



St Andrew's CE School and Nursery
Developing respect, perseverance and friendship

Supporting Pupils with Medical Conditions and Administering Medication Policy

Date reviewed: March 2025

Next review: March 2027

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE September 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies

SEND Policy, Safeguarding Policy, Educational Visits Policy, First Aid Procedures, Complaints Policy, Equality Information and Objectives.

Rationale

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DfE guidance 'Supporting Pupils at School with Medical Conditions', August 2017

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Where it is the case that a medical condition means a child is classed as disabled, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual health care plan will become part of the EHCP.

Guiding principles

- Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of healthcare plans with the support of the school nursing service.
- School, parents, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met.
- Focus is on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life
- Children make the best progress when they attend school. The school will seek to overcome any barriers to school attendance

Recording and communicating

All administration of medication is recorded on the school MIS. Before administering medication, the log will be checked and updated following any administering of medication. We will communicate with parents to ensure they are informed of the time and date of any administered medication.

Administration Principles

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's/carers written consent.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed. A child under 16 should not be given medicine containing aspirin.
- Schools should only accept medicines if these are in-date, labelled, provided in the original container (for prescribed medicines a pharmacy dispensing label) and include instructions for administration, dosage and storage. The exception to this is insulin or an inhaler, which must still be in date, but will generally be available to schools inside an insulin pen or a labelled pump, rather than in its original container.
- All medicines should be stored safely and securely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

- When no longer required, medicines should be returned to the parent to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Definitions

A prescription medicine, also known as prescription-only-medicines (POM) is a pharmaceutical drug that legally requires a medical prescription to be dispensed and supplied to a patient.

A non-prescription medicines, also known as an over-the-counter (OTC) medicine, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale through retailers such as garages and supermarkets (GSL medications). Medications are classified as OTC (P or GSL), based on their safety profiles and to enable access to those medicines without recourse to a GP.

Non-prescription medication

Where at all possible, these should be administered at home by parents. It is at the discretion of the Headteacher whether the school will agree to administer non-prescription medication. We will only ever agree to administer GSL medication. This would normally be for pain relief such as Calpol or allergy relief such as from hay fever. E.g. Piriton. We will only administer non-prescribed medication at 1.00pm. In exceptional circumstances adaptations to this can be made. We will not administer herbal remedies. We may support children in applying suitably labelled skin creams such as sun tan lotion or eczema creams where it is necessary to do so due to medical conditions.

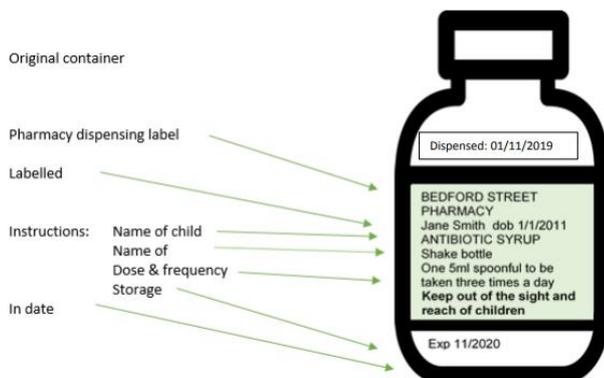
Prescription medication

Prescription medicines (POMs) must not be administered to a child unless they have been prescribed by an 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.

Before administering a prescription medicine, schools should ensure that parents have completed the parenteral/carer consent form and check that the instructions on the medicine are in line with what is being requested on the consent form. All prescribed medicines (with the exception of insulin) must be in the original container as dispensed by the pharmacy.

It must include the:

- Child's name
- Name of the medicine
- Dose and the frequency of administration
- Expiry date and
- Date of dispensing included on the pharmacy label. Expiry dates should be checked before administering or applying medicines.
- If in doubt about any procedure, staff should not accept the medicine or agree to administer the medication.



Training and Staff Awareness

- The school has a number of trained first aiders and paediatric first aiders, a list of which is displayed around school and in the first aid policy. There is a rota of first aiders on duty at each breaktime and also first aiders and paediatric first aiders on duty at lunchtime.
- Relevant staff will be made aware of each child's medical condition and needs.
- Prescribed medication is administered in the school office by Mrs Mathers, Mrs Walker, Mrs Ellison or Mrs Bolton at approximately 12pm.
- Non-prescribed medication is administered in The Orchard by the pastoral team Mrs S Taylor, Mrs Boers and Mrs Bayliss at approximately 1pm
- An IHCP will identify any additional staff who may be involved in administering medication for a child.
- SLT are available and can support and administer medication in the absence of the office staff or pastoral staff.
- Two members of staff will always be present and will double check the correct dosage.
- Staff involved in administering medication regularly update training on this and this is recorded on the school's statutory training log.
- Key staff will be trained in supporting individual pupils with specific medical conditions such as cerebral palsy, diabetes and epilepsy as the need arises. All staff have training in how to deal with children who have severe allergies and need to carry an EpiPen around with them.
- We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure needs are met.
- We will undertake risk assessments for activities off site taking into account individual needs.
- The headteacher and those responsible for the administration of medication have received Medication Awareness (education) training.

