MIAG

MEDICATION POLICY

MIAG ORGANISATIONAL POLICY

Organisation-wide

Supporting consistent, effective practice across the MIAG organisation.

SUPPORTING INDIVIDUALS | CREATING OPPORTUNITIES | ENRICHING COMMUNITIES

Policy Statement:

MIAG is committed to ensuring that learners with medical conditions are supported safely, consistently and with dignity so that they can access education, attend regularly and participate as fully as possible. Medication may form one part of a learner's wider healthcare arrangements and will be managed in accordance with the learner's needs, relevant professional advice, parental/carer information, individual healthcare arrangements and this policy.

This is an organisation-wide standard. Each MIAG School/Provision must implement these requirements through proportionate local arrangements, individual healthcare plans where required, medication records and appropriate staff training. The policy should be read alongside the MIAG First Aid Policy, Allergy Safety Policy, Health and Safety Policy, Safeguarding and Child Protection Policy, SEND Policy and local risk assessments.

Purpose:

- To ensure learners with medical conditions receive appropriate support while attending MIAG;
- To provide clear organisation-wide expectations for the receipt, storage, administration, self-management, recording and disposal of medication;
- To ensure staff understand their responsibilities and the limits of their competence;
- To ensure emergency medication is available promptly where a learner's healthcare arrangements require it;
- To support attendance, participation and reasonable adjustments for learners with medical needs; and
- To provide a clear assurance route from individual healthcare arrangements to local implementation and organisational oversight.

Scope:

This policy applies across all MIAG Provisions and to learners, staff, volunteers, contractors and relevant visitors. It applies to medication managed or administered on MIAG premises, during educational visits and activities, during transport where MIAG staff have responsibility for the learner, and in other circumstances where MIAG has agreed responsibility for supporting a learner's medication.

The policy applies to prescribed medication, emergency medication and, where specifically agreed and appropriately controlled, non-prescription medication. It does not replace clinical advice or an individual healthcare plan.

Legal and Regulatory Framework:

MIAG will have regard to, and comply with where applicable, the following legislation, standards and statutory guidance:

- Children and Families Act 2014, section 100 – duty to make arrangements for supporting pupils with medical conditions;
- Education (Independent School Standards) Regulations 2014 – Part 3, including paragraphs 7, 11 and 13, and Part 5 paragraph 24, where applicable to MIAG registered independent schools;
- DfE, Supporting pupils with medical conditions at school – statutory guidance;
- DfE, Allergy safety in schools – statutory guidance, July 2026;

- Children's Wellbeing and Schools Act 2026, section 34, introducing the statutory requirement for schools in England to have, review and publish an allergy safety policy; the relevant provision came fully into force on 1 September 2026;
- Human Medicines Regulations 2012, including Schedule 17 provisions relevant to emergency salbutamol and adrenaline administration and Schedule 19 emergency medicines;
- Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999, where applicable; and
- Equality Act 2010, including the duty to make reasonable adjustments where applicable.

The statutory allergy requirements introduced in 2026 are addressed through the separate MIAG Allergy Safety Policy. This Medication Policy therefore establishes the medication-management interface with allergy arrangements rather than duplicating the allergy policy.

Independent School Standards and MIAG Schools:

For MIAG registered independent schools, medication arrangements support the wider welfare, health and safety duties within Part 3 of the Independent School Standards. Paragraph 13 requires a written first aid policy that is effectively implemented, while Part 5 paragraph 24 requires suitable accommodation for the medical and therapy needs of pupils, including accommodation for medical examination/treatment and short-term care of sick and injured pupils. The medication arrangements at each independent school must therefore work alongside its First Aid Policy and local medical accommodation arrangements.

Where this policy is applied to a MIAG provision that is not a registered independent school, the same organisation-wide standard should be followed unless a different statutory requirement applies.

Roles and Responsibilities:

Role	Core responsibility
Proprietor/Directors/Governing Body	Maintain strategic oversight of arrangements for supporting learners with medical conditions and medication. Receive assurance that significant gaps, incidents and actions are identified and addressed
Chief Operating Officer	Owns this organisational policy and provides organisation-wide assurance. Provides oversight, challenge and support to Headteachers/Provision Leaders. Monitors implementation through MIAG quality, compliance and assurance arrangements. Ensures significant medication incidents, recurring concerns or systemic gaps are escalated appropriately.

