



# Supporting Pupils with Medical Conditions Policy

|                   |                                 |
|-------------------|---------------------------------|
| Prepared by:      | Director of SEND & Safeguarding |
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| Approved by:      | Board of Trustees 21/07/2025    |

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## **1. Aims**

This policy aims to ensure that:

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

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on the board of trustees to make arrangements for supporting pupils at each academy with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: [Supporting pupils at school with medical conditions](#).

## **3. Roles and responsibilities**

### **3.1 Board of Trustees**

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

### **3.2 Directors Group**

- Must ensure this policy is fully implemented in all Trust schools.
- Must ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.
- Should provide assurance to the Board of Trustees that all Trust schools are compliant with the requirements in the above legislation and guidance.

### **3.3 Headteacher**

- Should ensure that the academy's policy is developed and effectively implemented with all appropriate partners
- Should ensure that all staff are aware of the policy and understand their role in its effective implementation
- Should ensure that sufficient trained numbers of staff are available to implement the policy and support individual children as appropriate
- Should ensure that all necessary staff and external partners are fully informed regarding individual children's medical conditions

- Should assess and mitigate any risk to individuals or the whole academy community related to any medical condition, particularly where a condition may be infectious
- Should ensure that responsibility for completion and monitoring of healthcare plans is delegated to an appropriately trained senior member of staff (normally the SENDCo). They should then be supported through effective information flows by relevant staff
- Should ensure that admission staff effectively communicate any child's health conditions to the SENDCo/lead before or on admission. This means that appropriate support can be put in place and all relevant staff informed
- Undertake or delegate responsibility for medication audits and check these frequently.

### **3.4 SENDCo/Delegated Lead**

- Should ensure all medical needs are investigated and appropriate plans/precautions/support are in place
- Ensure all medical needs are appropriately shared with staff as soon as needs become apparent
- Ensure all Individual Health Plans (IHPs) are reviewed twice yearly to ensure that information is up to date and relevant
- Ensure any confidential medical information is shared with safeguarding/SEND teams as appropriate
- Ensure staff working with the child have relevant information and training.

### **3.5 Academy Staff**

- Should ensure they have read the policy for supporting pupils with medical conditions
- May be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training, to achieve the necessary level of competency, before they take on the responsibility to support children with medical conditions
- Should notify senior staff if they feel they need additional training
- Should know what to do and respond accordingly when they become aware that a child with a medical condition needs help
- Should ensure that any concerns they have are brought to the attention of senior members of staff - in particular relating to new medical information they become aware of, and any concerns regarding appropriate arrangements or adjustments needed to support
- Should build appropriate adjustments and support arrangements into risk assessments and lesson plans
- Should ensure that all colleagues and external partners are fully informed regarding individual children's medical conditions, as appropriate.

### **3.6 Children**

- Should be fully involved in discussions about their own medical support needs and contribute as much as possible to the development of their Individual Healthcare Plan, which should be complied with
- Should be sensitive to the needs of those with medical conditions.

### **3.7 Parents (or carers with legal responsibility)**

- Should notify the academy on admission, or when developed, if their child has a medical condition requiring support
- Should provide the academy with sufficient and up to date information about their child's medical needs and confirm any adjustments needed to support engagement in the academy life and curriculum
- Should be involved in the development and review of their child's Individual Healthcare Plan and sign off twice annually to confirm what actions are required by the academy.
- Should carry out any actions agreed as part of the Plan
- Provide appropriately prescribed and in-date medication, where the dosage information and regimes are clearly printed by a pharmacy on the container
- Should review prescribed times for administration of medicine with their doctor in order to avoid the need for administration during the academy day where possible
- Ensure that contact information is kept up to date.

### **3.8 School nurses and other healthcare professionals**

- Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal opportunities**

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

The trust and the individual school will consider what reasonable adjustments are required to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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

## **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. This process will be followed by all schools in the trust.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

See Appendix A

## **6. Individual healthcare plans**

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to a lead, usually the SENDCo, if needed.

