Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Statutory

Reviewed: September 2026

Next Review Date: September 2027

Role Responsible: Exec Head

Contents Page

Aim

This single policy replaces the separate Supporting Children with Medical Conditions Policy and Administration of Medicines Policy. It sets out how the Trust will support pupils with medical conditions, administer medicines safely and respond where a medical issue also raises a safeguarding concern.

1 Purpose and principles

The Trust will ensure that pupils with medical conditions are properly supported so that they can access education, school trips, physical activity and the wider life of the school as fully and safely as possible. Arrangements will be proportionate, centred on the individual child and developed with parents, pupils and relevant health professionals.

- No pupil will be denied admission or prevented from taking part in school life simply because of a medical condition, subject to safe and reasonable arrangements being in place.
- Reasonable adjustments will be made for disabled pupils under the Equality Act 2010.
- Medicines will be managed safely, recorded accurately and kept accessible when needed.
- Medical information will be shared only with those who need it to keep the pupil safe and supported.

2 Legislation and statutory guidance

This policy has been prepared with regard to:

- section 100 of the Children and Families Act 2014, which requires the appropriate authority to make arrangements for supporting pupils with medical conditions;
- the Department for Education statutory guidance Supporting pupils at school with medical conditions (December 2015);
- Keeping Children Safe in Education 2026;
- the Equality Act 2010 and the SEND Code of Practice 0 to 25 years;
- the Human Medicines Regulations 2012, including provisions for schools to hold emergency salbutamol inhalers and adrenaline auto-injectors;
- the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001, as amended; and
- section 19 of the Education Act 1996 and current statutory guidance on arranging education for children who cannot attend school because of health needs.

3 Roles and responsibilities

3.1 Trust Board

The Trust Board has overall responsibility for ensuring that arrangements are in place to support pupils with medical conditions. It will ensure this policy is implemented.

3.2 Executive Headteacher and Heads of School

- ensure staff understand this policy and know what to do in an emergency;
- ensure enough trained and competent staff are available, including contingency cover;
- ensure relevant staff, including temporary and supply staff, receive the information they need;
- oversee individual healthcare plans (IHPs), safe medicine systems and liaison with health professionals; and
- ensure risk assessments cover trips, sport and other activities where required.

3.3 Staff

Supporting pupils with medical conditions is not the responsibility of one person. Any member of staff may be asked to provide support, including administering medicines, but staff will not be required to administer medicine without appropriate information, training and confidence. In an emergency, all staff must act promptly within their training and call for medical help.

3.4 Parents and carers

- provide complete, accurate and up-to-date information about their child's needs;
- provide written consent, medicines and equipment in the original labelled container and within expiry date;
- participate in developing and reviewing the IHP and remain contactable, or nominate another contact; and
- collect unwanted or expired medicines promptly for safe disposal.

3.5 Pupils

Pupils will be involved according to their age, maturity and understanding. Those who are competent will be encouraged to manage their own medicines and procedures where this is safe and agreed in their IHP.

3.6 Health professionals

The school nursing service and other relevant health professionals may notify the school of a condition, advise on IHPs, identify training needs and confirm staff competence for clinical procedures.

4 Notification and individual healthcare plans

When the school is notified that a pupil has a medical condition, it will decide, with the parent and relevant health professional, whether an IHP is required. Arrangements should normally be in place within two weeks of notification, or by the start of the relevant term for a new pupil. A separate health and safety risk assessment may also be required.

An IHP will be used where a condition is long-term, complex, fluctuating, potentially life-threatening, or where coordinated support is needed. It will be reviewed at least annually and sooner if needs change. If there is no agreement about whether a plan is needed or what it should contain, the Head of School will make the final school decision, taking account of medical evidence and the child's best interests.

The level of detail will reflect the child's needs and may include:

- the condition, triggers, signs, symptoms, treatment and emergency action;
- medicines, dose, timing, side effects, storage and access arrangements;
- diet, hydration, toilet access, rest, testing, equipment and environmental adjustments;
- educational, social and emotional support, including management of absence and reintegration;
- the support required, named staff, training, competence and cover arrangements;
- self-management arrangements and written permissions;
- trips, sport, transport and other activities outside the usual timetable; and
- information sharing, confidentiality and contingency arrangements.