Individual Healthcare Plans (IHCP)

St Andrew's is welcoming and supportive of children with medical conditions. Children with medical conditions are provided with the same opportunities and access to activities (both school based and out-of-school) as other children, where possible. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHCP) providing clear guidance on what needs to be done, when and by whom. The school nurse, parent or carer, school and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge about the child (input from healthcare professionals). These should be reviewed annually. Not all pupils with medical conditions need an IHCP. For children with Education Health Care (EHC) plans and the IHCP should be linked to or become part of the EHC plan.

Staff understand the medical conditions of children at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

This School understands that all children with the same medical condition will not have the same needs.

The School recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

Parents are asked if their child has any medical conditions on the enrolment form.

We use an IHCP to record the support some individual children need for their medical condition. The IHCP is developed with the child (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

IHCPs are stored in pupil's digital individual folders. Our SENDCo oversees their planning and implementation. IHCPs are regularly reviewed, at least every year or whenever the child's needs change.

The child (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the children in their care. We make sure that the child's confidentiality is protected.

Staff seek permission from parents before sharing any medical information with any other party. St Andrew's meets with the child (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the child's IHCP which accompanies them on the visit.

Roles and Responsibilities Governing Body

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
- Ensuring that members of staff who administer medication to pupils, or help pupils self-administer, are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that pupils taking medication are properly supported.
- Managing any complaints or concerns regarding this policy, the support provided to pupils, or the administration of medication in line with the school's Complaints Procedures Policy.

The Headteacher

- Ensure implementation of the policy
- Ensure relevant staff are informed about medical conditions and trained appropriately.
- Overall responsibility for developing Individual Health Care plans (IHCP).
- Overall responsibility for liaison with the school nursing service.

Admin Team/Pastoral Team

- Share and collect consent forms from parents.
- Transfer medication to the appropriate storage location all with the signed forms
- Scan consent forms and update the school's MIS
- Administer medication and ensure records are accurate and communicated with parents
- Ensure medication is stored safely and in line with the instructions

Teaching Staff

- Take into account the medical needs of children they teach.
- Support pupils following guidelines from the IHC plan.
- Attend training as required in supporting pupils with medical conditions.
- Newly appointed teachers, supply or agency staff and Teaching Assistants will receive appropriate training in dealing with children with medical conditions in their care.

School Nurse

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts school.
- Provide advice and support for schools about medical conditions.

Pupils

- May be best placed to describe how a condition affects them.
- Should be sensitive to the needs of others.
- Should be involved as much as possible in decisions and plans affecting them.
- Should be encouraged to self-administer medication, with support where appropriate, to develop independence.

Support Staff

- Office Staff and pastoral staff will ensure the safe storage of medicine in school.
- Office Staff will ensure that parents provide the appropriate consent for medication
- Specific staff will be trained and will administer diabetic medication if required.
- Specific staff will be trained and will monitor children with epilepsy administering medication if required.
- Specific staff who are trained will look after children with cerebral palsy.

SEND coordinator

- The SEND Coordinator will ensure Care Plans are in place for all pupils needing one. The SEND Leader will ensure that photographs of children with allergies, plus brief description of allergy is displayed in the staff room and also in the First Aid Room. All staff will be informed of allergies and medical needs of pupils in their class.
- To liaise with staff as necessary on medical support.
- To ensure training takes place as necessary.
- To ensure curriculum and classroom adaptation are in place as necessary to support medical needs.

Parents

- Should provide the school with up-to-date information.
- Should attend clinic appointments as appropriate.
- Should be involved in the development and review of IHCPs.
- Should carry out action they have agreed to implement as part of the IHCP.
- Should keep school informed immediately of any change of emergency contact details.

