



Lumen Learning Trust

Learning together for a brighter future

Supporting children with medical conditions policy

Incorporating:
Administering Medicines

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Introduction

The Lumen Learning Trust puts the children's needs at the heart of its provision. Our whole school community is committed to enabling the children to become successful lifelong learners and happy, fulfilled adults who can make positive choices about their future.

Statement of Intent

Lumen Learning Trust has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2026) 'Allergy Safety in Schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Concerns & Complaints Policy
- Equality Policy
- Attendance and Punctuality Policy
- Admissions Policy
- First Aid Policy
- Whole School Allergy Policy

Roles and responsibilities

The Trustees will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the Local Authority, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition and any treatment or special care needed at the setting via the Local Authority or school application form when applying to the school as well as the school's data collection forms at the point of admission.
- Providing the school with sufficient and up-to-date information about their child's medical needs including Allergy Action Plans and Asthma Action Plans, where required.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of other pupils with medical conditions.
- If there are any special religious and/or cultural beliefs, which may affect any medical care that the child/young person needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing.

The school workforce will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The local authority school nurse team will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

The NHS Integrated Care Board (ICB) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to Local Authorities and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The Local Authority will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.
- Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the Local Authority has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Notification procedure

When the school is notified that a pupil has a medical condition the school will arrange a meeting with parents and, healthcare professionals (if appropriate) with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution if they attended one. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training.

Training needs for specific medical conditions will be assessed by the school in conjunction with the school nurse team through the development and review of IHPs, and when a new staff member arrives. The parents of pupils with medical conditions will be consulted for specific advice and their views sought where necessary, but they will not be used as a sole trainer.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Staff will not undertake healthcare procedures or administer medication without appropriate training. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Whole-school awareness training will be carried out on an annual basis for all staff.

Training will be commissioned by the CEO and Headteachers and administered by the Central support function.

The Central Team will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where appropriate, pupils will be allowed to carry their own medicines and relevant devices. Where it is not appropriate for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

Individual Health Plans (IHPs)

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues e.g. crowded corridors, travel time between lessons.
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication and if so, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required during school trips and activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements .

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

Procedure for children with health needs who cannot attend school

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. [Statutory guidance](#) for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

The school in conjunction with the local authority, health professionals, commissioner and other support services will work to ensure that the child with a medical condition/s receives a full education. The child will likely have an individual healthcare plan (IHP) put in ensure the support put in place is documented and accessible to all.

In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. The school will work with all necessary agencies to ensure that the plans put in place for a child are relevant, appropriate and realistic in expectation.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively including arrangements for any staff training

or support. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Each school has a locally adapted Whole School Allergy Policy, which names a Designated Allergy Lead.

The policy is a standalone document (separate from a general medical conditions policy) published on the school website and reviewed annually.

The Allergy Lead in a school is a specific member of the senior leadership team responsible for coordinating and overseeing all aspects of allergy safety, risk management, and emergency response across the school.

Asthma

Children with Asthma do not usually require an IHCP, unless it is linked to an allergy. Children will be assessed on an individual basis.

- In order for children's Asthma pumps to be kept in school a Pupil Medication Request form must be completed, obtainable from the school office or via the school website.
- The completed form will then pass to the person responsible for medicine at school who will inform classroom staff and any other key school staff about the child's needs regarding the asthma pump and its usage.
- It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children and keep a record of when the medication expires.
- Asthma pumps should only be used by the person who it has been prescribed for, and clearly labelled with the child's name. Asthma sufferers should not share inhalers.

Generic emergency salbutamol asthma inhaler:

In accordance with Human Medicines Regulations, amendment No2, 2014, a school *can but is not statutorily required* to be in possession of a 'generic' asthma inhaler/s, to use in an emergency. This inhaler can be used for pupils who are on the school's Asthma register and can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhaler and spacer will usually be stored in the school office and is clearly labelled inside their original packaging. If a school possesses a generic inhaler parents of asthma sufferers are asked for their consent to administer a generic inhaler in an emergency if required.

In case of an emergency:

An adult needs to be sent to get the asthma inhaler while a First Aider remains with the child. Once the inhaler has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose of inhaler (how many puffs have been administered). This needs to be recorded as an administration of medicine.

Adults may also use the inhaler in an emergency and should follow the above instructions on recording the use of the inhalers. When the emergency inhaler has been used, an Appointed First Aider should be notified.