Plans will be reviewed at least biannually, or earlier, if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

Not all pupils 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.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has Special Educational Needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage), other treatments, time, facilities, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons and counselling sessions

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional. Additionally, any required cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written or signed permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities, outside of the normal school timetable, that will ensure the pupil can participate. For example, risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

### Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day.

In most cases, doses of medicine can be arranged around the school day, avoiding the need for medicine in school. Antibiotics, for example, are usually taken three times a day and so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe a medicine that has to be taken during the school day.

Parents/carers may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to do so, if it is to be administered four times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness, will be administered by school staff.

The Head Teacher or a member of the leadership team must first agree to the administration of the medicine if it is for a re-occurring or long-term illness. The parent/carer or guardian must supply the medicine in the original pharmacist's packaging, which is clearly labelled including details for administration and possible side effects to the school office. Parents/carers must complete a 'Parental Agreement for Setting to Administer Medicine' form or similar on Medical Tracker (*see Appendix B*).

### Inhalers

Inhalers are kept in the child's classroom, labelled with the child's name and dosage information. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider. It is the parent's/carers responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

At the end of the school year, all inhalers will be returned to the school office so that parents can collect them to use at home. Parents will be responsible at the start of every new school year to complete a new form (*see Appendix E*) and bring the inhaler into school.

### **Epi-pens**

If a child requires an Epi-pen in school, these are clearly labelled and kept in a separate cupboard within the child's classroom. Epi-pens are stored in boxes with a photo of the child on the outside.

Training in how to administer the Epi-pen in emergencies is covered as part of the paediatric first aid training. This is renewed every three years, as per Health and Safety legislation.

A training video for members of staff who are not paediatric first aid trained can also be accessed.

This provides the basic information on how to administer an Epi-pen and what to do in an emergency. The video can be accessed here: [How To Use: Administering Your EpiPen® | EpiPen®](#)

If the pupil has an adrenaline auto-injector in school and their symptoms develop, there are any signs of anaphylaxis or if there is any doubt regarding symptoms, their adrenaline auto injector will be administered without delay and an ambulance called. If the child does not have an adrenaline auto-injector and their symptoms develop, there are any signs of anaphylaxis or if there is any doubt regarding symptoms, an ambulance will be called.

### **Mild Allergic Reaction**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population.

### **Severe Allergic Reaction**

An adrenaline auto injector should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.

### **Non-prescription Medicines**

In general, non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Non-prescription travel sickness medication, antihistamine and paracetamol/ibuprofen based medicines only, will be administered by staff. They must be supplied in the original packaging, accompanied by a 'Parental Agreement for Setting to Administer Medicine' form or agreement on Medical Tracker (*Appendix B*) and the appropriate protocol must be followed for the administration of that medicine. Medication must be suitable for the pupil's age, supplied by the parent/carer (not the school) and in its original packaging, with manufacturer's instructions.

Staff will check that the medicine has been administered, without adverse effect, to the child in the past and parents/carers must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored securely in a locked, non-portable container accessible only to named, trained staff, and administration recorded as for prescription medicines.

Sunscreen is not a medicine, and children are welcome to use this on sunny days to protect against sunburn. However, the sunscreen should be clearly labelled with the child's name and children must self-administer. Emollient creams for eczema can be self-administered. Staff are not permitted to apply any cream.

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes). The school can administer 1 standard dose of antihistamine, appropriate to age and weight of the pupil, and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must never be left alone and should be observed at all times.

### **Hay fever**

For the treatment of hay fever, parents/carers should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

These non-prescription medications will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental Agreement for Setting to Administer Medicine' form or similar on Medical Tracker (*Appendix B*). Medication must be suitable for the pupil's age, supplied by the parent/carer (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered, without adverse effect to the child, in the past and parents/carers must certify this is the case – a note to this effect should be recorded on the consent form. The use of antihistamine will be detailed on the pupils Individual Health Care Plan. The medication will be stored, and administration recorded as for prescription medicines. All medication administration must be witnessed and signed by a second trained staff member. The school will inform the parent /carer the time and dose of the non-prescription medication that has been administered, at the end of each day.

