REAL Inspiration
Social Enterprise

Medication Management and Supporting Young People with Medical Conditions

REAL INSPIRATION

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1. Purpose and scope

Real Inspiration CIC provides individualised Education Otherwise Than At School (EOTAS) programmes for young people, including learners aged 11–25. This policy sets out how medical needs and medication are managed safely, consistently and proportionately across studio-based, home-based, community and off-site sessions. It applies to prescribed, over-the-counter and emergency medication. The policy should be read with safeguarding, health and safety, first aid, lone working, educational visits, data protection and incident-reporting procedures.

2. Principles and legal framework

Real Inspiration promotes access, dignity, autonomy and reasonable adjustments. Decisions are individualised and do not automatically exclude learners because of medical needs. As an independent EOTAS provider rather than a maintained school, academy or pupil referral unit, Real Inspiration is not automatically subject to the school-specific duty in section 100 of the Children and Families Act 2014; relevant DfE school guidance is used as good-practice reference. Applicable responsibilities include health and safety, safeguarding, equality, confidentiality and appropriate consent. Commissioners' contracts and any specific care obligations must also be checked. This policy does not authorise regulated healthcare or personal care activity beyond the organisation's competence or legal permissions.

3. Responsibilities

Director/DSL: approve individual arrangements, ensure adequate staffing, risk assessment, training, insurance and oversight, and review incidents.

Session coordinator/lead tutor: check that relevant plans, contacts and medication arrangements are available before delivery.

Tutors/contractors: follow the agreed plan, act only within training and authorisation, know emergency procedures and report concerns promptly.

Parents/carers: for under-18s, provide relevant information, medication and updates, subject to the young person's rights and circumstances.

Adult learners: provide information and consent where they have capacity; involve family or representatives only with a lawful basis. Healthcare professionals: advise on complex needs and provide clinical instructions when required.

4. Information, consent and individual planning

At referral/enrolment, seek relevant medical information, allergies, emergency contacts and known emergency medication needs. Share information only with staff who need it for safe provision.

For learners under 16, consider Gillick competence and parental responsibility; for ages 16–17, consider the applicable presumption of capacity and consent rules; for adults, apply the Mental Capacity Act 2005 where relevant. Do not assume a parent can consent on behalf of an adult learner. Where a learner cannot make a particular decision, follow applicable best-interests processes and obtain appropriate professional advice. Document consent, instructions, who is responsible and when arrangements will be reviewed.

5. Self-administration and routine medication

Where safe and appropriate, learners may carry and self-administer their own medication. This is the preferred approach for routine medication. Staff do not routinely remind, supervise, supply or administer medication unless this has been expressly agreed and documented. Routine doses should be scheduled outside sessions where clinically appropriate; never change prescribed timing without advice from the prescriber or pharmacist. A learner's ability to self-manage must be considered individually, including risks of misuse, loss, accessibility or accidental exposure to others.

6. Administration or assistance by staff

Medication is not routinely administered by Real Inspiration staff. Where essential for access or safety, the Director may authorise a specific arrangement following assessment, written consent or another lawful basis, clear written medication directions, staff agreement, suitable training and confirmation of insurance cover. Record the medicine name, dose, route, timing, indications, storage, expiry, responsible person and what to do if omitted or refused. Staff must never improvise doses, alter medication, administer another person's medicine or perform procedures beyond their training. Over-the-counter medication is not supplied or administered as standard; any exception requires the same safeguards and checks for contraindications and prior doses.

7. Emergency medication and medical events

For asthma, anaphylaxis, epilepsy, diabetes or other foreseeable emergencies, put an individual emergency plan in place before sessions. Specify symptoms, action steps, medication access, trained staff, emergency contacts and when to call 999. Emergency medication must be immediately accessible, including on visits, and stored in accordance with instructions. A learner should not be left alone during a medical emergency. Call 999 promptly where indicated, follow dispatcher instructions, provide first aid within competence, notify appropriate contacts and document the event. Do not delay emergency help while seeking permission. If rescue medication requires specialist training, do not assume generic first-aid training is sufficient.

8. Storage, transport and disposal

Where Real Inspiration accepts custody of medication, obtain it in its original labelled container (unless a documented professional arrangement specifies otherwise), check instructions and expiry, and record receipt and return. Store securely under manufacturer requirements while ensuring immediate access to emergency medication. Refrigerated medication requires monitored suitable storage where applicable. Take only necessary medication on visits, with a named responsible person and secure transport arrangements. Return unused or expired medication to the learner/parent/carer or arrange disposal through an appropriate pharmacy; do not put medicines in general waste. Controlled drugs require a specific risk assessment, secure arrangements and accurate records; seek professional advice before agreeing to hold them.

9. Home visits, lone working and off-site learning

Before a session, the tutor must know the relevant medical risks, whether emergency medication is required, the learner's self-management ability, the response plan, location/access details and emergency contact route. At home, routine medication normally remains the responsibility of the learner or usual caregiver unless a written exception is agreed. For lone working, assess whether one adult can respond safely to foreseeable emergencies; provide additional staffing or change arrangements if needed. For trips, check medication availability, travel conditions, first-aid provision, communication and any necessary reasonable adjustments.

10. Refusal, omission, error and adverse reaction

Do not force medication. If a learner refuses, follow their individual plan, consider capacity and immediate risk, contact the appropriate person/clinician where necessary and record the event. If a dose is missed, duplicated, incorrect or given to the wrong person, seek urgent clinical advice (999 for immediate danger; otherwise NHS 111 or a pharmacist/appropriate clinician), monitor the learner and inform the Director promptly. Report and investigate errors and near misses under the incident procedure, including any safeguarding concern. Never conceal or retrospectively alter records.

11. Records and confidentiality

Maintain only necessary medical information and records securely, with access restricted by role. Where staff administer medication, record date/time, medicine, dose, route, staff name/signature and any refusal, omission or reaction immediately. Keep consent, individual plans, training and incident records in line with the organisation's retention schedule and UK GDPR/data protection requirements. Share medical information with emergency services or others when necessary and lawful for safety.

12. Training, assurance and review

Staff receive a copy of this policy, emergency escalation, confidentiality and relevant learner-specific plans. Only staff with documented competence and authorisation may provide agreed medication assistance. Review arrangements when medical needs, medication, location, staffing or risk change, after incidents and at least annually. The Director checks that commissioning requirements, insurance and any relevant registration or regulatory questions have been addressed before accepting higher-risk support.

13. Related documents and references

Internal: Safeguarding and Child Protection Policy; First Aid Policy; Health and Safety Policy; Lone Working Policy; Educational Visits/Off-Site Risk Assessment; Incident Reporting; Data Protection; Individual Risk Assessment and Healthcare Plan templates. External reference points: Children and Families Act 2014 (section 100); Equality Act 2010; Mental Capacity Act 2005; DfE Supporting pupils at school with medical conditions (good-practice reference); DfE First aid in schools, early years and further education; NHS guidance and relevant clinical care plans. Check current guidance and local commissioning conditions at each review.