



# **Medications Policy**

**August 2022**

(Next review date August 2023)

## **Safeguarding Statement:**

SupaJam is a post-16 specialist provider, specialising in Music, Maths, English and Life Skills. All staff, volunteers and partners are committed to safeguarding the welfare of every person within SupaJam. Our mission is to help young people to engage and achieve within a safe and inclusive environment.

## **Overview/purpose of the policy**

This policy has been developed to identify students that are required to carry or take prescription medication whilst in college. It includes the following processes:

- Having daily medication stored within college
- Being observed taking the medication whilst at college
- Having college staff administer medication
- Having a backup supply of emergency medication held at college.

Where possible, students are encouraged to take their medication at home outside of college hours or, if they have to take medication whilst in college, do so independently.

This policy will help to ensure that all appropriate measures have been put in place to facilitate the safety of any student requiring medication in college as well as the safety of any staff who are involved with the handling, storing, observation or administering of the medication.

The college will also carry out regular reviews of individual student medical needs to ensure that the specific requirements of those needs can be met whilst keeping the student and others safe.

Lifesaving or controlled drugs require further information from a student's medical practitioner. This does not include Epipens or other anaphylaxis medications.

This policy excludes 'everyday' medicines such as paracetamol, ibuprofen, asthma inhalers, hay fever tablets etc unless there is a risk for an individual student to have access to these medications.

## **Process**

Students and their parents/carers must complete enrolment forms in full upon admission and indicate whether they are required to take specific medication to manage a condition.

This must include information regarding:

- Whether the student will be bringing medication into college;
- Whether the medication is to be safely stored at SupaJam;
- Whether the student is able to self-administer medication with staff support/observation;
- Whether staff are to administer the medication for the student.

The SupaJam Administration Team may seek further clarification or advice from previous schools or medical professionals as appropriate.

Once a student has been identified, they and/or their parents or guardians will discuss their needs with the Base Leader to establish;

- The details of their condition
- Any reasonable adjustments which may be required

Using all of the information provided, the student will require an Individual Health Care Plan (IHCP) to be created and agreed by SupaJam, the student and their parent/carer/guardian. This must be completed and agreed before the student starts but where this is not practicable to do so, within the first two weeks of starting. A student may also require an individual risk assessment alongside their IHCP; the Base Leader will make this decision at the time of enrolment.

The IHCP will detail;

- The medical details/information of the student
- The name of the medication to be taken
- The prescribed dosage
- Whether the medication is a 'Prescription Only' medication or a 'Controlled Drug'
- How the medication is to be administered (i.e. taken by the student)
- The names of any other medications being taken by the young person (where applicable/known)

SupaJam will discuss with the student and their parent/carer/guardian whether they have the capacity to manage their own medication needs or whether they should be supported.

The Base Leader will ensure that staff have had the relevant training to administer the medication.

A review of the student's requirements will be done each long term to ensure that the college is aware of any changes to the medication needs. In addition, it is requested that the student, parent or guardian informs SupaJam as soon as any changes take place.

### **Storage**

A student is permitted to carry and administer their own medication; however, where concerns are such that the young person is not deemed to be able to safely manage their health needs and medication, SupaJam will store the medication in a secure medications cabinet.

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled (for example, Ritalin) by the Misuse of Drugs Act 1971 and its associated regulations.

A student who has been prescribed a controlled drug may legally have it in their possession; however, SupaJam reserves the right to request that any controlled drug is looked after and stored in a secure medications cabinet where only named personnel will have access. A record will be kept for safety and audit. Any controlled drugs will be returned to the student or parent/guardian when it is no longer required or has passed its 'use by' date. If this is not possible it will be returned to a pharmacy for safe disposal. Passing a controlled drug to another person for use is an offence and therefore SupaJam seeks to safeguard its staff, students and reputation by safely managing controlled drugs within the organisation.

## **Administration of Medication**

The Base Leader (or an appropriate deputy) will meet with the students involved and collate the appropriate paperwork and, if necessary, discuss it with other support teams.