### **7.1 Controlled drugs**

The Academy does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school. [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

## **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and will be reflected in their IHP.

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

## **7.3 Unacceptable practice**

Staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet/other breaks whenever they require, to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil. This includes with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips. For example, by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures, for example, calling 999. All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

## 9. Training

Staff who are responsible for supporting pupils 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 pupils 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 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 pupils
- Fulfil the requirements in the IHPs
- Help staff to understand 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 to ensure that they are aware of this policy and that they 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. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff training record – Administration of Medicines' or similar on Medical Tracker (*Appendix C*). The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Medicines Log' or similar log on Medical Tracker (*Appendix G*)

## 10. Record keeping

The local governing body will ensure that written records are kept of all medicine administered to pupils, for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs will be kept in a readily accessible place which all staff are aware of.

### Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents/carers should ensure they complete a consent form and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and antihistamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

### **Medication audits**

These will occur each half term and will be carried out by the Headteacher or SLT. See Appendix H

## **11. Liability and indemnity**

The board of trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the trust's level of risk.

## **12. Complaints**

Parents/carers with a complaint about the school's actions, regarding their child's medical condition, should discuss these directly with the Headteacher in the first instance. If they cannot resolve the matter, they will direct parents/carers to the trust's complaints procedure.

## **13. Medication Error and Near Miss**

In the event of a medication error or near miss, staff must complete a Medication Incident Form (new appendix). This will be reviewed by the Named Person and Headteacher to determine follow-up actions, including retraining or escalation (e.g., RIDDOR). See Appendix I

## **14. Monitoring arrangements**

This policy will be reviewed and approved by the board of trustees annually.

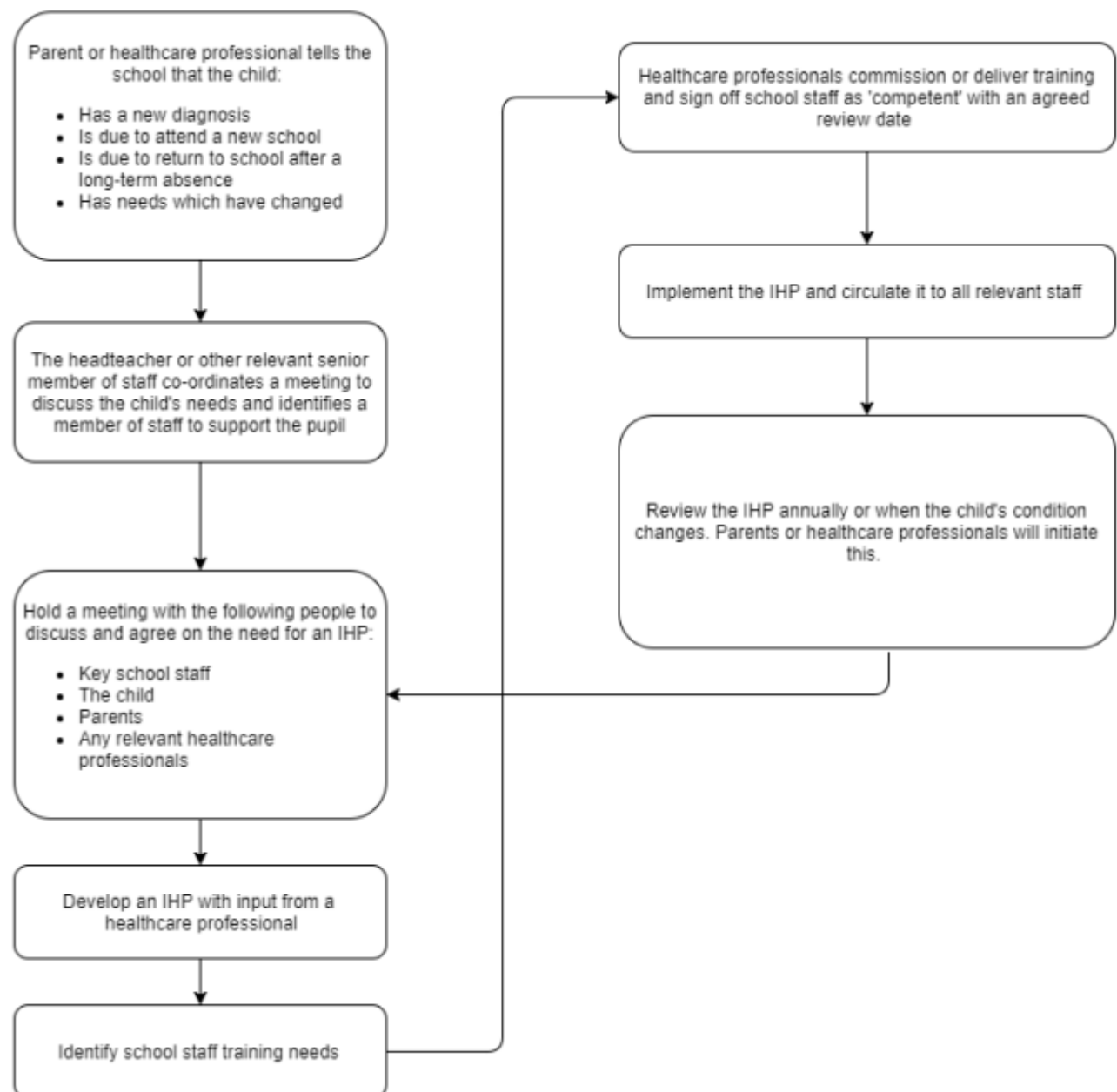
## **15. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix A

