BLEND YOUTH PROJECT

MEDICATIONS POLICY

MAY 2026

youth project
raising aspirations, releasing potential

Statement of Intent

The purpose of this Medications Policy is to provide clear guidance and procedure relating to the safe storage, dispensing and use of medicines at Blend Youth Project (BYP). This policy should be accessible to all staff, parents, referring agencies and students. It provides a sound basis for ensuring that young people with medical needs receive proper care and support in their respective educational environments.

This policy should be read alongside the DFE guidance "Supporting pupils at school with medical conditions". https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

The Lead Staff are:

Georgie Draper - Alternative Education Manager
Amy Bamford - Specialist Teacher: SEN & Progression

The Lead Staff are also responsible for ensuring that sufficient staff are suitably trained (including cover arrangements in case of staff absence or staff turnover) for the safe management and dispensing of medicines.

Whilst tutors and other staff in charge of students have a common law duty to act as any reasonably prudent parent would to make sure that young people are healthy and safe on our premises (and this might in exceptional circumstances extend to administering medicine and/or taking action in an emergency), staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. Whilst Section 3(5) of the Children's Act 2004 provides protection to staff acting reasonably in emergency situations, First Aiders are not trained generally as part of their first aid training to administer medication.

It is each parent/carer's responsibility to ensure that their child is fit to attend their educational provision, and any medication required whilst the child is at that provision should ideally be administered by the parent.

Prescribed Medicines

- Parents/carers & referring agencies are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current, so that procedures for each individual child's medication are known in advance. The information about regular prescribed medicines should be updated annually at an agreed time, or immediately following any amendment to medication prescriptions by the child's GP or Consultant.

- All items of medication should be delivered directly to the provision by parents or the referring agency key contact. It is the parent's responsibility to inform the Lead Staff in writing when the medication or the dosage is changed or no longer required.

- After the first receipt of medication, additional amounts of the same medication may continue to be delivered, but any changes to the prescription or dose must be communicated in writing to the Lead Staff.

- 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed.

- A record must be maintained of all medication administered to a young person whilst on any BYP site, using the appropriate form (including dates, times, amounts and the member of staff administering).

- Medicines should only be taken at a BYP site when essential; that is, where it would be detrimental to a young person's health if the medicine were not administered during education hours. The educational provision will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

- The exception to the above is hayfever medication, which can be brought in by a parent during periods of high pollen counts. Staff will store this safely, to ensure there is no misuse, but the product must be administered by the student themselves. ***Painkillers (including paracetamol and aspirin) cannot be held or dispensed by BYP staff.***

- Each item of medication must be delivered to the Lead Adult in a secure and labelled container as originally dispensed by a pharmacist and include the prescriber's instructions for administration, the young person's name and date of dispensing. The exception to this is insulin, which must still be in date, but will generally be available to the educational provision inside an insulin pen or a pump, rather than in its original container.

- It may be appropriate for the GP to prescribe a separate amount of medication for the settings' use. This should be negotiated with the parent. Items of medication in unlabelled containers should be returned to the parent. **BYP will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

- It is helpful, were clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of the educational day. We encourage parents to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending the setting and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for young people so that they can be taken outside the hours of education.

- Prescribers consider providing two prescriptions, where appropriate and practicable, for a young person's medicine: one for home and one for use in the setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Controlled Drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and Misuse of Dugs Regulations 2001. It is possible that drugs within this category may be prescribed as medication for use by young people.

- Only staff who have received appropriate information and training may administer a controlled drug to the young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

- A young person who has been prescribed a controlled drug may legally have it in their possession. However, it is Blend Youth Project's policy to store prescribed controlled drugs securely whilst on site.

- Controlled drugs will be stored in a locked, non-portable container and only named staff will have access. A record will be kept for audit and safety purposes.

- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

- Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence. We will have an agreed process for tracking the use and storage of controlled drugs and recognise that the misuse of controlled drugs is an offence.

Non-Prescription Medicines

- Our organisation has a policy not to accept non-prescribed medication (except, as described in the section on 'Prescribed Medicines', for hayfever medication). This includes painkillers such as paracetamol.

- A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Long-Term Medical Needs

- The parent/carer and/or referring agency is responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual young person's condition and medication are known. *The standard set of forms for this are available in the Appendix.*

- The information should be updated annually at an agreed time or earlier if medication is altered by the GP or Consultant. It is important to have sufficient information about the medical condition of any young person with long-term medical needs. If a young person's medical needs are inadequately supported, this may have a significant impact on their education experience and their ability to function in an education setting. The impact may be direct, in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a young person and their family.

