

20 Author	Owen Walters, Head of Safeguarding	Target group	All employees, consultants and volunteers
Issued	January 2026		
Approved by	Executive Team	Next review	January 2028

Administration of Medicines & Supporting Students with Medical Conditions Policy (includes students with health needs who cannot attend school)

Aims

This policy aims to ensure that:

- Students, staff and parents/carers understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

Anthem Schools Trust is committed to ensuring that all students with medical conditions, both physical and mental health, can access and enjoy the same opportunities at the school as any other student and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

The Directors of Education (Primaries) and the Director of Secondary Standards will monitor that the school implements and maintains an effective management system for the administration of medicines to all students in our care in order to ensure that the school provides support to individual students with medical needs.

Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on schools to make arrangements for supporting students at their school with medical conditions.

It is also based on the DfE (2015) statutory guidance on [supporting pupils with medical conditions at school](#) and the DfE (2013) [Ensuring a good education for children who cannot attend school because of health needs](#).

This policy also reflects the requirements of the [Education Act 1996](#) and the Equality Act 2010.

Personnel

Medicines Lead

The person responsible for leading on supporting students with managing medicines in school is called:

Title: Medicines Lead

Name: Grace Malam

Location: Main Reception

Responsibilities

Anthem

The Anthem Trustees, Executive and National team are responsible for:

- fulfilling the statutory duty to support students with medical conditions
- ensuring that policies, plans, procedures and systems in place are properly and effectively implemented. (The monitoring role is the responsibility of the Directors of Education and Director of Secondary Standards)
- ensuring that the school is covered by the Department for Education's Risk Protection Arrangement (RPA) or the equivalent level of insurance.

Headteacher

The Headteacher will:

- make sure all staff are aware of this policy and understand their role in its implementation
- clearly identify the roles and responsibilities for those involved in supporting students with medical conditions
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- ensure that information regarding an individual student's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis
- take overall responsibility for the development of IHPs
- ensure the school maintains accurate records of medicines administered
- contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- ensure that risk assessments consider the additional risks posed to individual students as a result of their medical conditions
- ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date.

Medicines Lead

The Medicines Lead is responsible for:

- training frontline admin/office staff to understand the systems and processes in school for receiving medicines, completing forms or signposting parents/carers as appropriate. (Appendix 2 provides an overview for this)
- ensuring that IHPs are completed for relevant students and that they are updated at least annually or earlier if evidence is presented that the student's needs have changed
- monitoring that medication is being administered according to any agreements recorded

- monitoring that records of medication administered are being completed in line with policy
- ensuring that students' additional medical needs are being met to the highest standards both on the premises and off (whilst on educational visits and activities)
- ensuring staff are familiar with this policy and all the appendices including the consent forms and plans
- ensuring that the school has two emergency asthma inhalers and two emergency auto-adrenaline injectors which are in date at all times and that they are stored in line with school procedures
- ensuring that all staff, including supply and agency staff, and volunteers working with their class know which students might require emergency medication (i.e. inhalers or auto-immune injectors) and where this can be found
- ensuring that a student who has had a prolonged absence from school due to a long-term health need is receiving the additional support required to help them readjust and access learning
- risk-assessing the procedures for administering medicines in the school.

The Medicines Lead works closely with the First Aid Lead to ensure consistent practice across medication administration, first aid response, Bromcom recording, and parent communication. Where safeguarding is linked, the Medicines Lead will ensure concerns are escalated to the DSL/DDSL and recorded on CPOMS in line with Trust expectations.

Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

All staff, including supply and agency staff, and volunteers should be aware of the need for confidentiality and ensure that any concerns are shared with the person responsible for supporting students with medical conditions.

Parents/Carers

Parents/carers will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's IHP and may be involved in its drafting
- carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support

needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Individual Healthcare Plans (IHPs)

The school will focus on the needs of each individual student and how their medical condition impacts on their school life, including how the medical condition impacts on a student's ability to learn and will take steps to help increase students' confidence and ability to self-care.

Where a student has long-term or complex medical condition or health needs, the school will, where appropriate, produce an IHP for that student, in accordance with Appendix 1. A template IHP is set out in Appendix 3.

Plans will be developed with the student's best interests in mind and will set out:

- what needs to be done
- when
- by whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision. The IHP will be prepared following consultation with the parents/carers, the student (where appropriate) and school nurse and/or any other relevant healthcare professional. Where there are healthcare professionals leading on the long-term treatment for the student, they should be responsible for writing the IHP as they hold the relevant expertise, i.e. where a student has an asthma care nurse, or the GP has prescribed emergency medicine for severe allergies. The school holds no such expertise.

Where appropriate, the IHP should be linked with a student's statement of Special Educational Needs or Disability (SEND) and/or Education, Health and Care Plan (EHCP). Where a student has special educational need, but does not have a statement or EHCP, their special educational need should be mentioned in their IHP.

The IHP will be presented to the parents/carers for approval prior to its implementation to ensure the school holds accurate information about the medical condition of any student with long-term needs.

Once the IHP is approved the Medicine Lead will be responsible for its maintenance and implementation, overseen by the Headteacher.

The IHP will be reviewed at least annually or more frequently where a student's needs change.