### Being notified a child has a medical condition



## Appendix B

### Administration of Prescribed and Non-Prescribed Medicines

Dear Parents/Carers

Whilst we are not legally obliged to administer medicines in school, we do understand the difficulties for parents/carers when children need them but are not ill enough to be kept at home.

School can administer certain prescribed and non-prescribed medication as long as the following conditions are met:

#### Prescribed Medication

- All prescribed medication is in its original container/bottle.
- The dosage is as per prescription instruction.
- Parents/carers accept that no member of staff can be held responsible should the medicine not be given.

#### Non-Prescribed Medication

Has your child ever suffered any side effects before from the medication being administered today?

**Yes / No (Please circle) – If yes please provide details below:** Please note: medication must be suitable for children (i.e. children's paracetamol). School will only be responsible for the administration of 1x daily dosage of medication. School has the right to refuse to administer the medication and it should be encouraged to be given at home. **I give for permission for school to administer the above medication to my child:**

|                             |                                                  |
|-----------------------------|--------------------------------------------------|
| Child's Name                | Self-Administration (Please Circle)    Yes    No |
| Child's Class               | Please list any special precautions:             |
| Medical Condition / Illness |                                                  |
| Name of Medication          |                                                  |
| Date Dispensed              | What to do in an emergency?                      |

|                 |                           |
|-----------------|---------------------------|
| Dosage & Method | Emergency Contact Number: |
|-----------------|---------------------------|

I have read and agree to the conditions set out above.

Signed:

Date:

Relationship to child:

|       |
|-------|
| _____ |
| _____ |
| _____ |

## Appendix C

### Staff training record - Administration of Medicines

|                                           |  |
|-------------------------------------------|--|
| Staff name                                |  |
| Type of training received                 |  |
| Date of training completed                |  |
| Training provided by (person and company) |  |
| Profession and title                      |  |

I confirm that (insert name of member of staff) has received the training above and is competent to carry out any necessary treatment.

I recommend that training is updated (insert frequency of update).

Signed: \_\_\_\_\_ (trainer)

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

Please return the completed form to the school office.

## Appendix D

### Inhalers in school letter

Dear Parent / Carer,

To ensure your child's inhaler is correctly administered, please carefully read this letter and complete the permission slip at the bottom of this form. Should you have any questions a member of the school office team will be happy to help you.

It is important for parents to recognise and be aware of their responsibilities when providing school with a child's inhaler:

- Please ensure that your child's name is clearly written on their inhaler.
- Parents / Carers are responsible for checking expiry dates and to replace inhalers where necessary.
- Parents are responsible for returning inhalers back to school if taken off site at the end of the school day / weekend / school holiday.
- Parents must make school aware of any alteration to the dosage, use or frequency of the inhaler – a new inhaler form will then be completed.
- Should a child leave school and the inhaler not be collected by a parent / carer two months after the leave date, school will dispose of the inhaler.
- Parents / Carers are required to complete a new inhaler form every school year.