- The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the young person's educational needs, rather than a medical diagnosis, which must be considered.

- Blend Youth Project needs to know about any particular needs before a young person is offered a placement, or when they first develop a medical need. For young people who attend hospital appointments on a regular basis, special arrangements may also be necessary. We may need to create a written health care plan for such young people, involving the parents and relevant health professionals. This can include: details of a young person's condition, special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency and the role the staff can play. *(See Appendix)*

Administering Medicines

- No young person should be given medicines without their parent/carer's written consent. Any member of staff giving medicines to a child or young person should check:

  • The young person's name on the medicine container;
  • Prescribed dose;
  • Expiry date;
  • Written instructions provided by the prescriber on the label or container and within the medication packaging.

- If in doubt about any element of the administration procedure staff, should not administer the medicines but check with the parent/carer or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular young person, the issue should be discussed with the parent/carer, if appropriate, or with the relevant health care professional.

- All staff members will complete and sign a record each time they give medicine to a young person**. (See Appendix 1: - Record of medicine administered to an individual child)**

- Good records help demonstrate that staff have exercised a duty of care. They may also assist with establishing patterns of behaviour linked to medication.

Self-Management

- It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines varies. As young people grow and develop they should be encouraged to participate in decisions about their medicines.

- Older children with a long-term illness may assume complete responsibility, under the supervision of their parent/carer. Young people develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a young person of any age to self-manage.

- Health professionals need to assess, with parents/carers and young people, the appropriate time to make this transition. Blend Youth Project will be led by those assessments and will at no time make the decision to allow young people or students to self-medicate, without prior consultation with both parents/carers and health professionals.

- If a young person can take their medicines themselves, staff may only need to supervise. This method of administration must however, be agreed in advance by both the parent/carer and the referring agency.

- At our education provisions, a young person may administer (where appropriate) but not usually carry their own medicines, bearing in mind the safety of other young people and medical advice from the prescriber, in respect of that individual.

- Where young people have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. However, young people may be able to access them for self-medication – under appropriate supervision of staff - if it is agreed that it is appropriate.

Refusing Medicines

- If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and contact parents/carers. Details will also be recorded in the daily behaviour logs.

- Parents/carers should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the emergency procedures should be followed as detailed in the young person's health care plan.

Record Keeping

- Parents/carers must tell the educational provision about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

  • Name of the young person;
  • Name of medicine;
  • Dose;
  • Method of administration;
  • Time/frequency of administration;
  • Expiry date;
  • Date of dispensing.

- Staff should check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

- Records offer protection to staff and proof that they have followed agreed procedures. **(See Appendix: - Individual Health Care Plan)**

Educational/Off-Site Visits

- It is essential that when planning an educational visit, Blend Youth Project can demonstrate that it has taken all reasonable steps and has undertaken reasonable adjustments to try and ensure that the visit is accessible to young people with disabilities and/or medical needs.

- Blend Youth Project will also ensure that when included in an outdoor visit, a young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a young person with a disability or medical needs; the inconvenience, indignity or discomfort that a young person with a disability or medical needs might suffer; the loss of opportunity or the diminished progress that a young person with a disability or medical needs may make in comparison with his or her peers.

- Blend Youth Project has an Off-Site Visits Policy, which was written to comply with the Health and Safety at Work act. This document, including the accompanying forms and appendices, sets out the safety policy for off-site educational visits, participation in outdoor activities, and the arrangements for the implementation of the Policy.

If staff are concerned as to whether they can accommodate a young person safely, or ensure the safety of other young people on a visit, they should seek the advice of the Lead Staff and views of parents/carers and the referring agency.

Sporting Activities

- Most young people with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all young people to participate in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a young person's ability to participate in such activities should be recorded in their individual Health Care plan.

- All adults should be aware of issues of privacy and dignity for young people with particular needs. Some young people may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

- Staff supervising sporting activities should consider whether risk assessments are necessary for some young people, be aware of relevant medical conditions and any preventative medicine that may need to be taken and relevant emergency procedures.

Information Sharing

- It is the responsibility of the Lead Staff to ensure that all relevant staff are aware of medical conditions and needs.

- If a tutor is absent (planned) it is their responsibility to inform cover staff of any medical needs. In the case of unplanned absences it is the responsibility of the Lead Staff to ensure that the necessary information is shared.

Appendix

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Parent/Carer Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied

Template B: parent/carer agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy allowing staff to administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			