Asthma Care Plans

Where a student is suffering from asthma and has been prescribed an inhaler, there will be a meeting between the Medicine Lead and the parents/carers to complete an Asthma Care Plan (as opposed to an IHP). Asthma Plans are completed annually as it is recognised that this condition and the relevant medication can change over time. The information collected (See Appendix 5) includes identifying potential triggers, treatment, emergency contacts and what to do in an emergency.

This documentation will be held on the school management system as well as in the First Aid Room and in a named wallet alongside the student's inhaler in the classroom.

Where the student self-administers the inhaler, there is no requirement for the school to record the dose – although they might choose to do so. Where the dose is administered, this will be recorded by the trained member of staff assisting.

The school keeps an Asthma register which is kept updated regularly. It is posted in the [Staff Room](#) to assist identification of students who may require emergency support (see Appendix 8).

The school also displays, alongside the above, a flowchart for helping students who need emergency support for their asthma (see Appendix 9).

Where the school chooses to hold emergency use inhalers, please refer to our Asthma Policy. This outlines how to store and use them.

Emergency response – asthma

If a student experiences a severe asthma attack that does not respond to their reliever inhaler, staff must call 999 without delay. When contacting emergency services, staff must explicitly state that the student is having an asthma attack and follow the call handler's instructions until emergency services arrive.

See also [DoH Guidance on the use of emergency Salbutamol inhalers in school \(March 2015\)](#)

Severe Allergy Plans

Students who suffer from severe allergies and have been prescribed an auto-adrenaline injector (AAI) require a Severe Allergy Plan. This needs to be completed by a healthcare professional and then shared with the school.

All school staff involved in supporting this student are trained by the healthcare professional in the correct use of the AAI and the procedures required to deal with an emergency situation.

A register of these students and their photos are displayed in the [Staff Room](#) along with their Severe Allergy Plan (under data protection criteria) and the procedures for recognising and managing anaphylaxis. (Appendix 12)

AAIs will not be administered to anyone unless they have been prescribed this medication and have written permission from their parents/carers for its use (for anyone under the age of 16).

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device or a spare one. When calling emergency services, staff must state that the student is experiencing anaphylaxis, confirm whether an adrenaline auto-injector has been administered (including the time given), and follow the call handler's instructions until emergency services arrive.

In the event of a possible severe reaction in a student who does not meet these criteria, emergency services (999) should be contacted, and advice sought from them as to whether administration of the spare AAI is appropriate (see Appendix 10).

In the case where emergency services are required, those dealing with the incident should clearly pass this message onto office staff, who will call for the ambulance straight away, and then inform leadership. The ambulance should be called *before* parents/carers are contacted. A designated first aider should remain with the student until the ambulance arrives.

In the case that a student needs to be assessed at a hospital then parents/carers should be contacted immediately. If the student's contacts cannot be reached, then a member of the

leadership team and a first aider should transport the student to hospital. Office staff should continue to attempt to contact family members.

The incident needs to be recorded according to the Health and Safety Policy and the Incident Matrix needs to be followed.

Our school holds emergency use auto adrenaline injectors (AAIs) for use when the student's own AAI fails or is not available. We use these only on students who have a diagnosis of severe allergic reactions/anaphylaxis and where we have parental consent to use these. These are sourced from our local pharmacy via a letter from the Headteacher on the school letterhead.

These emergency AAIs are held in the [Main Office and Head Teachers Office](#), known to all staff. See Appendix 13 for the AAI kit contents.

See [DoH Guidance on the use of auto-injectors in school \(September 2017\)](#).

Information about students with medical needs

Any information (IHPs/Asthma Plans/Severe Allergy Plans etc.) about any of our students who require additional support for health and wellbeing is stored on the school's secure management system and updated regularly (as condition or medicines change) as well as annually. Any information is dated in order to ensure that current details are followed.

Photo boards of students with medical conditions may be displayed in the [Staff Room](#) for easy identification of emergency needs.

All IHPs and plans are stored near to the medication required in order that the doses given are recorded immediately the medication is given.

All such documentation is stored with good data protection practice in mind.

Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- fulfil the requirements in the IHPs
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Insurance

We will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the school. Anthem maintains records of the RPAs for the school. This can be checked with the Head of Compliance.

All staff who are required to administer medicines or to provide support to students with medical conditions are covered by the school's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents/carers' written consent for students under 16

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers. The only exceptions to this are limited and exceptional circumstances, including where:

- A medicine is prescribed or required urgently following medical assessment (for example after treatment by emergency services, a hospital, or a healthcare professional during the school day);
- A student is subject to safeguarding arrangements or professional advice which means parents/carers cannot be informed immediately; or
- Another person or organisation with parental responsibility (for example a local authority for a Looked After Child) has provided consent, and written confirmation from parents/carers is pending.

In all such cases, the school will act in the best interests of the student, using professional judgement to protect their health and safety. Parents/carers will be informed as soon as reasonably practicable, and all actions will be appropriately recorded and reviewed to ensure suitable consent and arrangements are in place for any ongoing administration of medicines.

Consent and emergencies

In a medical emergency, staff will act in the student's best interests, summon emergency services as appropriate, and then contact parents/carers. Where consent for treatment is withheld or unclear, staff will follow the approach set out in the First Aid Policy, including considering alternative arrangements (for example, contacting a medical professional) where this is necessary and proportionate.