Yours Sincerely,

## Appendix E

| Academy Individual Healthcare Plan                                                                 |  |                              |            |
|----------------------------------------------------------------------------------------------------|--|------------------------------|------------|
| <b>Identification Details</b>                                                                      |  |                              |            |
| Name Of Child                                                                                      |  | Insert photo                 |            |
| Date of Birth                                                                                      |  |                              |            |
| Address                                                                                            |  |                              |            |
| Year Group and Class                                                                               |  |                              |            |
| Class Teacher                                                                                      |  |                              |            |
| Condition 1:                                                                                       |  |                              |            |
| Condition 2:                                                                                       |  |                              |            |
| Condition 3:                                                                                       |  |                              |            |
| Date of Plan:                                                                                      |  | Review Date:                 |            |
| <b>Contact Details</b>                                                                             |  |                              |            |
| <i>Parent/Guardian/Carer contacts</i>                                                              |  | <i>Other Contact Numbers</i> |            |
| Contact Name:                                                                                      |  | Emergency Name:              | Contact    |
| Relationship:                                                                                      |  | Emergency Number:            | Contact    |
| Contact Number:                                                                                    |  | GP Name:                     |            |
|                                                                                                    |  | GP Number:                   |            |
| Contact Name:                                                                                      |  | Hospital Name:               | Consultant |
| Relationship:                                                                                      |  | Hospital Number:             | Consultant |
| Contact Number:                                                                                    |  | Specialist Nurse Name;       |            |
|                                                                                                    |  | Specialist Nurse Number:     |            |
| <b>Medical Details (fill in one per condition)</b>                                                 |  |                              |            |
| Medical Condition                                                                                  |  |                              |            |
| Symptoms                                                                                           |  |                              |            |
| Possible Triggers (if appropriate)                                                                 |  |                              |            |
| Any specific concerns regarding engagement with academy activities and actions/ adjustments needed |  |                              |            |
| Treatment Regime                                                                                   |  |                              |            |
| Medication prescribed                                                                              |  |                              |            |
| Possible Side effects                                                                              |  |                              |            |
| Action to be taken in Event of an Emergency                                                        |  |                              |            |

|                                                    |  |
|----------------------------------------------------|--|
| <b>Medication (when administered in school)</b>    |  |
| <b>Name of Medication:</b>                         |  |
| <b>Reason for Medication:</b>                      |  |
| <b>Dosage:</b>                                     |  |
| <b>Who administers:</b>                            |  |
| <b>Time of Medication:</b>                         |  |
| <b>Special Considerations:</b>                     |  |
| <b>Medication will be stored:</b>                  |  |
| <b>Arrangement for Delivery to School:</b>         |  |
| <b>Written Records Arrangement:</b>                |  |
| <b>Facilities Required</b>                         |  |
| <b>Equipment and accommodation</b>                 |  |
| <b>Staff Training /Management / Administration</b> |  |
| <b>Feeding</b>                                     |  |
|                                                    |  |
| <b>Other Particular Needs / Issues</b>             |  |
|                                                    |  |

|                                                        |               |               |             |
|--------------------------------------------------------|---------------|---------------|-------------|
| <b>Consent - Sign off – by parent/carer &amp; date</b> |               |               |             |
| <b>Name</b>                                            | <b>Signed</b> | <b>Date</b>   |             |
|                                                        |               |               |             |
|                                                        |               |               |             |
| <b>Signed by relevant staff</b>                        |               |               |             |
| <b>Name</b>                                            | <b>Role</b>   | <b>Signed</b> | <b>Date</b> |
|                                                        |               |               |             |
|                                                        |               |               |             |
|                                                        |               |               |             |
|                                                        |               |               |             |
|                                                        |               |               |             |

## Appendix F

### Flowchart for Staff Administering Medication

#### Step 1: Check Medication Log

- Verify that parental consent has been provided
- Ensure correct medication is listed and stored properly