Each student will have a named person to meet their medication support requirements; plus an additional two named members of staff to provide cover should the need arise. This will be any appropriate member of staff as determined by the Base Leader.

The Base Leader will include on the student's care plan what medicines will need to be taken and at what time and location. Both the student and named persons will agree on this plan (for those under 18 a copy will be sent to parents/guardians to sign). Records will be held confidentially within the department. A medication sheet for each student will be kept in the medicines folder for accurate record keeping of the staff involved, date, time and signature.

Wherever possible, best practice will be for two members of staff to observe the administration of medication and sign the records; however, in any instance the administration of medication will be done in a place which respects the dignity of the student and protects staff and students by having safeguarding measures in place including CCTV, allowing for the flexibility in only one member of staff being required to administer safely.

## **Stocks of medication**

Students and parents are required to provide sufficient quantities of medication for use. As part of the agreement in the IHCP, it will be agreed as to how much of a drug remains on site at SupaJam. This may be enough for a day, week, month or half term. SupaJam staff will monitor the levels of medication remaining and notify parents and the student when quantities are running low. SupaJam will aim to maintain an emergency provision of up to 2 weeks to give students and their parents sufficient time to request a re-prescription.

## **Communication**

Limited but pertinent information regarding the student's medical condition will be available to relevant staff via the student's profile on Arbor with a note to contact the Base Leader if further information is required. Individual Health Care Plans will be safely stored in a student's file on The Drive and in a locked drawer in the classroom if necessary in case of an emergency. A Data Protection form will be completed with all students before any information is shared.

## **Other Relevant Documents**

### **Annexe:**

- Form 1: Request for the student to carry their prescription medication
- Form 2: Request for college to provide observation in self-administration of prescribed medication
- Form 3: Confirmation of the college's consent to provide observation of prescribed medication
- Form 4: Request for college to support with or administer prescribed medication
- Form 5: Confirmation of the college's agreement to support with or administer prescribed medication

**Form 1: Request for the student to carry their medication and/or keep spare/emergency medication in College**

*This request form must be completed as appropriate by the parent/guardian or student if over 18 years. Where a student needs to bring prescription medication into college it MUST be kept on their person at all times (if the student has been assessed as being responsible to carry their medication). The student is to take full responsibility for the medication whilst in college, on work placement and any trips and visits.*

I would like (name of student) \_\_\_\_\_ to keep his/her medication on him/her for use as prescribed.

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Course: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Name of medication as described on container/packaging: \_\_\_\_\_

Dosage and times as described on the container:

\_\_\_\_\_  
\_\_\_\_\_

If an Epipen is required can the student administer their medication in the event of an emergency? Yes No

Does a spare Epipen need to be stored in college for emergency use? Yes No

*If yes, please ensure that the spare medication is in a sealed but not lockable Tupperware-type box with the name and date of birth visible. It is the student, parent or guardian's responsibility to ensure that all medication is on a date and fit for purpose. The spare Epipen will be stored in the appropriate curriculum staff room which the student will be made aware of, as will the tutors that are involved with the student.*

Care plan: Yes No (circle as appropriate)

Print Name (of person making request): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Parent/Guardian/Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

*If there are any changes regarding medication or care plan information please contact The Administration Team immediately on 01322 600845 (Swanley), 01227 697976 (Canterbury) or 01273 447554 (Brighton).*

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_

*A signed copy of this paperwork will be returned for your records.*

**Form 2: Request for college to provide observation in the self-administration of prescribed medication**

This form must be completed by the student or if under 18, the student's parent/guardian. Each medication must be listed separately. All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name on it.

***It is the parent/guardian/student's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Condition or

illness: \_\_\_\_\_ G.P Name and address:

\_\_\_\_\_

Emergency Contact Information - this must be a responsible adult who is aware of the student's medical needs/medication details.

Contact 1	Contact 2
Name:	Name:
Relationship:	Relationship:
Phone No home/ work:	Phone No home/ work:
Mobile:	Mobile:

**Number of medicines listed on form \_\_\_\_\_  
(if more than one, please complete an additional form per medication)**

Name / Type of medication as described on container: \_\_\_\_\_

How long will the student need to take this medication? \_\_\_\_\_

Dosage, time and method: \_\_\_\_\_

Any side effects we need to be aware of: \_\_\_\_\_

What constitutes an emergency and what should be done?