Allergens and Anaphylaxis

Parents are required to provide the school with up-to-date information relating to their children's allergies outlined in an Allergy Action Plan signed by their medical professional, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and school staff will work with the external catering provider to ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product

displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with this policy and in conjunction with the Whole School Allergy Policy.

- Where a pupil has been prescribed an AAI, they must provide a signed Allergy Action Plan signed by their medical professional and this will be written into their IHP. In addition, a Pupil Medication Request form must be completed, obtainable from the school office.
- A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom where there is a child prescribed an AAI for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response. Other key school staff will be notified about the child's needs regarding the AAI and its usage.
- For pupils who have prescribed AAI devices, two devices must be provided by the parent/carer.
 - These will be stored in a suitably safe and central location; in this case, the school office as well as the classroom which is taken with them as they move about the school during learning and break times.
- All staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so.
- In the event of anaphylaxis, the nearest staff member will administer the AAI. If necessary, other staff members may assist with administering AAIs, e.g. if the pupil needs restraining.
- For children under the age of 6, a dose of 150 micrograms of adrenaline will be used. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
- In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:
 - Where and when the reaction took place
 - How much medication was given and by whom

Generic emergency AAIs:

The school is in possession of 'generic' AAIs to use in an emergency. The emergency AAIs are stored in the school office. They should be stored inside their original packaging and clearly labelled for Key Stage 1 and Key Stage 2 as dosages are different.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date.

Schools may administer their "generic" AAI, obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the generic AAI has been provided. A school's generic AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

If a child presents with suspected anaphylaxis but does not have a known anaphylaxis condition, the emergency services (999) should be summoned immediately and an Appointed First Aider should follow the guidance given by emergency service personnel without delay as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

Adults may also use the AAIs in an emergency and should follow the above instructions on recording the use. When the emergency AAIs have been used, an Appointed Person as detailed in the First Aid policy should be notified.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and a spare AAI in case of an emergency.

Record keeping

Written records will be kept of all medicines administered to pupils and retained in accordance with the Trust Data Retention policy. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

For full details please refer to our First Aid policy.

Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Liability and indemnity

The Trustees will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

Concerns and Complaints

Parents or pupils concerned about the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the Trust's complaints procedures, as outlined in the Complaints Procedures Policy

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority. Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

Defibrillators

The school has an automated external defibrillator (AED). The AED will be stored in a readily accessible location in an unlocked, alarmed cabinet.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed as appropriate.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken as required and an up-to-date record of all checks and maintenance work kept.

Monitoring and review

This policy is reviewed on a biennial basis by the CEO. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Example Individual Healthcare Plan

Name of school/setting	
Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
1st Telephone Number	
2 nd Telephone Number	
Home Telephone Number	
Name	
Relationship to child	
1 st Telephone Number	
2 nd Telephone Number	
Home Telephone number	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P	
Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

See attached Pupil Medication Request form

Daily care requirements and who will support these

--

Specific support for the pupil's educational, social and emotional needs and who will provide this

--

Arrangements for school visits/trips etc.

--

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with (*i.e. school, parents, outside agencies, etc.*)

--

All staff are first aid trained, if however addition staff training is required then the details are listed below:

Staff Name:	Training Attended:	Date:
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All staff who agree to administer medication to a child, given the full agreement of the parents and school, are covered by the school's membership to the Department for Education's Risk Protection Arrangements (RPA)

Agreed and signed on behalf of the school by:

Name: _____ Position: _____

Agreed by the parents of _____ (Copy of the Care plan will be provided)

Name: _____ Signature: _____

Example Pupil Medication Request Form

Dear Parent / Carer, please complete and return the attached form confirming you give consent for a member of staff to administer paracetamol or antihistamine to your child if required. Please return this form to the office as soon as possible.

PUPIL MEDICATION REQUEST

Child's Name:

Parent's surname if different:

Condition or Illness:

Contact Details

Contact 1 Name:		Contact 2 Name:	
Relationship to child:		Relationship to child:	
Home Telephone:		Home Telephone:	
Work Telephone		Work Telephone	
Mobile Telephone		Mobile Telephone:	

GP Name: **Location :** **Telephone:**

Please tick the appropriate box

- ☐ I agree to members of staff administering age appropriate Paracetamol (e.g.Calpol) or Antihistamine if required.
(A member of staff will always contact the parents first)
- ☐ I agree to members of staff administering medicines/providing treatment to my child as directed below
- ☐ My child will be responsible for the self-administration of medicines as directed below

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant. I will ensure that the medicine held by the school has not exceeded its expiry date.