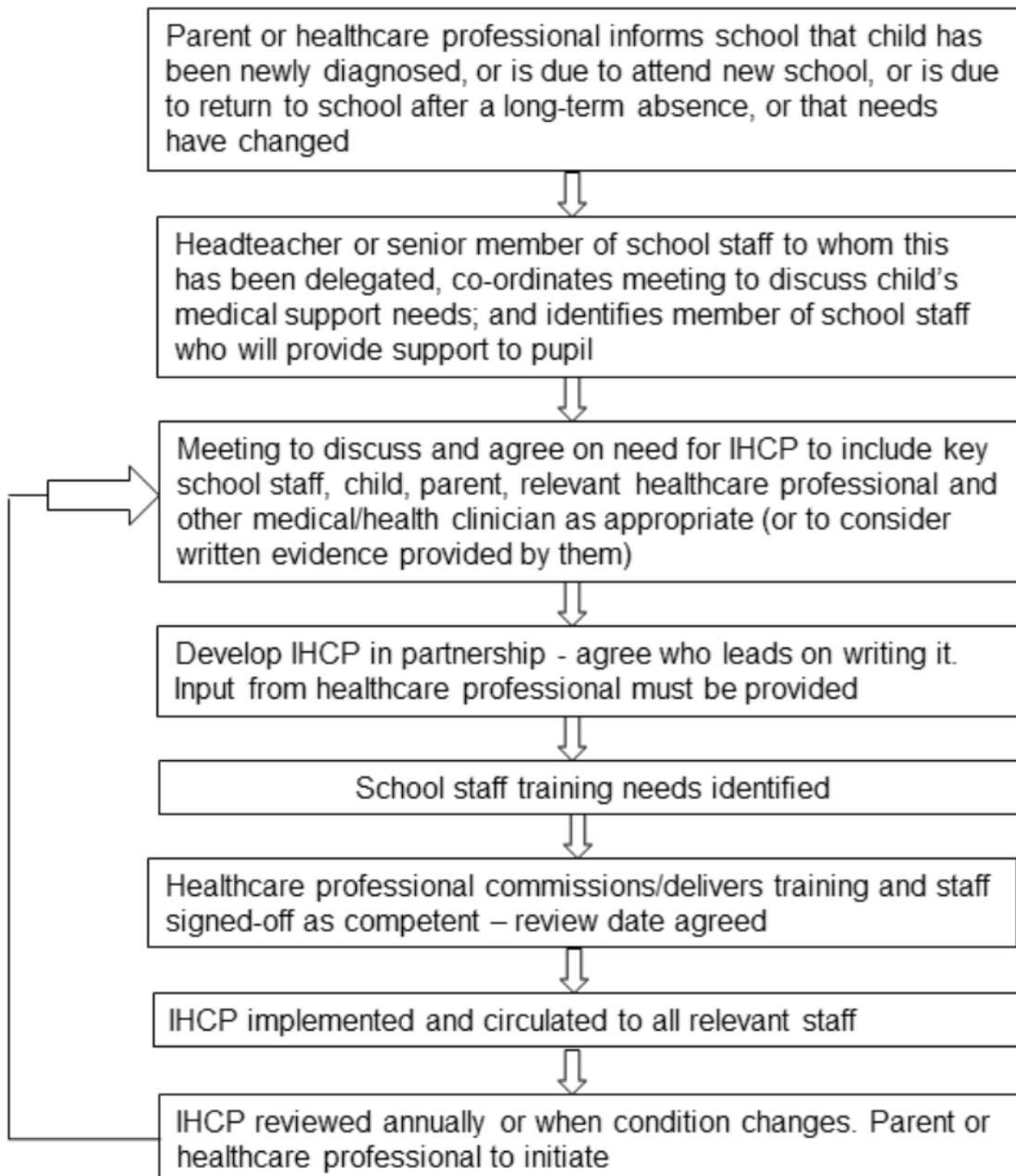
Storage

Non-emergency medications are stored in the school office for prescribed medication or in The Orchard for non-prescribed medication. These will be kept safely out of reach of children or in a locked container. Emergency medication will be kept in close proximity (e.g. epipens). This will be detailed in the individual health care plan.

Medications requiring refrigeration are securely stored in the office or Orchard fridge.

Emergency medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. It is important that the safe location is known to the child and relevant examples may include the classroom, medical room, school office or on the child themselves. This will be dependent on the circumstances and the child's age and maturity. A named individual will take responsibility for these on a school trip. Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person (e.g. in their school bag).

Annex A: Model process for developing individual healthcare plans





Appendix A – Individual Health Care Plan – where ongoing medication is required

1:1 Child/Young Person Details

Child's name:	
Date of birth:	
Year group:	
School:	
Date:	

	Yes/No	Review Due Date
EHCP	No	
CLA	No	

1.2 Family/Carers Contact Information

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1. Essential Information Concerning this Child's Health Needs

Identified or suspected medical condition	Description	Supporting Evidence/Advice Date received
Physical Health Need		
Social and Emotional Health Need		
Allergies		

2. Professionals involved

	Role	Name and contact
School Lead		
LA Lead		
Health Lead		
Social Care Lead		

	Name	Contact Details
Specialist nurse (if applicable):		
Consultant paediatrician (if applicable):		
Health visitor/school nurse:		
GP:	-	
Key worker in education:		
SEND co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		

Head teacher:		
Any provider of alternate provision:		

Other External Agency Involvement

--

2.2 MEDICATION

This child/person has the following medical condition(s) requiring the following treatment:

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored in classroom. Cupboard marked with a green cross, top shelf.