Role	Core responsibility
Head Teacher / Provision Lead/Programme Lead	Has responsibility for day-to-day implementation within the School/Provision. Ensures relevant learner medical information, healthcare plans and medication arrangements are identified, current and accessible to staff who need the information. Ensures medication is received, stored, administered, recorded and disposed of safely and in accordance with this policy and individual arrangements. Ensures sufficient appropriately trained staff are available, including appropriate cover for absence, trips and activities. Ensures medication incidents, errors, omissions and near misses are recorded, investigated proportionately and used to improve practice.
Staff	Staff may support or administer medication only where this is within their competence, they have appropriate information/training and they are willing to undertake the role. Staff must follow the learner's individual healthcare arrangements and local medication procedures and must escalate uncertainty rather than improvise. Staff must maintain confidentiality while ensuring information is shared with colleagues who need it to keep the learner safe.
Parents/Carers	Provide accurate and current information about the learner's medical condition and medication. Provide medication in accordance with the School/Provision's arrangements and ensure medication supplied is in date and appropriately labelled. Notify the School/Provision promptly of changes to medication, dose, frequency, treatment or clinical advice. Work with the School/Provision and relevant health professionals where an

Role	Core responsibility
	individual healthcare plan is required.

Identification of Medical Needs and Individual Healthcare Plans:

Medical information should be identified through admission arrangements, parent/carer information, professional advice and subsequent updates. Where a learner has a medical condition that requires support beyond simple access to their own medication, the School/Provision should consider whether an Individual Healthcare Plan (IHP) or other documented healthcare arrangement is required.

An IHP should set out, as appropriate, the learner's condition, medication, dosage, route, timing, emergency arrangements, known triggers, signs of deterioration, actions to take, staff responsibilities, training requirements and arrangements for trips or activities. The DfE statutory guidance provides an IHP template and should be used to inform local arrangements.

Medication must never be treated as a stand-alone administrative task where the learner has a significant or complex medical need. The medication arrangements, first aid response, allergy arrangements, risk assessment and safeguarding considerations must be coherent.

Consideration should also be given to learners prescribed medication to support mental health conditions, including arrangements for monitoring, safeguarding, wellbeing support, side effects and communication with parents/carers and relevant professionals.

Consent and Authorisation:

Medication will normally be accepted where it is prescribed for the learner, and there is appropriate parent/carer information and consent for MIAG staff to support administration where required. The School/Provision should use its approved medication consent and administration record.

For non-prescription medication, the School/Provision should have clear parental/carer consent and appropriate information about the medication, dose and circumstances in which it may be given. Staff must not administer medication where the instructions are unclear, the medication is unsuitable, the consent is absent or the proposed action is outside their competence.

Where a learner is able to self-manage medication safely, this should be considered as part of the learner's individual arrangements, taking account of age, maturity, competence, risk and the nature of the medication.

Receipt, Labelling and Storage of Medication:

Medication supplied to MIAG must be in its original dispensing or manufacturer's packaging and clearly labelled. The label should identify the learner, medication, dose and frequency and include any relevant storage or expiry information.

- Medication must be handed to the designated member of staff in accordance with local arrangements and not left unattended

- Only a proportionate quantity should normally be supplied; the School/Provision may agree a shorter supply period where this is safer or more practical
- Medication must be stored securely and in accordance with the manufacturer's/pharmacy's storage requirements
- Medication requiring refrigeration must be stored safely at the required temperature with appropriate access controls
- Emergency medication must be readily accessible to trained staff when required and must not be locked away in a location that would delay emergency treatment
- Medication must not be stored in a first aid kit. First aid arrangements and medication arrangements are separate but must operate together
- Expiry dates and stock levels should be checked routinely and expired/unneeded medication returned to parents/carers or disposed of through an appropriate route

Administration of Medication:

Before administering medication, the trained/authorised member of staff should confirm, as applicable: the correct learner; medication; dose; route; time/frequency; expiry date; instructions; and any relevant individual healthcare plan. Administration should be recorded promptly.

Two-person checks should be used where required by the learner's healthcare plan, medication risk assessment or local procedure. Staff must not alter dosage, crush tablets, mix medicines or otherwise change the prescribed form unless this has been authorised by an appropriate healthcare professional and reflected in the learner's instructions.

If there is any uncertainty about whether medication should be administered, staff should seek appropriate advice and escalate to the Headteacher/Provision Leader. Staff must not make clinical decisions beyond their competence.

Where a learner refuses medication, staff should not administer medication by force. The refusal should be recorded, appropriate staff informed and parents/carers notified where necessary. Where refusal could place the learner at immediate risk, advice should be sought from healthcare professionals or emergency services as appropriate.

Self-Administration and Learner Independence:

MIAG supports appropriate learner independence. Where a learner can safely self-administer medication, the arrangement should be agreed with the learner, parent/carer and, where appropriate, health professionals and recorded in the learner's healthcare arrangements.

