ODYSSEY HOUSE SCHOOL

Administration of Medication Policy

Odyssey House School is part of Odyssey Education Services.
Odyssey Education Services is Registered in England and Wales, company number 1162321, registered at 329 Doncastle Road, Bracknell, RG12 8PE

Author / Reviewer: Dave Coulter

Designation: Clinical Director

Date: July 2026

Approved by: Charu Kashyap

Designation: CEO

Review: July 2027

This policy applies to –

All Odyssey House Schools pupils, staff, volunteers, agency staff, visitors and off-site activities

Related policies -

Supporting Students with Medical Needs; Anaphylaxis; First Aid; Safeguarding and Child Protection; Attendance; Behaviour; Intimate Care; Educational Visits; Health and Safety; Complaints

1. Purpose and inspection standard

This policy sets out how Odyssey House Schools receives, stores, administers, records, monitors and reviews medication for pupils. It is written for a specialist independent school context where pupils may have SEND, SEMH, autism, anxiety, EBSA, trauma histories, communication needs and complex co-occurring health needs.

The policy is intended to protect pupils, staff and the school by making the administration of medication safe, consent-led, accurately recorded, appropriately supervised and capable of being evidenced during inspection.

- Pupils are supported to access education safely and without unnecessary exclusion from ordinary school life.
- Medication is administered only when it is lawful, authorised, necessary, safe and recorded.
- Staff understand their responsibilities and know when to pause, escalate or seek medical advice.
- Records show clear accountability, stock control, parental communication, staff training and leadership oversight.
- The dignity, communication needs, sensory needs and emotional regulation needs of pupils are considered when medication is administered.

2. Legal and regulatory framework

Odyssey House Schools will have regard to the principles and expectations in current Department for Education guidance on supporting pupils with medical conditions at school. As an independent specialist school, the school also ensures that arrangements for medication contribute to compliance with the Independent School Standards, including welfare, health and safety, safeguarding, leadership and record-keeping expectations.

This policy should be read alongside:

- DfE statutory guidance: Supporting pupils with medical conditions at school.
- Keeping Children Safe in Education 2025.
- The Education (Independent School Standards) Regulations 2014.
- The Children and Families Act 2014 and SEND Code of Practice principles where a pupil has SEND or an EHCP.
- Relevant first aid, health and safety, equality, safeguarding, educational visits and complaints requirements.

3. Key principles

- **Parents and carers remain responsible** for providing accurate medical information, written consent, in-date medication and updates when medication changes.
- **Medication should be given at home where possible**. The school will administer medication during the school day only where this is necessary for the pupil's health, attendance, inclusion or access to education.

- **No pupil should be unnecessarily disadvantaged** because of a medical condition. Reasonable adjustments and risk assessments will be used so pupils can take part in lessons, visits, therapies and enrichment where it is safe to do so.
- **Staff will not be required to administer medication unless trained and competent**. Staff may volunteer or be assigned within their role where appropriate training, supervision and insurance are in place.
- **If there is any doubt, staff must stop and escalate**. Medication must not be administered where identity, consent, dosage, timing, route, label, expiry, stock balance or pupil safety is unclear.

4. Roles and responsibilities

4.1 Proprietor

- Holds overall responsibility for ensuring suitable arrangements are in place to safeguard and promote pupils' welfare, health and safety.
- Ensures the policy is approved, reviewed and monitored, and that leaders have capacity to implement it.
- Receives assurance through compliance reports, incident analysis, training records and audit outcomes.

4.2 Headteacher

- Ensures this policy is implemented consistently across the school.
- Appoints named trained staff responsible for medication arrangements and ensures suitable cover.
- Ensures staff know which pupils have medical needs and what action to take in routine, urgent and emergency circumstances.
- Ensures medication incidents, errors, refusals, safeguarding concerns and significant patterns are reviewed and acted on.

4.3 Designated medication lead

The Headteacher will identify a designated medication lead for each site. This may be the Health and Safety Co-ordinator, School Nurse where available, or another trained senior member of staff.

- Maintains the medication register, consent forms, MAR sheets, stock records and expiry checks.
- Checks that all medication received meets the conditions in this policy before it is accepted.
- Arranges secure storage, access to emergency medication and appropriate handover for off-site activities.
- Completes regular audits and reports concerns to the Headteacher.

4.4 DSL and safeguarding team

- Reviews any medication issue that may indicate neglect, unmet health need, self-harm, substance misuse, coercion, exploitation, medication misuse or a wider safeguarding concern.
- Ensures concerns are recorded on CPOMS and escalated in line with safeguarding procedures.
- Checks that communication with parents, placing authorities and health professionals is appropriate where safeguarding thresholds may be met.

