



Administration of Medicines Policy

1. Purpose

This policy provides clear guidelines and procedures for the safe administration of medicines to clients during outdoor activities or trips organized by The Outdoor Ed School.

It is designed to protect the health and well-being of all participants while ensuring compliance with UK regulations and best practices.

2. Policy Statement

The Outdoor Ed School is committed to ensuring that all clients, including children, young people, and vulnerable adults, receive their prescribed medications in a safe, timely, and appropriate manner while participating in our activities.

We acknowledge the responsibility of managing and administering medicines safely, and all staff involved will receive adequate training and support to fulfil this duty.

3. Scope

This policy applies to all staff members of The Outdoor Ed School who may be responsible for administering medicines to participants, including activity leaders, instructors, and support staff.

The policy also applies to all activities, including day trips, overnight camps, residential trips, and other outdoor events where medicines may need to be administered.

4. General Principles

- **No Medication Without Permission:** No medication will be administered to any participant without prior written consent from the participant (if of legal age), their parent/guardian (if under 18), or an authorized representative.

(Medication Administration Form – Attached at the bottom of this document).

- **Safe Handling and Storage:** All medications must be stored securely and in accordance with any specific requirements (e.g., temperature control, refrigeration, etc.). Medications will be kept in a locked, secure location when not in use.

- **Clear Documentation:** A medication administration record (MAR) will be maintained for each individual participant requiring medication. This will include details of the medication, dosage, time of administration, and any reactions or side effects observed.

(MAR – Attached at the bottom of this document).

- **Discretion and Privacy:** The administration of medication will be conducted in a private setting to respect the participant's privacy and dignity. Where possible, participants should administer their own medication with support, if necessary.
- **Training for Staff:** All staff who are responsible for administering medication will undergo training to understand the risks and safe practices involved. This training will be refreshed regularly.

5. Procedures for Administration of Medication

5.1 Prescribed Medication

- Only medication prescribed by a registered healthcare professional will be administered by staff.
- The participant's name must be printed on the prescription sticker to ensure the correct medication has been provided.
- Participants or their guardians must provide written instructions regarding the medication, including the name of the medication, dosage, frequency, and any special instructions (e.g., before meals, with water).
- A signed consent form from the parent/guardian (for minors) or the participant (if of legal age) must be provided before any medication is administered. Our medical information form will also confirm the individual's medical history and any known allergies or side effects.
- Medication will only be administered according to the instructions on the packaging or as prescribed. No alterations to the prescribed dosage or administration times will be made without prior approval from the participant's healthcare provider.
- A second staff member will be present to witness the administration.

5.2 Over-the-Counter Medication

- Over-the-counter medication (e.g., paracetamol, antihistamines) may only be administered with the written consent of the participant or their guardian.
- The medication will be administered in strict accordance with the manufacturer's recommended dosage.
- A second staff member will be present to witness the administration.

5.3 Emergency Medication (e.g., EpiPens, Inhalers)

- Emergency medication such as EpiPens (for severe allergies) or inhalers (for asthma) will always be readily available and accessible to the participant.
- Staff will ensure that emergency medications are appropriately labelled and stored securely but remain accessible in an emergency situation.
- Staff will receive training on how to administer emergency medication, including recognizing symptoms of anaphylaxis or asthma attacks, and how to respond appropriately. (Administer inline with first aid training).

5.4 Self-Administration

- Where possible, participants should be encouraged and supported to self-administer their own medication. This will be determined based on the individual's age, maturity, and ability to follow instructions.
- If a participant is unable to self-administer, a trained member of staff will administer the medication in accordance with the prescribed instructions.

6. Storage and Security

- Medications must be stored in their original containers with clear labels that indicate the name of the medication and participant, dosage instructions, and expiry date.
- All medications will be stored securely when not in use.
- Any medication that requires special conditions (e.g., refrigeration) will be stored appropriately.
- Medications will be checked regularly for expiry dates, and expired medications will be disposed of safely and in accordance with local guidelines.

7. Documentation and Record-Keeping

- A Medication Administration Record (MAR) will be maintained for every participant who requires medication. The MAR will include:
 - Name of the participant.
 - Name of the medication and prescribed dosage.
 - Date and time of administration.
 - Signature of the staff member who administered the medication.
 - Any adverse reactions or side effects noted after administration.
- The MAR will be stored securely and be accessible for review by authorized personnel, including parents or guardians.