Parents/Carers will be asked to sign Appendix 4 to confirm their agreement to staff administering such medication and to confirm that the student has not suffered an adverse reaction to the medication in the past.

Where school staff administer medicines in accordance with a medical plan or written agreement with parents/carers, in order to avoid any errors, the name and the dose will be checked by another member of staff and the record of the dose countersigned by them. The school will keep a record of all medicines administered.

Any medication error, near miss, or adverse reaction must be recorded on Bromcom and reported immediately to the Medicines Lead and Headteacher. Parents/carers must be informed as soon as possible, and emergency services contacted where clinically indicated. Where the circumstances suggest a safeguarding concern (for example, repeated errors, patterns of presentation, or suspected neglect), this must also be recorded on CPOMS and shared with the DSL/DDSL.

If staff are in any doubt over the procedure, including where a student might be sick after taking medication, to be followed, the parents/carers will be contacted before action is taken.

The school will not force a student to take their medicine. If the student refuses their medication, staff will record this and report to parents/carers as soon as possible.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed if their child has received medicine or been unwell at school.

The school will only accept medicines that are:

- in-date
- labelled
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely with individual product instructions. Where such medicines need refrigeration, the refrigerator should:

- have an uninterrupted power supply
- be in a safe and secure location
- if possible, be in the same location as non-refrigerated medicines

Medicines will never be stored alongside food.

Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

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

Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parent/carers and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

Unacceptable practice

Staff should use their discretion and training with regard to each individual student's medical needs, by reference to their IHP and/or EHCP, as appropriate.

However, staff should be aware that the following practices are generally unacceptable:

- Preventing students from accessing medication and relevant devices (such as inhalers), where this is reasonably required.
- Preventing the administration of agreed medication.
- Assuming all students with the same conditions require the same treatment.
- Ignoring the views of the student or their parents/carers; or ignore medical evidence or opinion (although this may be challenged).
- Frequently sending students with medical conditions home or preventing them from taking part in normal school activities unless this is provided for in their IHP/EHCP or by their medical advisors.
- Sending unwell students unaccompanied to the school office or medical room or with someone unsuitable.
- Penalising students for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments).
- Routinely requesting medical evidence to “prove” illness-related absence or allowing a lack of medical evidence to prevent appropriate support or reasonable adjustments being put in place.
- Preventing students from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively.
- Requiring parents/carers, or otherwise making them feel obliged, to attend the school to administer medication or provide medical support to their child during the school day.
- Preventing students from participating in or creating unnecessary barriers to students participating in all aspects of school life, including school trips (e.g. by requiring parents/carers to accompany the student.)

Record keeping (Bromcom & CPOMS)

The school will keep a clear, contemporaneous record of all medicines administered (including refused doses, errors, and adverse reactions).

Bromcom: All medicine administration (prescribed and non-prescribed), including administration undertaken as part of an Individual Healthcare Plan (IHP), must be recorded on **Bromcom** on the same day (or as soon as reasonably practicable). Records must include: the medicine name and dose, time given, reason, method of administration, any checks/countersignature required by this policy, and the outcome.

Parent/carer notification: Parents/carers will be informed whenever medicine is administered, refused, or where a student is unwell in school. Where the school's Bromcom configuration enables it, notifications should be sent via **MCAS/email** in line with the First Aid Policy approach, with additional direct contact where clinically necessary.

CPOMS (where safeguarding is linked): If the presentation, pattern, or circumstances are linked to a safeguarding concern (including suspected neglect, fabricated/induced illness, self-harm, unsafe medication storage at home, or unexplained/inconsistent injuries), staff must also record the concern on **CPOMS** in line with the Child Protection and Safeguarding Policy.

Records will be retained in accordance with the Trust's **Retaining Records Policy**.

IHPs are stored on Bromcom under each student's profile.

Systems used for records

- **Bromcom** is used for recording medical/first aid/medicine administration events and parent notifications.
- **CPOMS** is used for safeguarding, wellbeing, and pastoral concerns (including where medical issues indicate potential safeguarding risk).

Emergency procedures

In the event of an emergency related to the administration of medicine, the Medicines Lead should be called as soon as possible, if not already present. If they do not consider that they are able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not, however, affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the school site.

All action taken should reflect the details outlined and agreed in the student's IHP if one is in place. A checklist for contacting the emergency services can be found in Appendix 10.

Medical presentations and incidents linked to safeguarding

The school recognises that medical presentations may sometimes indicate a safeguarding concern. Staff must be professionally curious and consider whether a student's presentation, frequency of visits, pattern of symptoms, or parental behaviour may reflect unmet needs or harm.

Immediate actions:

- Where there is **immediate risk** to life or serious harm, dial **999** first.
- Inform the **Medicines Lead / First Aid Lead** and **DSL/DDSL** without delay.

Recording:

- Record medicine administration and first aid details on **Bromcom** (same day where possible).

- Where safeguarding is linked, record the concern on **CPOMS** no later than the end of the same working day (and immediately for urgent concerns).

