

# Supporting students with medical conditions policy

## Arunside School



*'Our four walls with tomorrow inside'.*

Approved by:	FGB	Date: November 2025
Last reviewed on:	March 2021	
Next review due by:	November 2027	

Date	Section	Policy review updates:
July 2025	Policy Title	Name of policy updated to 'Supporting Students With Medical Conditions'
July 2025	Lead for managing medicines	Mrs Lee-Anne Webber is the lead for managing medicines.
July 2025	Whole document	Updated to reflect that the school does not keep or administer non-prescription medicines on site. Parents are to come in and administer when necessary.
July 2025	Asthma	<ul style="list-style-type: none"><li>Description of medicine bag changed.</li><li>School will not hold more than one inhaler per student.</li></ul>
July 2025	Whole Doc	Replaced "EHP" with "EHCP"

July 2025	Risk Assessment s for off-site	Updated EHIC to GHIC
July 2025	Appendix	Replaced Appendix 1,2,3 & 4 to the forms currently in use
July	Anaphylaxis	We only require one auto injector per child
March 2021	Lead for managing	Following recent training Mrs Rachael Stoffell (RS) replaces Donna Jagger as lead for managing medicines and Mrs Rhoda Hatton (RH) replaces Helen West
March 2021	Non-prescribed medication	Following recent training undertaken by RH and RS, and given the vast quantities of antihistamine being brought into school, the policy has been updated to reflect what the WSCC school example policy states regarding the administration of non-prescription antihistamine. The administering of travel sickness tablets has also been added to this policy to reflect current practice for school trips
March 2021	All prescribed	<b>Medicines must be delivered to the school office</b> -this has been put into bold text as it is not always something that staff have complied with in the past
March 2021	Asthma	Policy amended to fall in line with the recent amendments to the Asthma Policy (October 2019) in which the school reduced the need for parents to provide one inhaler and spacer by purchasing an emergency inhaler and spacer both of which are retained in the school office
March 2021	Mild Allergic Reaction	Following recent training the policy now documents that the school will keep a supply of bottled, non-prescription antihistamine (in-date) for emergency use for mild allergic reactions which can be given prior to the administration of an auto injector (authorised either in the documentation signed off by the parent or on the instruction of a paramedic). This non-prescription medication is kept in the school

### **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Arunside School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed

Chair of Governors

Date

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Arunside School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Arunside School is Mrs Lee-Anne Webber. In their duties staff will be guided by their training, this policy and related procedures.

## **Implementation monitoring and review**

All staff, governors, parents/ carers and members of the Arunside School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed as part of the Headteacher's annual report to Governors.

## **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

## **Admissions**

On admission, parents will be asked to provide comprehensive details of the pupil's medical needs which might include the development of an Individual Health Care Plans (IHP) or an Education Health Care Plan (EHCP) which in turn may indicate additional staff training needs. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

## **Pupils with medical needs**

The school will follow Government guidance and develop an IHP or EHCP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Appendix 1
- Require medication in emergency situations – these will be detailed using Appendix 1 and 2, Appendix 4 for mild asthmatics and Appendix 1 and 2 for anaphylaxis.

Parents/guardians should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Headteacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

### **All non-prescription medication**

The school will not accept or administer any other non-prescription medication. Parents may call into the school and administer non-prescription medicine to their child. No child should bring non-prescription medication into school for their own use.

### **All prescribed medication**

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

All prescription medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). **Medicines must be delivered to the school office** with the appropriate consent form (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day in writing.

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Appendix 3 and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **Confidentiality**

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHCP. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

### **Consent to administer Prescription medication**

Parental/guardian consent to administer medication will be required as follows:

- Each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2) or if applicable on the IHP

## **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Policy. **Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school.** All reliever inhalers are kept in **a class grab bag** in the individual classrooms and these bags go out to the playground with the children at breaktimes/lunchtimes, during PE and on all school outings. All inhalers must be labelled with the child's name by the parent/carer.

The school will keep a spare (in-date) reliever inhaler for emergency use when a pupil's own inhaler runs out, or is lost or forgotten. This is kept in the school office first aid cupboard. Emergency asthma medication is delivered via a spacer device that the schools also holds on site. Spacers will not be shared and therefore once used, a spacer will be allocated to that specific pupil and a new one purchased.

Parents are responsible for ensuring that their child's asthma medication held at school is in date. The school will communicate with the parents if renewal medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

## **Anaphylaxis**

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. The school complies with the School Nursing Service recommendations that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice, the school will ask parent/ guardian(s) to provide **1 auto-injector** for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

One spare auto injector will be kept in the medical cabinet in the School Office, to be used in emergencies under guidance of the emergency services.

## **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will 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 these time pupils must **NEVER** be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms, then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

## **Hay fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever

## **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/ Carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 1 in date auto-injectors for administration to their child, if the school does not hold 1 in date auto-injectors for each pupil then one auto-injector will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Appendix 4 for asthmatics and Appendix 1 for anaphylaxis. The school will hold a register of the pupil's diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in School Office.

## **Controlled Drugs**

The school 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 whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will 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 stock held in school. (Appendix 2).

## **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHCP and parents should complete the self-administration section of 'Parental consent to administer medication' form (Appendix 1).

## **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the staff room fridge to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.

### **Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired, it will be returned to the parent/guardian for disposal.

### **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the school's guidance for infection control and the associated risk assessments. If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping – administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 3.

### **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication



Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

### **Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

### **Educational Visits (Off - site one day)**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2) and supply a sufficient amount of medication in its pharmacist's container

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Residential Visits (overnight stays)**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and acting in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication for administration to pupils during a residential visit:

- paracetamol (to pupils of all ages)
- antihistamine



Parental consent will be required in order for the school to administer their supply (Appendix 2). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

### **Risk assessing medicines management on all off-site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHCP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHCP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHCP. If an IHP or EHCP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan **Global Health Insurance Cards (GHIC)** should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHCP etc. will be communicated to the relevant staff and records kept of this communication.

### **Complaints**

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Appendix 1 – Individual Health Care Plan

Appendix 2 – Parental Consent to Administer Medication

Appendix 3 – Record of medicines administered in school

Appendix 4 – Individual Protocol for Mild Asthma



## Individual Healthcare Plan (IHP)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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

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Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc.

--

Other information

--

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

--

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

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

School signature:

Date:

Parental signature:

Date:

Any other agency signature:

Date:



## Arunside School

Parental consent to administer medication (where an Individual Healthcare Plan or Education Healthcare Plan is not required)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

## Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

## Record of medicines administered in school to all children

[illegible]

## Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....

D.O.B. ....

Class .....

School use  
attach photo  
here

### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....  
Do they have a spacer?

3. What triggers your child's asthma?

.....  
4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)



Emergency Procedure – severe symptoms (see full schools asthma attack procedure)

- **Give 6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... Date.....  
*I am the person with parental responsibility*

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

**Parental Update** (only to be completed if your child no longer has asthma)

My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.

Signed

Date

*I am the person with parental responsibility*

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 <sup>st</sup> inhaler		With pupil/In classroom			
Spacer (if required)					
Record any further follow up with the parent/carer:					