In the case of a 'course' of medicine such as antibiotics, I understand it is my responsibility to ensure the medicine is collected at the end of each school day

Signed **Date**

Name of medicine	Dose	Time required	Completion date of course	Expiry date of medicine

Other prescribed medicines taken at home				
--	--	--	--	--

NB: Medicines must be in the original container as dispensed by the pharmacy and clearly labelled with the child's name.

Special Instructions & Allergies:

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses which have to be taken several times a day accordingly

APPENDIX A: ADMINISTERING MEDICINES

Safe administration of medicines at school

- Medicines should only be brought to school when essential and for chronic illnesses and where it would be detrimental to the child's health if the medicine were not administered during the school day.
- Only prescribed medicines in the original container labelled with the child's name and dosage will be accepted in school.
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers.
- To ensure it is possible to administer age appropriate paracetamol, a parent must have given prior written consent including the time at which the previous dose was administered.
- Medicines will not be accepted in school that require medical expertise or intimate contact, unless the child has a serious medical condition and then relevant training will be sought.
- All medicines must be brought to the school office by an adult. Medicines must never be brought to school in a child's possession.
- The adult is required to complete a Pupil Medication Request form for the medicine to be administered by school staff. The form can be found in hard copy format in the school office or online in the Letters & Forms section of the school website.
- A new consent form must be completed if a new medicine is to be administered, or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- Administration of medicines at school must be recorded on the appropriate medication record.
- Parents may come to the school office to administer medicines if necessary.
- Some children may self-administer medication with supervision, e.g. insulin, if this has been directed by the parents when filling in the appropriate Medication request form or Individual Healthcare Plan.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed as soon as possible on the same day so alternative options can be considered.

Storage of Medicines

- All medicines should be stored in the original container, be properly labelled with the child's name.
- Medicines that require refrigeration, should be stored in a dedicated locked medicine refrigerator, or the refrigerator is sited in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines should be kept in a locked box in the refrigerator. Refrigerators should be between 2 and 8 degrees Celsius, with temperatures routinely monitored.
- Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids.
- AAIs should be stored in the relevant classroom and another in the school office and all staff made aware of their position. A child's AAI should follow a child around the school site as necessary.
- For severely asthmatic children inhalers can be stored in the child's classroom within the child's reach and labelled with their name and should be taken with the child during physical activities. This will be discussed with parents on an individual needs basis when an Individual Healthcare Plan is completed.
- Medicines should only be kept while the child is in attendance.
- Parents are responsible for collecting medicines once a course has been completed and at the very least at the end of each term.
- It is the responsibility of the parent/carer to ensure any medication kept at school for their child is within date – AAIs, Inhalers, Medication, Creams – and replaced if the date has expired.
- A record of the amount held of controlled drugs should be kept.

Procedures for managing prescription medicines

- School is able to administer one dose of antibiotics a day, where four doses per day are required, with the exception of children who are attending a long session at the After School Club.
- Where antibiotics are needed three times per day, the expectation is that these are given outside normal school hours – before school, after school and before bedtime.

- School is not able to guarantee the administration of medication at an exact time that a parent requests, with the exception of pupils when this is part of a care plan and/or when a time has been stipulated by a GP.
- Antibiotics will be administered during the school lunch break, typically between 12pm and 1pm, with the exception of prescriptions with exact timings from a GP.
- All oral medication should be given in the school office unless a member of the SLT has agreed otherwise.
- Inhalers and creams that have been provided by parents can be given by the class teacher in the class room if the parent has given permission for this.
- Medications such as Calpol and cough medicine will also be administered during the school lunch break, typically between 12pm and 1pm, with the exception of pupils who present with symptoms during the school day that require a dose (following consent from parents).
- All medications should include a syringe or spoon as necessary.

The school recognises that every child is different. Should a parent or carer have a particular request regarding the administration of a medication they should speak with the school Office Manager in the first instance who will refer to a member of the Senior Leadership Team if necessary.