#### Step 2: Prepare to Administer

- Wash hands and gather necessary items (medication, water, log sheet)
- Read dosage instructions and confirm timing
- Retrieve medication from secure storage

#### Step 3: Administer Medication

- Call the pupil and explain what is being given
- Administer correct dose as per instructions
- Ensure second staff member witnesses the administration

#### Step 4: Record Administration

- Log the medication given: date, time, amount, staff initials, and any observations
- Witnessing staff member signs the log

#### Step 5: Monitor Pupil

- Observe for side effects or immediate reactions
- Report any adverse effects to senior staff immediately

#### Step 6: Store Medication

- Return unused medication to secure storage
- Ensure log is complete and stored securely

#### Step 7: Inform Parents (if necessary)

- Inform parents of any issues, missed doses, or side effects
- If medication is no longer required or expired, return to parents for disposal

## Appendix G

### Medicines Log

Individuals are responsible for complying with the Supporting Pupils with Medical Conditions Policy when completing this form.

Employees should be aware that non-accurate completing of this form, could result in disciplinary proceedings taking place.

| XXXX ACADEMY MEDICINES LOG             |                                                                      |                                       |                        |             |               |                     |                              |
|----------------------------------------|----------------------------------------------------------------------|---------------------------------------|------------------------|-------------|---------------|---------------------|------------------------------|
| Name                                   |                                                                      | Date of Birth                         |                        |             |               | Class               |                              |
| Home Address                           |                                                                      | Parents/Carers                        |                        |             |               | Contact Numbers     |                              |
| GP/Health Practitioner contact details |                                                                      | Medical Condition/Need for Medication |                        |             |               | Any Known Allergies |                              |
| Register of Medication Obtained        |                                                                      |                                       |                        |             |               |                     |                              |
| Date                                   | Name of person who brought in the medication & relationship to child | Name of Medication                    | Amount & Form Supplied | Expiry Date | Dosage Regime | Staff Received By   | Parent Permission Signature* |
|                                        |                                                                      |                                       |                        |             |               |                     |                              |
|                                        |                                                                      |                                       |                        |             |               |                     |                              |

|      |            | <b>Register of Medication Administered</b><br><br>The employee must check the correct medication and dosage is given to the named child.<br><br>All administration of medication should be witnessed by another employee. |                |      |                                            |                                                 |                                         |                                           |                          |
|------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|--------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------------|--------------------------|
| Date | Medication | Amount<br>Given                                                                                                                                                                                                           | Amount<br>Left | Time | Administered<br>By<br><br>Employee<br>Name | Administered<br>By<br><br>Employee<br>signature | Witnessed<br>By<br><br>Employee<br>Name | Witnessed by<br><br>Employee<br>signature | Comments/Side<br>Effects |
|      |            |                                                                                                                                                                                                                           |                |      |                                            |                                                 |                                         |                                           |                          |
|      |            |                                                                                                                                                                                                                           |                |      |                                            |                                                 |                                         |                                           |                          |
|      |            |                                                                                                                                                                                                                           |                |      |                                            |                                                 |                                         |                                           |                          |
|      |            |                                                                                                                                                                                                                           |                |      |                                            |                                                 |                                         |                                           |                          |
|      |            |                                                                                                                                                                                                                           |                |      |                                            |                                                 |                                         |                                           |                          |
|      |            |                                                                                                                                                                                                                           |                |      |                                            |                                                 |                                         |                                           |                          |

By signing here, I give my consent for my/my child's personal information to be used for the purpose described above and for this information to be shared with appropriate members of staff.

I note I have the right to withdraw this consent at any time and can do this by contacting the academy.