Where relevant, the IHP will link to an EHCP, SEND support plan, allergy action plan or other clinical plan. The pupil's voice will be sought wherever appropriate.

5 Administration of medicines

5.1 When medicines may be given

Prescription medicine will be administered only where it would be detrimental to the pupil's health or attendance not to do so and the school has written parental consent.

A pupil under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Ibuprofen will only be given in accordance with a prescription and after relevant contraindications have been checked.

5.2 Medicines accepted by school

Prescribed medicine must be in date, in the original container as dispensed by the pharmacist and labelled with the pupil's name, medicine, dose, route, frequency and storage instructions. Insulin may be supplied in an in-date pen, cartridge or pump. The school will not alter a prescribed dose solely on parental instruction; changes must be supported by an updated pharmacy label or written instruction from the prescriber, except where an agreed IHP sets out another safe process.

5.3 Receiving and checking medicine

A designated member of staff will check the medicine and consent form when it is received, record the quantity where appropriate and resolve any discrepancy before accepting it. Parents should bring and collect medicines unless an agreed arrangement allows otherwise.

5.4 Giving medicine safely

- check the correct pupil, medicine, dose, route and time against the label, consent and IHP;
- check the expiry date, allergies, previous dose and any special instructions;
- support the pupil in a suitable, hygienic and private location, never a toilet;
- record the administration immediately and inform parents in accordance with the agreed arrangements; and
- report and respond promptly to any error, adverse reaction, omitted dose or near miss, seeking medical advice or emergency help as required.

A second trained adult will witness administration where the IHP or risk assessment requires this, including for particularly complex or intimate procedures. It is not necessary for routine administration unless required by the agreed plan.

5.5 Refusal or inability to take medicine

Staff will not force a pupil to take medicine or undergo a procedure. The refusal will be recorded, parents informed the same day and the IHP followed. If refusal creates an immediate risk, staff will follow emergency procedures.

6 Storage, access and disposal

- All medicines will be stored safely, securely and in accordance with the label. They will be kept out of reach of pupils but must remain accessible to the child when needed.
- Emergency medicines and devices, including reliever inhalers, adrenaline auto-injectors and glucose, will be readily available and not locked away in a manner that delays access. They will accompany the pupil on trips, during PE and when away from the usual classroom.
- Medicines requiring refrigeration will be stored in a designated secure container within a refrigerator, separate from food where practicable and within the required temperature range.
- Controlled drugs will be securely stored with access limited to authorised staff, while remaining readily accessible in an emergency. A running record will show quantities received, administered, returned and remaining.
- Parents are responsible for replacing medicines before expiry. The school will check emergency medicines at least termly and retain an audit trail.
- Unused, expired or discontinued medicine will be returned to parents for disposal. Sharps will be placed immediately in an approved sharps container and disposed of through an authorised route.

7 Emergency medicines and procedures

The pupil's IHP or PEEP will define the signs of an emergency and the action required. Staff will call 999 where indicated, give emergency treatment within their training and remain with the pupil. If the pupil is taken to hospital, a member of staff will remain until a parent arrives or will accompany the pupil in the ambulance where necessary. Staff must not take a pupil to hospital in their own vehicle unless this is an exceptional, risk-assessed emergency arrangement and has been authorised by a member of the senior leadership team.

7.1 Emergency salbutamol inhalers and adrenaline auto-injectors

Where the school chooses to hold an emergency salbutamol inhaler or adrenaline auto-injector, it will follow the applicable government guidance. Use will be limited to eligible pupils in accordance with the required parental consent and school protocol. Stock, expiry, use and replenishment will be checked and recorded.

7.2 Other rescue medication

Rescue medication for conditions such as epilepsy, diabetes or adrenal insufficiency will be administered only to the named pupil, in accordance with the prescription, IHP

and staff training. The IHP will state when to call an ambulance and what to do after administration. Clinical procedures such as buccal midazolam, rectal diazepam, glucagon or emergency hydrocortisone require condition-specific training and confirmation of competence.

8 Asthma

Pupils with asthma will have immediate access to their reliever inhaler and spacer. The school will maintain an asthma register and obtain current information from parents, normally through an asthma card or healthcare plan. Reliever inhalers will accompany pupils to PE, swimming, trips and other off-site activities. Staff will know the signs of an asthma attack and follow the pupil's plan and the school emergency inhaler protocol. Parents will be informed if their child has an attack, uses the emergency inhaler or is using their reliever more frequently than usual.