Non-prescribed medicines

- Schools will have written procedures regarding the administration protocol in place for non-prescription medicines kept on site e.g. paracetamol, antihistamine. This will include the name of the medicine, the circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration, monitoring of expiry dates and disposal.
- The parent should consent to the administration of non-prescription medicines in appropriate doses using a pupil medication form which includes written instructions about when the child should take it.
- The administration protocol will include the requirement to check when a child had their last dose of the specific medicine and to ensure the child has not already had the maximum amount in 24 hours; e.g. Paracetamol should not be administered if taken within the last 4 hours and no more than 4 doses in a 24 hour period.
- Staff will ensure the medicine manufacturer's instructions and warnings are followed.
- A member of staff will supervise the child taking the medication and notify parents on the day it was taken/administered. Administration must be recorded.
- Parental consent should be renewed at least annually.
- No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

Procedures for recording the use of medicines

- Office staff will record all medicines for the day in the relevant database and advise teaching staff of the children to be sent to the office for their medication. The teacher should send the children to the office before lunch (unless another time has been agreed). Where the teacher is not in class, it is the responsibility of the class TA to action this.
- Only the member of staff who administered the medicine will record that they have done so in the school's medical records.
- Before administering medicine all staff should ask the child "what is your name", thus checking that the correct medicine is given to the correct child. In all circumstances wherever possible a member of staff should administer medication with a second member of staff present.
- When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or parents.
- Medicine should be administered from the original container or by a monitored dosage system such as a blister pack.
- All early years settings (Nursery and Reception Year aged children) must keep written records of all medicines administered to children and make sure that parents sign either in person or electronically on the day the medicine was administered to acknowledge the administration took place.
- The Trust mandates the immediate recording and investigation of all near misses - including medication errors intercepted before administration - to identify systemic vulnerabilities, implement

corrective actions and proactively safeguard student welfare. Staff must document any such prevented incident using Oshens within 24 hours of the occurrence. These reports will be reviewed by the Headteacher and Central Team to update risk assessments, adjust storage or distribution procedures, and prevent future errors.

The near miss report must capture the following details:

- The Date and Time: Exact moment the event happened.
- The Location: Specific area, like the main office, a classroom or the medical room.
- The Personnel Involved: Names of the staff member administering and the pupil who *almost* received it.
- Medication Details: The name, prescribed dosage, and format of the drug involved.
- Detailed Description: Exactly what happened, how the error was spotted and what prevented it.
- Immediate Corrective Action: The steps taken on the spot to secure the medication and separate the pupils.

Instruction and training for staff

Specific instructions and training are given to staff before they are required to assist with or administer medicines or medical procedures. This includes the identification of tasks that should not be undertaken.

Such safeguards are necessary both for the staff involved and to ensure the well-being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Staff Wellbeing Debriefs

Recognising that managing or witnessing a medical emergency or a critical near miss can be emotionally challenging, the Trust is committed to supporting staff well-being. Following any significant medical incident, the Headteacher or Designated Safeguarding Lead will initiate a formal Staff Well-being Debrief within 48 hours. This session provides an opportunity for involved personnel to process the emotional impact of the event in a supportive, non-judgmental environment. Additionally, staff will be signposted to the school's Employee Assistance Programme (EAP) or occupational health services for ongoing psychological support if required.

A Staff Well-being Debrief will be automatically triggered following any incident that involves:

- Emergency Services Call-Outs: Any event requiring an emergency ambulance response or attendance on school grounds.
- Life-Saving Interventions: The administration of Cardiopulmonary Resuscitation (CPR) or the deployment of an Automated External Defibrillator (AED).
- Emergency Medication Administration: The use of an Adrenaline Auto-Injector (AAI/Epipen), buccal midazolam or an emergency asthma inhaler.
- Severe Physical Trauma: Incidents resulting in significant blood loss, fractures, loss of consciousness or choking.
- High-Impact Near Misses: A prevented error that had the clear potential to result in critical harm or fatality (such as a major medication mix-up caught at the final moment).

Medicines on school trips

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips and include details on the Risk Assessment form. Staff should discuss any concerns about a child's safety with parents.

- The Visit Leader of a trip is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place and ensuring that relevant medicine e.g. asthma inhalers are carried as required. A copy of any relevant Individual Healthcare Plan should be taken on the trip.
- The staff members on the trip will administer any medicines required and record the details on the Pupil Medical Record form.
- The Visit Leader will return the Pupil Medical Record forms to the school office and return any unused medicine to the relevant parents on return to school.