## Appendix H

# School Medication Audit Template

School Name: \_\_\_\_\_

Date of Audit: \_\_\_\_\_

Auditor Name & Role: \_\_\_\_\_

Next Review Due: \_\_\_\_\_

## 1. MEDICATION STORAGE

| Checkpoint                                                              | Yes/No | Comments / Actions Required |
|-------------------------------------------------------------------------|--------|-----------------------------|
| Medications stored securely (e.g. locked cupboard/fridge)?              |        |                             |
| Controlled drugs stored separately in a double-locked cabinet?          |        |                             |
| Medications labelled clearly with pupil's name, dosage, expiry?         |        |                             |
| Expiry dates regularly checked and out-of-date meds removed?            |        |                             |
| Medication access limited to designated, trained staff only?            |        |                             |
| Emergency medication (e.g. inhalers, auto-injectors) easily accessible? |        |                             |

## 2. RECORD KEEPING

| Checkpoint                                                                                                | Yes/No | Comments / Actions Required |
|-----------------------------------------------------------------------------------------------------------|--------|-----------------------------|
| Individual Health Care Plans (IHPs) in place for all pupils requiring medication?                         |        |                             |
| Parental consent forms signed, dated, and up to date?                                                     |        |                             |
| Written confirmation of dosage and administration schedule from a health professional on file?            |        |                             |
| Administration of medication logged accurately each time (including date, time, dosage, staff signature)? |        |                             |
| Medication error/missed dose protocol understood and followed?                                            |        |                             |

Record of medicine  
administered matches  
quantity held?

### 3. STAFF TRAINING & POLICY

| Checkpoint                                                                          | Yes/No | Comments / Actions Required |
|-------------------------------------------------------------------------------------|--------|-----------------------------|
| Relevant staff have up-to-date medication administration training?                  |        |                             |
| Staff administering controlled drugs have received specific training?               |        |                             |
| All staff aware of the school's Medication Policy and know where to find it?        |        |                             |
| Staff trained in responding to medical emergencies (e.g. asthma attacks, seizures)? |        |                             |
| Medication policy reviewed within the last 12 months?                               |        |                             |
| Any incidents or concerns reported and followed up appropriately?                   |        |                             |

### 4. SAFEGUARDING & COMMUNICATION

| Checkpoint                                                                        | Yes/No | Comments / Actions Required |
|-----------------------------------------------------------------------------------|--------|-----------------------------|
| Changes in dosage or medication communicated clearly between home and school?     |        |                             |
| Parent/Carer informed immediately of any medication error?                        |        |                             |
| External agencies (e.g. LADO, LA, Ofsted) informed if safeguarding threshold met? |        |                             |

### Summary of Key Findings:

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### Immediate Actions Required:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signed (Auditor): \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix I

# Medication Incident Report Form

### Section 1: Basic Information

School Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Reported By (Name & Role): \_\_\_\_\_

Date & Time Reported: \_\_\_\_\_

### Section 2: Pupil Details

Pupil Name: \_\_\_\_\_

Year Group/Class: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Type of Medication Involved: \_\_\_\_\_

### Section 3: Incident Description

Describe the incident in detail (e.g. what happened, who was involved, how it was discovered):

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### Section 4: Medication Information

Prescribed Dosage: \_\_\_\_\_

Dosage Administered: \_\_\_\_\_

Time Medication Should Have Been Administered: \_\_\_\_\_

Time Medication Was Administered (if applicable): \_\_\_\_\_

Was parental consent and health plan in place? Yes / No

Was the error related to: ☐ Wrong dosage ☐ Missed dose ☐ Wrong time ☐ Wrong medication ☐ Other

### Section 5: Immediate Actions Taken

First aid or medical support provided: \_\_\_\_\_

Parent/Carer informed? ☐ Yes ☐ No (If yes, time & by whom): \_\_\_\_\_

External agencies contacted (e.g. GP, 111, ambulance): \_\_\_\_\_

Was safeguarding advice sought or a referral made to the LADO? ☐ Yes ☐ No

Who else was informed (e.g. Headteacher, DSL, Trust): \_\_\_\_\_

## Section 6: Follow-Up and Recommendations

What actions have been taken to prevent a recurrence?

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Have relevant policies/procedures been reviewed or updated? ☐ Yes ☐ No

Have staff received additional training? ☐ Yes ☐ No (If yes, please detail): \_\_\_\_\_

## Section 7: Sign-Off

Completed by (Name & Role): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by (Line Manager / SLT): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_