9 Hygiene and infection control

Staff will follow standard precautions, including hand hygiene and the use of protective gloves where contact with blood or bodily fluids is possible. Appropriate equipment and safe disposal arrangements will be available. Staff will not recap needles and will deal with spillages and exposure incidents under the Trust's infection-control procedures.

10 Educational visits, sport and off-site provision

Medical conditions will be considered during planning and risk assessment. Relevant staff and providers will receive the information and training needed; medicines, emergency plans and contact details will travel with the pupil; and reasonable adjustments will be made. Parents will not routinely be required to attend as a condition of participation

11 Training and competence

Training will reflect the individual pupil's needs and be refreshed when required. Health professionals will identify and, where appropriate, provide or validate clinical training. Records will show the content, date, provider and staff assessed as competent. General awareness will be included in induction and updated for all relevant staff, including lunchtime, wraparound, temporary and supply staff.

12 Record keeping and confidentiality

The school will keep clear written or electronic records of consent, receipt, administration, refusal, errors, disposal, checks, training and IHP reviews, including on the Medical Tracker system. Each administration record will include the pupil, medicine, dose, route, date, time and staff signature or secure electronic identity. Parents will be informed when medicine is administered or a pupil is unwell in accordance with the agreed arrangements using Medical Tracker.

Records will be kept securely, shared only where necessary and retained in accordance with the Trust's records retention schedule and UK data protection law.

13 Safeguarding children with medical conditions

Keeping Children Safe in Education 2026 states that an incident relating to the management of a child or young person's medical condition, including allergies, would not in itself warrant a referral to local safeguarding partners. A safeguarding referral is needed where an incident raises concern that the child may be at increased risk of neglect, abuse or exploitation because of their medical condition. This may include relevant medical information not being provided to school, or the child being repeatedly sent without essential medication, putting them at risk.

Children with SEND or certain medical or physical health conditions can face additional safeguarding barriers. Staff must remain professionally curious, avoid attributing possible indicators of abuse solely to the child's condition and report concerns immediately to the designated safeguarding lead. Concerns will be managed under the Trust Safeguarding and Child Protection Policy.

14 Unacceptable practice

Each case will be considered individually. It is unacceptable to:

- prevent pupils from readily accessing medicines or devices when needed;
- assume all pupils with the same condition require the same support, or ignore the pupil's, parent's or clinician's views without proper consideration;
- send a pupil home repeatedly, exclude them from normal activities or penalise condition-related absence where appropriate support or reasonable adjustment should be considered;
- send an unwell pupil to the office or medical room alone or with an unsuitable escort;
- prevent necessary food, drink, toilet, movement or rest breaks;
- require parents to attend school to provide routine medical support, including toileting;
- create unnecessary barriers to trips, sport or other school activities; or
- administer, or ask a pupil to administer, medicine in a school toilet.

15 Pupils unable to attend school because of health needs

The school will work with the pupil, parents, health professionals and local authority to minimise disruption, maintain education and support reintegration. Where it becomes clear that a pupil is likely to be absent for 15 school days or more, whether consecutive or cumulative, the school will discuss provision with the local authority without delay. The local authority's statutory duty under section 19 of the Education Act 1996 applies where suitable education would not otherwise be received.

16 Insurance, complaints and review

The Trust will maintain appropriate insurance or indemnity for staff acting within this policy, their training and agreed procedures. Any limitation applying to a healthcare procedure will be confirmed before support begins. Concerns should first be raised with the Head of School and may then be pursued through the Trust Complaints Policy. Safeguarding concerns must be reported immediately under safeguarding procedures.

The Executive Headteacher will review this policy annually and sooner if legislation, statutory guidance or school arrangements change.

17 Related policies

- Safeguarding and Child Protection Policy
- Keeping Children Safe in Education (KCSIE)
- Health and Safety Policy and Infection Control procedures
- SEND Policy and Accessibility Plan
- Educational Visits Policy
- Attendance Policy
- Complaints Policy
- Data Protection Policy and records retention schedule

Operational records include the parental consent form, medicine administration record, controlled-drug register, staff training record, IHP, EHCP, PEEP and asthma card/register, termly expiry check and incident or near-miss record.