4.5 Staff

- Must follow this policy and their training.
- Must not administer medication unless they are trained, authorised and competent for the task.
- Must record all medication administered, refused, missed, spoiled or disposed of immediately and accurately.
- Must report errors, near misses, concerns and unclear instructions without delay.

4.6 Parents and carers

- Provide complete and current information about the pupil's health, medication, allergies, emergency action and healthcare professionals.
- Provide written consent before medication is administered, except in emergency circumstances where medical advice or emergency services direct action.
- Supply medication in original packaging with an intact pharmacy label where prescribed.
- Ensure medication is in date, replaced before expiry and collected or disposed of when no longer required.
- Notify the school immediately of any medication change, dose change, discontinuation, side effect or new medical concern.

4.7 Pupils

Pupils will be involved in decisions about their medication as far as their age, understanding, communication profile and emotional regulation allow. Staff will take account of pupil voice and will explain what is happening in a way the pupil can understand.

5. Individual healthcare plans and risk assessment

A pupil who requires regular, emergency, complex, controlled or PRN medication should have an Individual Healthcare Plan, medical profile or equivalent documented plan. This must be proportionate but usable by staff.

- The plan should identify the condition, medication, dose, route, timing, triggers, signs and symptoms, side effects, emergency action, named staff, storage requirements and review arrangements.

- Where the pupil has an EHCP, the plan should link to relevant outcomes, provision, risk assessment and reasonable adjustments.
- For pupils with autism, anxiety, trauma histories, EBSA or communication needs, the plan should identify how medication will be offered in a calm, dignified and predictable way.
- Plans must be reviewed at least annually and sooner following a medication change, incident, hospital admission, significant absence, safeguarding concern or parent/professional update.

6. Consent and medical information

Medication must not be administered without written parental consent and clear instructions, except where emergency services or a suitably qualified medical professional directs emergency action.

- Consent must identify the medication, dose, route, frequency, timing, reason for administration and any maximum daily dose.
- Prescribed medication must match the pharmacy label. A change in dose requires a new label, written prescriber instruction or other clear written medical confirmation acceptable to the Headteacher.
- Verbal consent may be accepted only for a one-off urgent clarification, such as confirming whether paracetamol or ibuprofen has already been given at home. The call, decision and staff member must be recorded on CPOMS and the medication record.
- Open-ended or vague consent is not sufficient for PRN medication. PRN medication requires written criteria for when it may be given, minimum interval between doses, maximum dose and what to do if symptoms continue.

7. Receiving and transporting medication into school

Medication should be delivered by a parent, carer or another responsible adult agreed by the parent. Pupils must not routinely bring medication into school unless there is a written self-carry arrangement, such as for an inhaler, and this has been risk assessed.

- Medication must be handed directly to reception or the designated medication lead.
- Medication must be in the original container. Prescribed medication must have an intact pharmacy label showing the pupil's name, medication name, dose, route, frequency, date of dispensing and expiry date where available.
- The school will not accept loose tablets, decanted medication, medication in unlabelled containers, illegible labels, expired medication or medication where instructions conflict with the consent form.
- All medication entering and leaving school must be signed in or out, countersigned where required, and recorded with quantity, batch number where available, expiry date and storage requirement.
- Where medication is transported by school transport or taxi arrangements, parents must agree a safe handover plan with the school in advance. Medication must not be left with a driver unless this has been explicitly risk assessed and agreed.

8. Storage and access

- Medication must be stored securely in a locked medication cupboard or locked container unless immediate access is required.
- The medication cupboard must be used only for medication and associated records or equipment.
- Emergency medication, including inhalers, adrenaline auto-injectors and other rescue medication, must be readily accessible to trained staff and must not be locked away in a way that delays emergency use.
- Medication requiring refrigeration must be stored in a clearly labelled locked container within a refrigerator, with temperature monitoring where required by the medication instructions.
- Keys must be held securely by trained authorised staff, with a documented contingency arrangement for absence or emergency.
- Controlled drugs, where held, must be stored in a locked non-portable cabinet with a controlled-drug record showing receipt, administration, balance checks, returns and disposal.
- Medication must not be kept in classrooms, bags, desks, staff cars or unsecured offices unless this is part of a written risk-assessed arrangement.

9. Administration procedure

Medication will normally be administered by a trained staff member and witnessed or countersigned by a second trained member of staff where required by the medication type, risk assessment or school procedure. Controlled drugs, PRN medication, medication errors, emergency medication and new medication should be treated as higher-risk and require a second check wherever practicable.

1. Prepare the environment so the pupil has privacy, dignity and the support needed to remain regulated.
2. Check the pupil's identity using agreed information and, where appropriate, pupil confirmation.
3. Check written consent, the Individual Healthcare Plan or medical profile, the MAR sheet and the medication label.
4. Check the six rights: right pupil, right medication, right dose, right route, right time and right reason.
5. Check expiry date, storage condition, stock balance and whether the medication has already been given.
6. Check whether there are special instructions, such as before food, with food, after food, maximum dose or minimum interval.