Examples (non-exhaustive) of safeguarding-linked scenarios:

- Repeated or escalating presentations with no clear explanation, or inconsistent accounts from home.
- Concerns about medication being withheld, misused, shared, or unsafe storage at home.
- Signs of neglect (e.g., persistent untreated conditions, failure to provide essential medication).
- Concerns about **self-harm / overdose**, or disclosure of suicidal thoughts.
- Concerns about **fabricated or induced illness**.

SSI process: Where the incident meets the Trust definition of a **Significant Safeguarding Incident (SSI)**, the safeguarding team must record it using the SSI category on CPOMS in line with Trust expectations.

Off-site visits and sporting events

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities, unless evidence from a clinician such as a GP states that this is not possible.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

Please also see [Health and Safety Executive \(HSE\) guidance on school trips](#).

We will only give non-prescription medicine to a student on a trip if:

- we have received prior written consent from the student's parents/carers
- it is in line with this school policy
- staff have checked, and received parental confirmation, that the student has previously used the medicine without any negative effect

If staff provide a non-prescribed medicine to students, they should:

- make a record for each student explaining what medicine has been administered and when
- inform the student's parents/carers

Students with health needs who cannot attend school

The school aims to ensure that all students, regardless of circumstance or setting receive a good education to enable them to shape their own futures.

Where students are unable to attend school because of their health, the school will follow DfE guidance and work with the Local Authority (LA) who have the responsibility to arrange suitable full-time education (or part-time when appropriate for the child's needs) for students who are unable to attend a mainstream school because of their health.

Local Authority duties

The LA must arrange suitable full-time education (or as much education as the student's health condition allows) for students of compulsory school age who, because of illness, would otherwise not receive suitable education.

The Local Authority should:

- Provide such education as soon as it is clear that the student will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the student.
- Ensure that the education students receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual students in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to students with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a student receives may also breach statutory requirements.
- Set up a personal education plan, which should ensure that the school, the LA, hospital school or other provider can work together.
- Ensure effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) in delivering effective education for students with additional health needs.
- Have a named officer responsible for the education of students with additional health needs and ensure parents/carers know who this is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards students with additional health needs.
- Review the provision offered regularly to ensure that it continues to be appropriate for the student and that it is providing suitable education.
- Give clear policies on the provision of education for students and young people under and over compulsory school age.

Local authorities should not:

- Have processes or policies in place which prevent a student from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a student because of how much it will cost (meeting the student's needs and providing a good education must be the determining factors).
- Have policies based upon the percentage of time a student is able to attend school rather than whether the student is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for students or inflexible policies which result in students going without suitable full-time education (or as much education as their health condition allows them to participate in).

The school duties

The school will provide support to students who are absent because of illness for a period of less than 15 school days by liaising with the student's parents/carers to arrange schoolwork remotely as soon as the student is able to cope with it or part-time education at the school.

The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the student, their family and relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the school will notify the LA, who will take responsibility for the student and their education. The school will continue to support the student in liaison with the LA as part of their overall plan. Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the student's absence.

In cases where the LA makes arrangements, the school will:

- work constructively with the LA, providers, relevant agencies and parents/carers and other professionals to ensure the best outcomes for the student;
- appoint a Lead contact to maintain regular communication with the student, the LA and the parents/carers;
- share information with the LA and relevant health services as required;
- help make sure that the provision offered to the student is as effective as possible and that the student can be reintegrated back into school successfully;
- contribute to an individually tailored reintegration plan.

See [*Ensuring a good education for children who cannot attend school because of health needs, January 2013*](#)

Complaints

If parents/carers or students are dissatisfied with the medical support provided at the school, they should raise these concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Concerns and Complaints Policy.

Safeguarding

Where there are any concerns about a student's wellbeing, including frequent use of medication, staff will speak with the Designated Safeguarding Lead or their Deputy about such concerns. (Refer to the Child Protection and Safeguarding Policy).

Staff medicines

Where staff are taking medication for their own medical conditions, these will be stored securely, locked away, and out of reach of students. We are aware of the serious implications of students accessing medicines not prescribed for them. **The arrangements for this school are that staff will keep all personal medication in the staff room (not accessible to students) and will only bring such medication that is necessary for the working day.**

If staff are taking medication which may affect their ability to care for students, they must seek medical attention and speak with their line manager.