The decision should consider the learner's competence, the medication, safeguarding and health and safety risks, the learner's ability to recognise when medication is required, secure storage requirements and arrangements for activities and off-site education. Medication must not simply be prohibited from being carried where doing so would create an unreasonable barrier to safe self-management but must be identified in the Individual Healthcare Plan or Risk Assessment.

Emergency Medication and First Aid:

Emergency medication must be considered as part of the learner's healthcare plan and the local First Aid Needs Assessment. Staff responsible for supporting a learner must know where emergency medication is kept, how to access it and what their role is.

The MIAG First Aid Policy sets the organisation-wide standard for first aid and emergency response. First aiders are not automatically authorised or trained to administer medication simply because they hold a first aid qualification. Where emergency medication may be required, the relevant staff must have appropriate information and training.

Where medication is required during an emergency, staff should follow the learner's healthcare plan and the relevant clinical/emergency guidance, call emergency services where required and ensure parents/carers are informed in accordance with local arrangements.

Allergy and Anaphylaxis – Interface with the Allergy Safety Policy:

MIAG maintains a separate Allergy Safety Policy. This is the primary organisational document for allergy prevention, allergy management, staff awareness and the use of adrenaline devices in response to anaphylaxis. The Medication Policy should therefore be read alongside it.

- Individual allergy information and emergency arrangements must be included in the learner's healthcare arrangements where required
- Prescribed adrenaline auto-injectors must be stored and made accessible in accordance with the learner's healthcare plan and the Allergy Safety Policy
- Staff who may be required to administer adrenaline must receive the appropriate training and know the learner-specific emergency response
- Spare/stock adrenaline arrangements, where held, must follow the statutory allergy guidance and local policy
- Anaphylaxis is a medical emergency: staff must follow the learner's emergency plan, administer emergency medication where trained/authorised and call 999 without delay as required
- Medication records and incident records should be completed after an emergency, alongside any safeguarding, first aid or clinical follow-up required

Asthma and Emergency Inhalers:

Learners with asthma should have access to their prescribed reliever inhaler and spacer in accordance with their healthcare arrangements. Where a learner is prescribed an inhaler for use in school, the School/Provision must ensure it is accessible during lessons, physical activity, educational visits and other relevant activities.

Where a School holds an emergency salbutamol inhaler, this must be managed in accordance with the relevant statutory requirements, local protocol, consent arrangements and training. Staff supporting asthma must know the learner-specific response and when emergency services are required. The medication arrangements must complement, not replace, first aid and emergency response.

Other Emergency and Long-Term Medication:

Learners may require medication for conditions including diabetes, epilepsy, severe allergies, adrenal insufficiency, ADHD or other long-term conditions. MIAG will not use generic condition-specific instructions as a substitute for individual healthcare arrangements.

For each learner requiring medication, the School/Provision should ensure that the relevant staff know what the medication is for, when it should be given, how it should be given, what signs indicate deterioration, what to do if the medication is unavailable or ineffective, and when to seek emergency medical assistance.

For controlled drugs or medication requiring additional security, storage and recording arrangements, the School/Provision must follow the relevant prescription, professional advice and local procedure. Controlled drugs must be securely stored and access limited to authorised staff.

Where controlled drugs are held, an auditable record should be maintained of receipt, administration and disposal. Regular stock checks should be completed and discrepancies investigated promptly

Educational Visits, Activities and Transport:

Medication arrangements must continue during educational visits, off-site activities, residentials, community access and other curriculum activities. The trip/activity risk assessment and learner healthcare arrangements should identify medication requirements and responsibilities.

- Medication arrangements should be confirmed as part of the visit planning process and reviewed through dynamic risk assessment where circumstances change during the activity
- Medication must travel in a secure and appropriate container and remain accessible when urgently required
- The trip/activity leader must know which learners have medication needs and who is responsible for supporting them
- Appropriate trained staff and emergency contact information must be available
- Medication requirements must be considered when learners use transport, particularly where medication needs to remain with the learner or be accessible during travel
- Parents/carers must be informed where local arrangements require additional medication or emergency supplies

Training and Competence:

Staff supporting medication must receive training appropriate to their role and the learner's needs. Training should be refreshed where required by the medication, clinical advice, local risk assessment or changes in the learner's condition.