7. If anything is unclear, stop the process and escalate to the Headteacher, deputy, designated medication lead, parent or medical professional as appropriate.
8. Administer the medication in line with the instructions and training.
9. Confirm the pupil has taken the medication where this is required and safe to check.
10. Record the administration immediately on the MAR sheet, including time, dose, staff signature, witness signature where required, pupil signature or confirmation where appropriate, stock balance and any comments.
11. Return medication to secure storage immediately.

10. Non-prescribed medication

The school may hold a limited stock of common non-prescribed medication, such as paracetamol, ibuprofen, Calpol or antihistamine, only where this has been agreed by the Headteacher and stored securely.

- Non-prescribed medication may be administered only when written parental consent is in place and staff are satisfied it is safe to do so.
- Staff must check whether the pupil has already taken the medication at home or elsewhere that day before administering paracetamol, ibuprofen or any medication with a maximum daily dose.
- Paracetamol and ibuprofen must not normally be administered before 12.30pm unless a parent or carer confirms that the pupil has not already received the medication and this confirmation is recorded.
- Ibuprofen must not be given where there is a known contraindication or where the pupil is under the age limit specified by the product instructions or school consent.
- Parents must be notified of the time and dose of any paracetamol, ibuprofen or other non-prescribed medication administered during the school day.
- Non-prescribed medication must be recorded in the non-prescribed medication log and, where relevant, on CPOMS or the pupil's medical record.

11. PRN, rescue and emergency medication

PRN medication must have clear written criteria. Staff must be able to evidence why the medication was needed, what was observed, what alternatives or regulation strategies were considered where relevant, and what the outcome was.

- PRN instructions must state signs or symptoms that trigger use, dose, route, minimum interval, maximum daily amount, expected effect, side effects and escalation action.
- Emergency medication must follow the pupil's emergency plan and staff training. Staff must call 999 where the plan requires this, where symptoms do not improve as expected, or where there is any concern about immediate risk.
- Use of adrenaline auto-injectors, rescue inhalers, emergency seizure medication or other emergency medication must be recorded and reviewed by leaders.

- The DSL must be alerted where medication use forms part of a wider safeguarding, self-harm, neglect, exploitation, mental health or unmet-need concern.

12. Asthma and allergies

Parents must inform the school if a pupil has asthma, allergies or risk of anaphylaxis. The pupil's plan must identify triggers, symptoms, medication, emergency action, consent, storage and staff training requirements.

- Pupils with asthma should have an in-date reliever inhaler available in school and, where appropriate, should carry it themselves following risk assessment.
- Inhalers and adrenaline auto-injectors must be clearly labelled and accessible without delay.
- If an inhaler or adrenaline auto-injector does not relieve symptoms as expected, staff must follow the emergency plan and call 999.
- The school will follow its Anaphylaxis Policy for allergy risk management, emergency response and staff awareness.

13. Refusal, missed doses, errors and adverse reactions

13.1 Refusal

A pupil may refuse medication. Staff must not force a pupil to take medication. Staff should use calm, reasonable encouragement and any agreed communication or regulation strategies, then record the refusal.

- Record refusal on the MAR sheet using the agreed code and add a brief factual note.
- Inform parents or carers the same day, and sooner where the medication is time-critical.
- Escalate to the Headteacher or designated medication lead where refusal creates a health risk or becomes a pattern.
- Consider whether the refusal indicates anxiety, sensory distress, safeguarding concern, unmet need or a problem with the administration routine.

13.2 Missed dose, wrong dose, near miss or medication error

Medication errors and near misses must be reported immediately to the Headteacher or designated medication lead. Parents must be informed and medical advice sought where there is any possible risk to the pupil.

- Record the incident on the medication record and CPOMS or the school's incident system.
- Seek advice from 111, 999, the pharmacist, GP or prescriber as appropriate.
- Review the cause, such as unclear instructions, staff absence, record error, storage issue, handover failure or training gap.
- Record corrective action and share learning with staff.

13.3 Adverse reaction

If a pupil appears to experience an adverse reaction, staff must follow the emergency plan, seek medical advice, inform parents and record the medication, dose, time, batch number where available, symptoms and action taken. Further administration must pause until appropriate advice is received.

14. Self-administration and self-carry arrangements

Some pupils may be able to self-administer or carry medication, such as an inhaler. This must be agreed with parents, recorded in the pupil's plan and risk assessed.

- The risk assessment must consider age, understanding, medication type, misuse risk, safeguarding risk, peer access, storage, accountability and emergency access.
- The school may withdraw or amend self-carry arrangements if they become unsafe.
- Self-administration should still be recorded where it occurs under school supervision or forms part of the pupil's healthcare plan.