Link to other policies and guidance documents

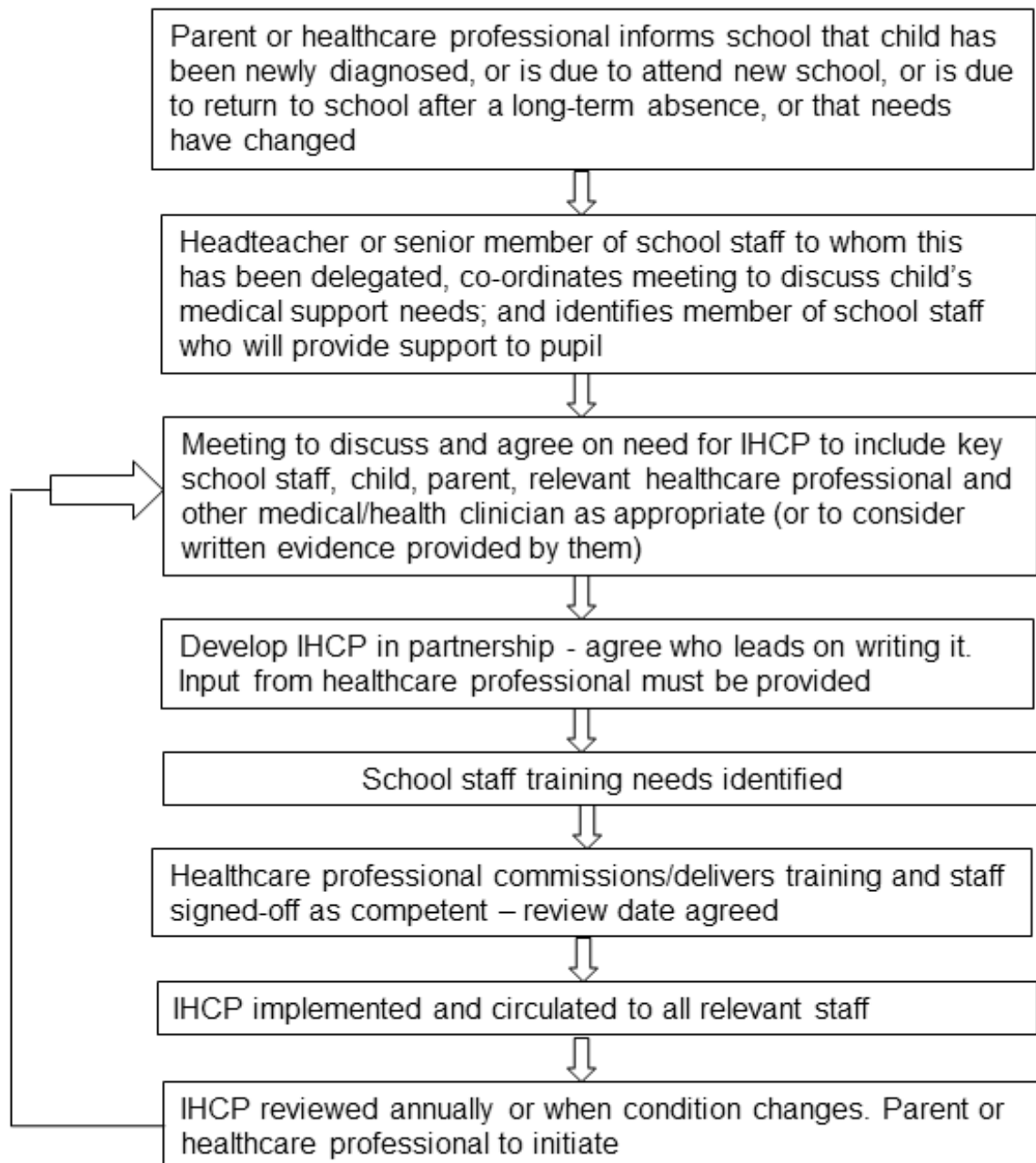
- Health & Safety Policy

- Attendance Policy
- SEND Policy
- First Aid Policy
- Asthma Policy
- Education Visits Policy
- [Supporting pupils at school with medical conditions \(December 2015\)](#)
- [Supporting pupils with medical conditions: links to other useful resources \(August 2017\)](#)
- [Ensuring a good education for children who cannot attend school because of health needs \(Dec 2023\)](#)
- [Additional resources include Health Conditions in Schools Alliance](#)
- Child Protection and Safeguarding Policy
- Anthem Safeguarding Handbook
- Anthem Attendance Ambitions
-

Review

This policy will be reviewed by the Trust every two years and its procedures will be reviewed and updated by the Headteacher on an annual basis.

Appendix 1: Model process for developing Individual Health Care Plans



Appendix 2: Checklist when receiving medicines

1	Has it been prescribed by a doctor, dentist, nurse or pharmacist?
2	Is it in the original packaging? ** If prescribed - Does it have the Pharmacist's name, address, telephone number and logo? If no logo, phone the pharmacy – do not administer.)
3	If prescribed - Does it have the student's name and date of birth stated clearly on the packaging (and contents – if a bottle)?
4	Does the content match the container in name and dose size? (i.e. 200mg Paracetamol not 500mg).
5	Is it in date?
6	Where does it need to be stored?
7	Who brought the medicine in to school?
8	Who will be collecting the medicine at the end of the day? (Not the student)
9	Has an administering medicines consent form or an IHCP been completed?

** Note if Insulin, this may not be in the original container but might be in the form of pen or pump.

	Long-term medicines	Short-term medicines	Asthma Plan	Allergies
Type of permission/ medical record to complete	Appendix 3 IHCP	Appendix 4 Agreement for school to administer medicines/record	Appendix 5 Asthma Care Plan	1. Specific allergy treatment plan 2. Generic allergy plan i.e. not severe
Who completes it	SENCO – if linked to SEN Health Care Professional involved Another designated member of SLT	Parent/Carer	Parent/Carer with class teacher	1. Health Care professionals (who train relevant school staff to administer required medicine) 2. Parents with school Appendix 4 or IHCP depending on need
Types of illnesses/ medication	Epilepsy Diabetes Cystic Fibrosis Chronic Fatigue Arthritis Coeliac Disease	Pain Fever Antibiotics	Asthma – use of inhalers	Allergies to food, animals etc.

