Managing Medicines in School Policy

February 2026

Approved by	Date	Review Schedule	Date of next review
Trust Board	February 2026	Annual	February 2027

Saint Paul teaches, 'the body is not made up of one part but of many.'
Chester Diocesan Learning Trust recognises and nurtures the unique gifts, skills and talents within our whole community.

We will empower adults and children to grow in character and mind, shaping a better future.

Shaping better futures; one body, many parts.

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1. Aims

This policy aims to ensure that:

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

The Local Governance Committee (LGC) will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is name

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 governing boards to make arrangements for supporting pupils at their school with medical conditions.
It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Local Governance Committee (LGC)

The LGC has ultimate responsibility to make arrangements to support pupils with medical conditions. The LGC will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- 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
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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 systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils 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 pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents 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

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils 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.

3.6 School nurses and other healthcare professionals

Where a pupil has a medical condition that may require support in school, information will normally be shared with the school by parents/carers, or by the school nursing service or other healthcare professionals with the explicit consent of the parent/carer. Wherever possible, this information should be provided prior to the pupil starting school.

Healthcare professionals, such as GPs and paediatricians, may liaise with the school nursing service where appropriate. The school will only be notified or provided with relevant medical information with parental consent, except in exceptional circumstances, for example where there are safeguarding concerns or where sharing information is otherwise required by law.

4. Equal opportunities

Our school is clear about the need to actively support pupils 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 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 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.

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 our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to name of individual/role.

Plans will be reviewed at least annually, 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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 LGC and the headteacher/name of individual/role with responsibility for developing IHCPs, will consider the following 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) and 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, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this 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, and 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 permission from parents 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, e.g. risk assessments
- Where confidentiality issues are raised by the parent/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 and non-prescription (over-the-counter) medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so; and
- Where the school has received the parent/carer's **written consent**.

No child under 16 will be given any medicine (prescription or non-prescription) without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to

the pupil without the knowledge of the parents, or where emergency treatment is required in order to safeguard the pupil's health.

The school will not administer medicines solely for convenience, and will not administer vitamins, herbal remedies, or other supplements unless agreed in writing as part of a specific medical need.

Pupils under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor.

Anyone administering medication to a pupil will:

- Check the pupil's name and confirm written parental consent is in place;
- Verify the medicine is in date and supplied in the original packaging (where required);
- Check the prescribed or manufacturer's dosage instructions;
- Confirm when the previous dose was administered (including any dose given at home) to prevent overdose; and
- Record the administration in the school's medication record.

Parents/carers will be informed on each occasion that a medicine has been administered.

The school will only accept prescribed medicines that are:

- In date;
- Clearly labelled with the pupil's name;
- Provided in the original container as dispensed by a pharmacist; and
- Accompanied by clear instructions for administration, dosage and storage.

The exception to this is insulin, which may be provided in an insulin pen or pump, provided it is in date.

All medicines will be stored safely and in accordance with product instructions. Pupils will be informed about where their medicines are stored and be able to access them immediately where appropriate.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors will always be readily available to pupils and will not be locked away.

Medicines will be returned to parents/carers for safe disposal when no longer required or when they have expired.

7.1 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 pupil 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 pupil 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 and countersigned as doses is administered.

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 and it will be reflected in their IHPs.

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 and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School 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, and 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
- 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 or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent 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, e.g. by requiring parents 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 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 the headteacher/name of role. 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 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.

10. Record keeping

The LGC will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher/name of role/individual in the first instance. If the headteacher/name of role/individual cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the Trust board every 2 years.