- Training records must identify the staff member, training completed, date and any renewal requirement
- Condition-specific training must be provided where a learner's medication or emergency response requires it
- Staff must know the limits of their role and must escalate where they are not competent to undertake the required action
- Training for allergy/emergency adrenaline arrangements is managed through the Allergy Safety Policy and should link to the learner's medication and healthcare arrangements
- Medication training does not replace first aid training. The two arrangements must be coordinated
- Arrangements must ensure that sufficient trained staff remain available during staff absence, educational visits, and emergency situations

Recording, Errors, Incidents and Near Misses:

Each administration of medication must be recorded in the approved medication record, including where medication is not given and the reason for non-administration where appropriate.

Medication errors, missed doses, incorrect doses, lost medication, stock discrepancies, adverse reactions and significant near misses must be reported promptly to the Headteacher/Provision Leader and managed in accordance with the seriousness of the event. Medical advice and/or emergency services must be sought where required.

Parents/carers should be informed of medication incidents affecting their child in accordance with local arrangements. Significant incidents should be reviewed to identify learning, training or system changes. Where an incident also meets the threshold for safeguarding, first aid, health and safety or RIDDOR reporting, the relevant policy and reporting route must also be followed.

Medication records shall be retained in accordance with MIAG records management and data retention arrangements.

Disposal, Expiry and Stock Checks:

Medication should not remain in school/provision unnecessarily. Expired, discontinued or no-longer-required medication should normally be returned to the parent/carer for appropriate disposal. Where disposal through another route is required, the School/Provision must use an appropriate pharmacy or authorised disposal route.

Local medication checks should confirm that medication is in date, appropriately labelled, stored correctly, accessible when required and supported by current documentation. The Headteacher/Provision Leader should ensure that emergency medication is checked at a frequency proportionate to the risk but at least termly.

Confidentiality and Information Sharing:

Medical and medication information is personal information and must be handled in accordance with MIAG data protection and information-sharing arrangements. Information should be shared with staff who need it to support the learner safely, including relevant first aiders and staff supervising activities, while avoiding unnecessary disclosure.

Records should be accurate, secure and accessible to authorised staff. The School/Provision must ensure that relevant information is available in an emergency, including where the learner is off-site. Medication records shall be retained in accordance with MIAG records management and data retention arrangements.

Monitoring, Assurance and Review:

- The Headteacher/Provision Leader is responsible for local implementation and routine checks
- Local assurance should consider medication records, storage, expiry checks, staff training, healthcare plans, emergency medication, educational visits and incident follow-up
- The COO provides organisation-wide oversight through MIAG quality, compliance and assurance arrangements

- Significant gaps or recurring incidents should be escalated through the MIAG governance and assurance arrangements
- Analysis of medication incidents, near misses and recurring themes should be undertaken to identify opportunities for improvement and additional training needs
- This policy will be reviewed annually or sooner where legislation, statutory guidance, Independent School Standards, learner needs, incidents or organisational arrangements change

Related MIAG Policies and Documents:

- MIAG First Aid Policy – organisation-wide first aid standards and First Aid Needs Assessment
- MIAG Allergy Safety Policy – allergy prevention, emergency adrenaline arrangements and statutory allergy requirements
- MIAG Health and Safety Policy
- MIAG Safeguarding and Child Protection Policy
- MIAG SEND Policy
- MIAG Risk Management and Risk Assessment Policy
- MIAG Educational Visits Policy
- MIAG Data Protection / GDPR Policy
- Individual Healthcare Plans and learner-specific risk assessments
- Local medication consent and administration records

Key References Sources:

Children and Families Act 2014 – section 100 – https://www.legislation.gov.uk/ukpga/2014/6/section/100

Supporting pupils with medical conditions at school – DfE statutory guidance – https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Allergy safety in schools – DfE statutory guidance, July 2026 – https://www.gov.uk/government/publications/allergy-safety-in-schools

Children's Wellbeing and Schools Act 2026 – section 34 – https://www.legislation.gov.uk/ukpga/2026/21/section/34

Education (Independent School Standards) Regulations 2014 – Schedule, Parts 3 and 5 – https://www.legislation.gov.uk/uksi/2014/3283/schedule

Independent school standards guidance – April 2026 – https://www.gov.uk/government/publications/regulating-independent-schools

Human Medicines Regulations 2012 – https://www.legislation.gov.uk/uksi/2012/1916/contents

First aid in schools, early years and further education – DfE – https://www.gov.uk/government/publications/first-aid-in-schools

Document Control:

Policy	Medication Policy
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Responsible Lead	Headteacher/Provision Lead
Safeguarding Lead	Designated Safeguarding Lead (DSL)
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Applies To	MIAG organisation-wide

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Version	Date	Summary of Change
1.0	October 2026	New MIAG Organisational Policy outlining Organisational arrangements for safe administration of medications

MIAG – Meeting Individual Aspirations & Goals