Appendix 3: Individual Healthcare Plan (IHCP)

Place on school letterhead or insert school name and logo

Student's name	
Photo* <i>*If parent/carer give consent</i>	
Class/Form	
Date of birth	
Age	
Medical diagnosis or condition	
Date of plan	
Date of plan review	

Family contact information: FIRST contact	
Full name	
Relationship to student	
Phone number (work)	
Home	
Mobile	
Address, if different to student	

Family contact information: SECOND contact	
Full name	
Relationship to student	

Phone number (work)	
Home	
Mobile	
Address, if different to student	

Clinic/Hospital Contact/Pharmacy	
Name	
Role	
Contact number	

GP	
Name	
Surgery/Practice	
Contact number	

School	
Who is responsible for providing support in school?	
What are the expectations of the role? (Even if the student is self-administering)	
Who will cover this role if they are absent?	

Medical needs	
What are the medical needs?	
What are the symptoms experienced by the student?	

What are the signs that can be seen that are an indication of the student being unwell?	
What can trigger an incident?	
Is treatment required? If so, what treatments are needed?	
What equipment/device is required?	
Where is this stored?	
Where will treatment be administered?	

Medication	
Name of medication	
Dose	
Time the dose is to be taken	
Method of administration (including 'with water' etc.)	
Side effects	
Contraindications (any circumstances in which the medicine should not be given)	
What other medication are they on?	
Who is administering the medicine? (Including who is supervising self-administering)	
Have they been appropriately trained? (Give date)	

Which other staff have been appropriately trained to administer medicine (in case of absence or on school visits)?	When?
Name	Date
Name	Date
Name	Date

<p>Daily Care requirements (including intimate care/need for food with medicines/need for bloods testing etc.):</p>
<p>Potential risks to staff (including manual handling/blood borne virus etc.):</p>
<p>Specific support for the student’s educational, social and emotional needs:</p>
<p>Arrangements for school visits/trips (including overnight/residential):</p>
<p>Other information: (Requirements for emergency evacuation/fire drill etc. Is a PEEP and/or an EHCP in place?)</p>
<p>Describe what constitutes an emergency, and the action to take if this occurs.</p>

Who is responsible in a medical emergency?	
On site	
Off site	

Who needs to be aware of this plan, the student's condition and the support required? <i>Check appropriate box</i>			
Role	Name	Yes	No
Office/Admin staff		<input type="checkbox"/>	<input type="checkbox"/>
Class teacher		<input type="checkbox"/>	<input type="checkbox"/>
Classroom support		<input type="checkbox"/>	<input type="checkbox"/>
Dinner time support		<input type="checkbox"/>	<input type="checkbox"/>
After school club support		<input type="checkbox"/>	<input type="checkbox"/>
Headteacher		<input type="checkbox"/>	<input type="checkbox"/>
Site manager		<input type="checkbox"/>	<input type="checkbox"/>
Whole teaching staff		<input type="checkbox"/>	<input type="checkbox"/>
Whole school staff		<input type="checkbox"/>	<input type="checkbox"/>
External providers <i>sports coaches/swimming instructors/peripatetic teachers etc.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Supply/cover/PPA cover teachers		<input type="checkbox"/>	<input type="checkbox"/>
EYFS unit staff		<input type="checkbox"/>	<input type="checkbox"/>

Plan developed with <i>tick and name where applicable</i>	
<input type="checkbox"/> Parent/Carer	
<input type="checkbox"/> Student	
<input type="checkbox"/> School representative	
<input type="checkbox"/> School nurse/health representative	

Parental agreement for school to administer medicine (Including self-administration):

I understand that I must deliver the medicine personally to

(Agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering/my child self-administering_(select as appropriate) medicine in accordance with the school policy and this plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I agree to the school sharing information appropriately to relevant members of staff (on a need to know and confidentiality basis in line with the school policy).

In the case of diagnosed, severe allergic reactions where the student has already been prescribed an auto adrenaline injector: I give consent for my child to use the school's emergency auto adrenaline pen in a case of emergency.

Name:

Signed: (parent/carer)

Date:

Appendix 4: Agreement for school to administer medicines (& record)

Name of student	
Date of birth	
Group/Class/Form	

Name and strength of medicine	
Date medicine provided by parent/carer	
Quantity received	
Expiry date	
Dose & time to be taken	
Frequency & duration of administration	
Quantity returned	

I agree to school contacting emergency services should my child require it.

