storage and pupil independence.

Medication, glucose treatment, monitoring equipment and snacks required for immediate management must remain accessible during outdoor activities.

Where a pupil is unconscious or not responding normally because of suspected severe hypoglycaemia, staff should follow the individual plan, give glucagon if prescribed/available and trained to do so, and call 999 according to the plan and current NHS emergency guidance.

18. STAFF TRAINING AND COMPETENCE

Staff may only administer medication where they have sufficient information, instruction and, where required, training to do so safely.

Ordinary medicine-administration awareness does not by itself qualify a member of staff to carry out specialist clinical procedures.

Specialist procedures or emergency medicines may require training from an appropriate healthcare professional and confirmation of competence before the member of staff undertakes the task.

Training records will identify the pupil/procedure where relevant, trainer, date and any review/refresher requirements. Refresher timing will follow the IHP, medicine/device instructions, healthcare-professional advice and changes in staff competence; The Ark will not assume one universal renewal interval.

Cover arrangements must be considered so that pupil safety does not depend on a single trained member of staff.

19. RECORDING AND MEDICATION ERRORS

A practical Medication Administration Record (MAR) will be maintained for each pupil who receives medication at The Ark. The record should include pupil name, medicine, dose, route where relevant, date, time, staff member, and any refusal, omission, error or adverse reaction.

For controlled drugs, the amount received/held and doses administered should also be recorded where relevant.

If the wrong medicine or dose is given, medication is given at the wrong time, a dose is missed, medication is lost/spilled/damaged, or an adverse reaction occurs: assess the pupil immediately; follow the IHP/emergency plan; obtain pharmacist, NHS 111, prescriber or other medical advice according to urgency; call 999 where necessary; inform the parent/carer and commissioning school; record the event; consider safeguarding implications; and review the system to prevent recurrence.

Medication errors must never be concealed or corrected by giving an additional dose unless specifically advised by an appropriate healthcare professional.

20. CONFIDENTIALITY, DATA PROTECTION AND INFORMATION SHARING

Medical records are confidential personal data and must be stored securely in accordance with The Ark's Data Protection Policy.

Information will be shared with staff on a need-to-know basis where required to keep the pupil safe and implement the IHP. Emergency information must be accessible to the staff who may need to act.

Relevant information may be shared with the commissioning school, healthcare professionals and emergency services where necessary and lawful.

Safeguarding information-sharing must not be blocked by a mistaken belief that consent is always required. Where a child may be at risk, staff must follow the Safeguarding & Child Protection Policy and current information-sharing guidance.

21. SAFEGUARDING INTERFACE

Medical issues can indicate or coexist with safeguarding concerns. Examples include repeated failure to supply essential medication, neglect of healthcare needs, fabricated or induced illness concerns, unexplained injuries, medicine diversion/misuse, intentional overdose, self-harm and substance misuse.

Any such concern must be reported promptly to the Designated Safeguarding Lead in accordance with The Ark's Safeguarding & Child Protection Policy. Emergency medical treatment takes priority where required.

22. RETURN AND DISPOSAL

Unused, discontinued or expired medication should normally be returned to the parent/carer for safe disposal, with the return recorded where appropriate.

If medicine cannot reasonably be returned, advice should be obtained from a community pharmacy about safe disposal.

Needles and other sharps must be placed immediately into an approved sharps container. Collection/disposal must follow the applicable local waste arrangement and manufacturer/healthcare advice.

At the end of a placement, medication must be returned to the parent/carer or transferred only through an agreed, documented arrangement. It must not simply remain at The Ark.

23. REVIEW, MONITORING AND CROSS-POLICY LINKS

The Director will review implementation at least annually and sooner after a significant medication incident/near miss, relevant legal or guidance change, a Leeds commissioning requirement, or a material change in The Ark's activities.

This policy should be read with: Safeguarding & Child Protection; First Aid; Health & Safety; Data Protection; Admissions/Placement Arrangements; Attendance; Managing Positive Behaviour; Restrictive Interventions; Intimate Care; emergency procedures; individual healthcare plans; and individual learner risk assessments.