- If a dose is missed, this will be documented, and the appropriate steps will be taken to address the missed dose in accordance with medical advice.

8. Adverse Reactions and Incident Reporting

- If a participant experiences an adverse reaction or side effect after taking medication, this will be documented immediately in the MAR.
- The participant's parent/guardian will be notified of any adverse reactions, and further medical attention will be sought if necessary.
- All incidents involving medication administration, including errors, missed doses, or reactions, will be reported to the designated supervisor or manager immediately.

9. Confidentiality and Privacy

- All personal and medical information related to medication administration will be kept confidential and shared only with those who have a need to know (e.g., relevant staff members, parents/guardians).
- Staff must respect the privacy and dignity of participants when administering medication and ensure that it is done discreetly.

10. Review of Policy

This policy will be reviewed annually to ensure that it remains in line with current best practices and legal requirements, and that all staff are kept up to date with any changes in medication administration procedures.

Medication Administration Record (MAR)

Prescribed and Over the Counter Medication

Participant Name:

Date of Birth:

Emergency Contact Name:

Number:

Medication Information:

Medication Name:	Dosage:	Route of Administration (e.g., oral, inhaled):	Time of Administration:

Administration Record:

Medication Name:	Time of Administration:	Given By (Staff Name):	Notes (e.g., missed dose, side effects):

Record of Missed Doses:

Medication Name:	Missed Dose Date/Time:	Reason for Missed Dose:	Action Taken (e.g., administered later, consulted with healthcare provider)

Signature of Staff and Confirmation:

Signature of Staff Administering Medication:	
Signature of Witness:	

Emergency Medication (e.g., Epipen, Inhaler)

Medication Name:	Dosage:	Time of Use:	Given By (Staff Name):	Notes:

Signature of Staff and Confirmation:

Signature of Staff Administering Medication:	
Signature of Witness:	

Medication Disposal Record (if applicable):

Medication Name:	Date of Disposal:	Reason for Disposal:	Method of Disposal:

Signature of Staff and Confirmation:

Signature of Staff Administering Medication:	
Signature of Witness:	

Notes:

- The MAR should be updated each time medication is administered.
- A copy of this form should be stored securely and kept confidential.
- If a participant refuses or misses a dose, it should be clearly recorded in the "Missed Doses" section.
- Medication should only be administered as per the participant's instructions and with prior consent.

This form provides a basic structure to track when and how medication is administered to participants. It ensures proper documentation and accountability, while also capturing any important details about the process.

Consent for Medication Administration Form

Participant Information:

- **Full Name:**
 - **Date of Birth:**
 - **Emergency Contact Name & Number:**
 - **Medical Conditions/Allergies (if applicable):**
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Medication Details:

- **Medication Name(s):**
 - **Dosage (as prescribed):**
 - **Route of Administration (oral, inhaler, etc.):**
 - **Time(s) of Administration:**
 - **Reason for Medication (if applicable):**
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Consent for Medication Administration:

I, the undersigned, hereby give my consent for the staff at The Outdoor Ed School to administer the medication(s) as outlined above to the aforementioned individual.

I confirm that:

- The medication(s) are prescribed by a healthcare professional.
- I have provided accurate and up-to-date information about the medication(s) and any known allergies or medical conditions.
- I will inform The Outdoor Ed School of any changes to the medication, dosage, or medical conditions prior to the event.
- I understand that the staff will administer the medication as per the prescribed instructions, and I authorize them to do so.
- In case of an emergency, I give consent for the staff to seek immediate medical attention and for medical professionals to administer any necessary treatment, including medication.

Additional Information:

- **Special Instructions (e.g., with food, before exercise):**

- **Side effects to watch out for:**

Signature of Parent/Guardian (if participant is under 18):

- **Name:**
- **Relationship to Participant:**
- **Date:**
- **Signature:**

Signature of Participant (if over 18):

- **Name:**
 - **Date:**
 - **Signature:**
-

Emergency Contacts (if applicable):

- **Emergency Contact Name:**
 - **Relationship to Participant:**
 - **Phone Number:**
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This form should be completed and returned prior to the start of the activity/event. The information provided will help ensure the safe and accurate administration of medication and promote the well-being of the participant.