Parent/Carer name:

Parent/Carer signature:

Staff name:

Staff signature:

Continued over page

Previous dose (time)	Date	Time	Dose	Staff member <i>Print name</i>	Signature	Counter signatory <i>Print name</i>	Signature

Any adverse reactions noted: *Give date and time noted. Report to parent.*

Appendix 5: My Asthma Care Plan

Name of student	
Class/form	
Date of birth/age	
Type of medicine (& expiry date)	
Date of plan review	(Annually)

Emergency contact numbers: FIRST contact	
Full name	
Relationship to student	
Phone number (work)	
Home	
Mobile	
Address, if different to student	

Emergency contact numbers: SECOND contact	
Full name	
Relationship to student	
Phone number (work)	
Home	
Mobile	
Address, if different to student	

GP/health practitioner	
Name	
Surgery/Practice	
Contact number	

Inhaler use		
Does your child tell you when he/she needs their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need help administering their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need to take their inhaler before exercise or play?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What signs does your child display when they need their inhaler? <i>Select or add</i>		
Shortness of breath		<input type="checkbox"/>
Sudden tightness in chest		<input type="checkbox"/>
Wheeze or cough		<input type="checkbox"/>
Other (please state):		<input type="checkbox"/>
What are your child's triggers (things that can make their asthma worse)? <i>Select or add</i>		
Pollen		<input type="checkbox"/>
Exercise		<input type="checkbox"/>
Cold/flu		<input type="checkbox"/>
Stress		<input type="checkbox"/>
Weather		<input type="checkbox"/>
Air pollution		<input type="checkbox"/>
Other (please state):		<input type="checkbox"/>

Is your child on any other asthma medication while in school's care? <i>Give details below</i>			
Medication	Dose	Frequency	Side effects

If the above signs occur, please help/allow (delete as appropriate) my child to take the medicine stated above. After treatment and as soon as they feel better, they can return to normal activity.

I confirm that my child has an inhaler and spacer in school, and I will ensure that it is in date.

I consent to my child using the school's emergency reliever inhaler and spacer should it be necessary.

I understand that in an emergency, the school will first contact emergency services and then me.

Signed:(parent/carer)

Date:

Appendix 5b: Record of medication for child with Asthma Plan (where staff help with administering)

Name of student	
Date of birth	
Group/Class/Form	

Date	Time given	Dose given	Staff member <i>Print name</i>	Signature	Counter signatory <i>Print name</i>	Signature

Appendix 6: Staff training record: administration of medicines

Name of School	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training has been updated for [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix 8: Model asthma/severe allergic reaction register

(Keep separate registers for the above medical needs for ease of identification of student/student)

Asthma register for [academic year]

Photo (where possible)	Name:	Asthma plan in place (include date for renewal) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Class:	Parental consent for the use of the emergency inhaler received Yes <input type="checkbox"/> No <input type="checkbox"/>

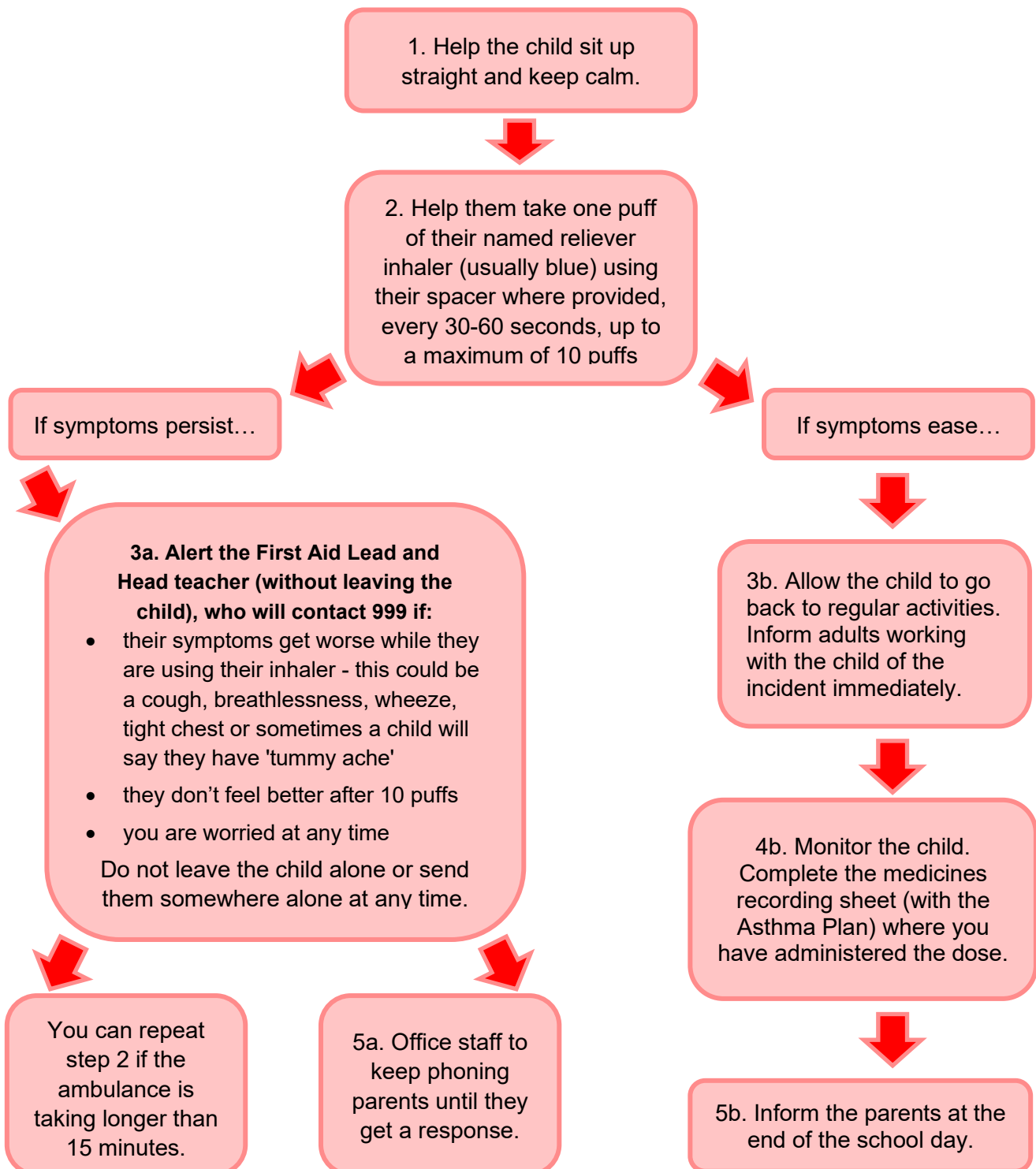
Photo (where possible)	Name:	Asthma plan in place (include date for renewal) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Class:	Parental consent for the use of the emergency inhaler received Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo (where possible)	Name:	Asthma plan in place (include date for renewal) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Class:	Parental consent for the use of the emergency inhaler received Yes <input type="checkbox"/> No <input type="checkbox"/>