15. Off-site activities, visits and transport

Pupils with medical needs should be included in off-site activities wherever it is safe and reasonable to do so. Medical needs must be considered at the planning stage and recorded in the visit risk assessment or event-specific plan.

- The visit leader must check relevant medical information, consent, medication, emergency action and staff training before the visit.
- Medication taken off site must be signed out and back in, carried securely by an authorised staff member, and kept accessible when required for emergency use.
- Only the amount needed for the visit should normally be taken, plus any required emergency reserve identified in the risk assessment.
- Medication administered off site must be recorded at the time and transferred to the school record on return.
- Where safe supervision cannot be provided, the Headteacher must consider reasonable adjustments and alternative arrangements before deciding that a pupil cannot attend.

16. Record keeping

Records must be accurate, contemporaneous and capable of inspection. They should show what was authorised, what was administered, by whom, when, what was checked, what stock remained and what follow-up occurred.

- Medication consent forms and medical information forms.
- Individual Healthcare Plans, medical profiles, emergency action plans and risk assessments.
- Medication receipt and return records, including quantity, expiry and batch number where available.
- MAR sheets and non-prescribed medication logs.

- Controlled-drug records where applicable.
- Refusal, missed dose, medication error, adverse reaction and near-miss records.
- Parent communication, professional advice and CPOMS records where relevant.
- Staff training, competence checks and refresher records.
- Audit records and leadership review actions.

Medication records must be retained in line with the school's record retention schedule and safeguarding requirements.

17. Training and competence

- All staff will receive awareness of this policy during induction and periodic refreshers.
- Staff administering medication must receive suitable training and must be judged competent before administering medication independently.
- Training must be specific where medication requires particular knowledge or technique, such as adrenaline auto-injectors, inhalers, emergency seizure medication, diabetes care, controlled drugs or complex administration instructions.
- Training records must identify the staff member, date, trainer, content, competence outcome and refresher date.
- Leaders must ensure trained staff coverage during the school day, off-site activities and foreseeable absence.

18. Monitoring, audit and leadership oversight

The Headteacher and designated medication lead will monitor implementation so the school can evidence that the policy is understood and followed.

- Termly medication audit covering consent, labels, expiry dates, stock balances, MAR completion, controlled-drug records, emergency medication and storage.
- Immediate review of any medication error, near miss, emergency medication use or repeated refusal.
- Spot checks of records by the Headteacher or delegated senior leader.
- Reporting of significant themes to the proprietor, including actions taken and evidence of completion.
- Annual policy review, or earlier following incident, new guidance, inspection feedback or operational change.

19. Complaints

Parents or carers with a concern about medication arrangements should raise this with the Headteacher in the first instance. If the matter is not resolved, it will be managed through the school's Complaints Policy. Safeguarding concerns will be handled through safeguarding procedures and escalated immediately where required.

Appendix 1: Medication consent and information form

This form should be completed by a parent or carer before medication is administered in school. A separate form should be used for each medication unless a healthcare plan gives clear combined instructions.

Pupil full name	
Date of birth	
Class / tutor group	
Medical condition or reason for medication	
Medication name	
Prescribed / non-prescribed	
Dose	
Route	
Time or frequency	
Minimum interval between doses	
Maximum dose in 24 hours	
Special instructions, including food, storage or side effects	
Start date	
End date or review date	
Emergency action required	
Parent / carer name	
Emergency contact number	
Parent / carer signature and date	

Appendix 2: Medication receipt, stock and return record

Date	Medicine	Qty in	Batch	Expiry	Received	Checked	Returned / disposed

Appendix 3: Medication administration record (MAR)

Date	Time	Med.	Dose	Reason / PRN	Code	Balance	Staff	Witness / pupil

Codes: G = given; R = refused; M = missed; S = spoiled; E = error / seek senior guidance; O = off-site administration.

Appendix 4: Medication refusal, error, near miss or adverse reaction record

Pupil name	
Date and time	
Type of event	Refusal / missed dose / wrong dose / near miss / adverse reaction / other
Medication involved	
What happened	
Immediate action taken	
Medical advice sought	Yes / No - details
Parent / carer informed	Yes / No - time and by whom
CPOMS / incident reference	
Leadership review and action	
Reviewed by and date	

Appendix 5: Off-site medication checklist

- Medical information and IHP checked before visit.
- Parent consent checked and current.
- Medication label, dose, route, timing and expiry checked.
- Required emergency medication included and accessible.
- Named trained staff member responsible for medication.
- Medication signed out with quantity and returned with balance checked.
- Administration record available during visit.
- Emergency contact details and emergency action plan available.
- Medication administered off site transferred to school records on return.