\_\_\_\_\_

\_\_\_\_\_ How do you

wish us to dispose of any needles? Student to take home: \_\_\_ Put in college sharps bin: \_\_\_ **Any**

**Comments/Further information:**

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**Requested by:**

Print Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If there are any changes regarding medication or care plan information, please contact the Administration Team, immediately on 01322 600845 (Swanley), 01227 697976 (Canterbury) or 01273 447554 (Brighton).

**Form 3: Confirmation of the college's agreement to provide observation in self-administration of prescribed medication**

If there is more than one request a separate agreement form should be issued for each medication.

All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name and medication name on it.

***It is the student/parent/guardian's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

The college agrees to observe/prompt: (name) \_\_\_\_\_

Taking: (quantity & name of medication) \_\_\_\_\_ As

directed (time, route) \_\_\_\_\_ The

observation/prompting of \_\_\_\_\_ taking the prescribed medication will

be by \_\_\_\_\_ who has carried out the required training and

updates to do so.

This agreement will continue until either the end date of the course of medication or until instructed by a parent/guardian or in some cases, the student.

If there are any changes regarding medication or care plan information please contact the Administration Team, immediately on 01322 600845 (Swanley), 01227 697976 (Canterbury) or 01273 447554 (Brighton).

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Position in College \_\_\_\_\_



**Form 4: Request for college to support with, or administer prescribed medication**

This form must be completed by the student or if under 18, the student's parent/guardian. Each medication must be listed separately. All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name on it.

***It is the parent/guardian/student's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

G.P Name and address: \_\_\_\_\_

Emergency Contact Information - this must be a responsible adult who is aware of the student's medical needs/ medication details.

<b>Contact 1</b>	<b>Contact 2</b>
Name:	Name:
Relationship:	Relationship:
Phone No home/ work:	Phone No home/ work:
Mobile:	Mobile:

**Number of medicines listed on form \_\_\_\_\_ (if more than one, please complete an additional form per medication)**

Name / Type of medication as described on container: \_\_\_\_\_

How long will the student need to take this medication? \_\_\_\_\_

Dosage, time and method: \_\_\_\_\_

Any side effects we need to be aware of: \_\_\_\_\_

What constitutes an emergency and what should be done?

\_\_\_\_\_  
\_\_\_\_\_

How do you wish us to dispose of any needles?

Student to take home: \_\_\_\_\_ Put in college sharps bin: \_\_\_\_\_

Comment/Further information:

**Requested by:**

Print Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If there are any changes regarding medication or care plan information please contact the Administration Team, immediately on 01322 600845 (Swanley), 01227 697976 (Canterbury) or 01273 447554 (Brighton).

**Form 5: Confirmation of the college's agreement to support with, or administer prescribed medication**

If there is more than one request, a separate agreement form should be issued for each medication.

All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name and medication name on it.

***It is the student/parent/guardian's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

The college agrees to support with the administration of: (name of student)\_\_\_\_\_ Taking:  
(quantity & name of medication) \_\_\_\_\_ As directed: (time,  
route) \_\_\_\_\_ The observation/prompting of  
\_\_\_\_\_ taking the prescribed medication will be by  
\_\_\_\_\_ who has carried out the required training and updates to do  
so.

Care plan attached: Y N (circle as appropriate)

This agreement will continue until either the end date of the course of medication or until instructed by the parent/guardian.

If there are any changes regarding medication or care plan information please contact the Administration Team, immediately on 01322 600845 (Swanley), 01227 697976 (Canterbury) or 01273 447554 (Brighton).

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Position in College \_\_\_\_\_

**Review (please tick as appropriate)**

I confirm that there are no changes to the above medication/administering requirement. \_\_\_ There have been changes to the medication/requirements and a new request form has been completed. \_\_\_ Print

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Staff

signature \_\_\_\_\_ Date \_\_\_\_\_

Position in college \_\_\_\_\_