Appendix 9: What to do if a student is having an asthma attack

Inhalers are kept in the child's classroom, in a named wallet with the child's Asthma Plan. If the inhaler doesn't work or is empty, then check the plan to see if the child has consent to use the school's emergency inhaler. (This is kept in the First Aid room in a box labelled **EMERGENCY INHALERS**.)

Where consent has been withheld but there is a need to use the emergency inhaler, seek help from the First Aid Lead and Headteacher.



Appendix 10: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked:

- Your telephone number
- Your name
- Your location as follows [Lincoln Carlton Academy, Carlton Boulevard, Lincoln, LN2 4AG](#)
- State what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the student
- Provide the name of the student, age and a brief description of their symptoms
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone.

Ensure that, where the student has an IHCP relating to any medical condition (whether related or otherwise to this emergency), is made available to the emergency services upon arrival.

Ensure that, where the student is on any medication, this information is made available to the emergency services on arrival.

Practical points

- Ensure someone is stationed at the entrance to direct the ambulance crew to the student.
- Assign someone to contact, and keep contacting, the parent/carer.
- Assign a senior person/first aider to stay with the child at all times.
- Give the paramedics:
 - a clear concise account of the incident
 - any medication given
 - the time the medication was given
 - the container the medication was in
 - knowledge of any other medications the student may be on.

Appendix 11: Template letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer,

Developing an Individual Health Care Plan for [name of student]

Thank you for informing us of [name]'s medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an Individual Health Care Plan to be prepared, setting out what support the student needs and how this will be provided. Individual Health Care Plans are developed in partnership between the school, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although Individual Health Care Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Health Care Plan has been scheduled for [date]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Health Care Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully,

Name

Position

School

Appendix 12: Recognition and management of an allergic reaction/ anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Abdominal pain or vomiting
- Itchy/tingling mouth
- Sudden change in behaviour
- Hives or itchy skin rash

Action

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s) - **always bring AAI to the child not the other way around**
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/carer/emergency contact

Watch for signs of anaphylaxis (below) – life threatening allergic reaction

Airway	Breathing	Consciousness
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or persistent cough	Becoming pale or floppy
Difficulty swallowing		Suddenly sleepy, collapse, unconscious
Swollen tongue		

If any ONE (or more) of these signs are present:

- Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
- Use Adrenaline autoinjector* without delay
- Dial 999 to request ambulance and say ANAPHYLAXIS

***** If in doubt, give Adrenaline *****

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

After giving Adrenaline

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available

Appendix 13: Auto Adrenaline Injector (AAI) kit contents

- Two AAIs, generally of the make most commonly prescribed in school (i.e. EpiPen or Emerade or Jext)
- Instructions on how to use the device
- Instructions on storage of the device
- Manufacturer's information
- A checklist of the injectors, identified by their batch number and expiry date with monthly check records
- A note of the arrangements for replacing the injectors
- A register to whom the AAI can be administered
- Blank Administration records (which can be attached to their IHCP post the incident)

Appendix 14: Model Monitoring Record of Support for students with medical needs

Name of student	Medical need	Type of plan	Review date <i>dd/mm/yy</i>	Medicines and where stored	Expiry date <i>dd/mm/yy</i>	Method of renewal/disposal	Staff trained <i>dd/mm/yy</i>	Admin records checked <i>dd/mm/yy</i>	RA/EV RA procedures in place

Appendix 15: Procedures for children who are sick or infectious

Statutory for settings with an EYFS. Other settings may choose to include it.

Adapt based on your specific procedures:

- › Pupils who have an infectious disease shouldn't attend school/nursery
- › Parents should notify the school if their child has an infectious disease
- › If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- › Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- › Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- › Reducing or eliminating sources of infection through good hygiene practices
- › Good handwashing practice
- › Encouraging and facilitating healthy eating
- › Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- › Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- › **School-based nurseries, add:** Establishing a daily cleaning routine for:
 - › Nappy changing facilities
 - › Play areas
 - › Toys, activities and equipment