2.3 Social, Emotional Mental Health

<p>Does the child exhibit social, emotional, mental health?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Which areas (tick boxes):</p> <p>Anxiety <input type="checkbox"/> School refuser/ <input type="checkbox"/> poor attendance</p> <p>Separation <input type="checkbox"/> Loss/Bereavement <input type="checkbox"/></p> <p>Gender Identity <input type="checkbox"/> Trauma <input type="checkbox"/></p>
<p>How does this present in school? (outline current behaviours)</p>	<p>To carefully monitor – recent diagnosis which could impact of SEMH.</p>

2. 4 Routine Monitoring (If Applicable)

Some medical conditions will require monitoring to help manage the child/young person’s condition

<p>What monitoring is required?</p>	
<p>When does it need to be done?</p>	
<p>Does it need any equipment?</p>	
<p>How is it done?</p>	
<p>Is there a target? If so what is the target?</p>	

2.5 Emergency Situations

An emergency situation occurs whenever a child/young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

3. Ensuring suitable arrangements are in place

Under s100 Children and Families Act 2014 Governing Boards have a duty to make arrangements for supporting children in school; however, where a child's medical needs prevent them from accessing school for more than 15 days (whether consecutive or not) the Local Authority should be notified to assess whether it has a statutory duty under s19 Education Act to make arrangements on behalf of the school. PLEASE SEE SECTION 7

3.1 Impact on Child's Access to School and Learning

How does the child's medical condition/mental health affect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	
Are there any physical restrictions caused by the medical condition(s)/mental health?	
Is any extra care needed for physical activity?	
How does the school environment affect the child's medical	

condition or mental health?	
Location of school medical room/designated safe space	
Does this child require any emotional support?	
How is this met?	
Is the child/person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require any additional support in lessons? If so what?	
Is there a situation where the child will need to leave the classroom?	
Does this child require brain breaks?	

3.2 Reasonable Adjustments

Please provide summary of reasonable adjustments made where relevant

	Key Information
Arrive at school – or as soon as possible after arrival	
Morning (including Break)	
Lunch	
Afternoon (including Break)	
School finish - or appropriate opportunity before leaving	
After school club (if applicable)	
Other	

3.3 Alternative Provision and off-site arrangements

Does the child require any of the following:

	Purpose of provision	Agreed Provision
Part-time timetable	N/A	
Specialist/home teaching service (including MET)		
Alternative Provision (including PRU, AP Free School, AP Academy, Hospital School)		
Virtual Learning		
Regular/routine medical appointments		
Other (please specify)		

How is the school safeguarding the child's full-entitlement to suitable education? If the school cannot secure full-time and/or suitable arrangements it must notify the LA as outlined in SECTION 7

--

4. Trips and Activities away from School

Are school risk assessments in place to meet the child's needs? Yes No

5. Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	

Has the training been completed? Please sign and date	
---	--

6. Consent

	Yes/No	Comments
Parents have given consent to share with all professionals		
Parents have not given consent to share with all professionals.		

7. Referral to the Local Authority

If the school cannot secure, suitable full-time education you **must** notify the please specifically explain why and with supporting evidence. This must be sent securely cme@worcchildrenfirst.org.uk

Reasons	Evidence	Date Referred



Appendix B – Consent to administer non-prescription medication

St Andrew's CE School and Nursery

- All non-prescription (over the counter) medicines must be in the original container, including the box. It must include the label GSL
- A separate form is required for each medicine.

Child's name	
Child's date of birth	
Class	
Name of medicine	
Dosage	
Administered approximately 1pm	
Reason for medication	
Duration – For what period are you giving consent (up to 2 weeks unless IHC completed)	
Possible side effects which the school need to be aware of.	

- I understand that the school is not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent and/or carer following their written consent.
- I give my permission for the appointed staff member to administer the OTC medicine to my son/daughter during the time he/she is at school.
- I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I confirm that my son/daughter has previously taken the medication and has had no know adverse reactions to the medication.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent or carer name	
Parent's signature	
Date	



Appendix C – Consent to administer prescribed medication

St Andrew's CE School and Nursery

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label. The medication should include the box it came in.
- A separate form is required for each medicine.

Child's name	
Child's date of birth	
Class	
Name of medicine	
Dosage	
Administered approximately 12pm	
Reason for medication	
Duration of the prescription or ongoing linked to IHC	
Possible side effects which the school need to be aware of.	

- I give my permission for the appointed staff member to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery.
- I will inform the school/nursery immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent or carer name	
Parent's signature	
Date	