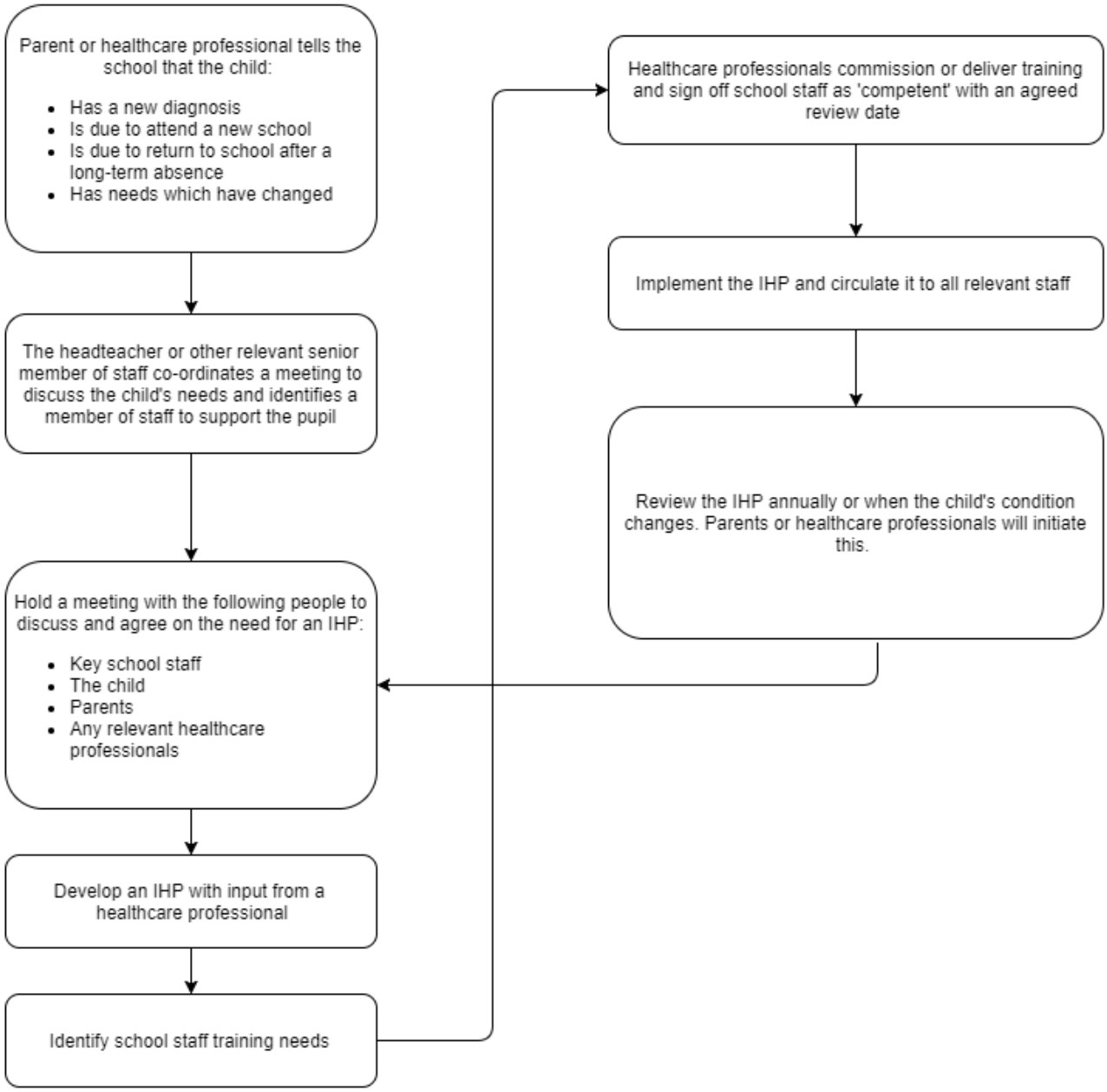
14. Communication

This policy will be available on the school website. A template version will be published on the Trust's website.

15.Useful websites

- Additional inhalers. See www.asthma.org.uk (Introduced October 2014 – Guidance on the use of emergency salbutamol inhalers in schools March 2015)
- Additional Adrenaline Auto-injectors (Epipens). See www.anaphylaxis.org.uk and www.sparepensinschools.uk
- https://www.anaphylaxis.org.uk/wp-content/uploads/2018/11/Managing-Allergens-in-the-Workplace-A-guide-for-Employers-and-Employees.pdf
- www.bsaci.org (ref: the Human Medicines (Amendment) Regulations 2017 – from October 2017).
- See DfE Supporting pupils with medical conditions for updated guidance and templates. https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Appendix 1: Being notified a child has a medical condition



Appendix 2: Administration of Medicines (Example)

Name		**Date of birth**	
Address			
GP			
Allergies			

Date	**Name of person who brough it in**	**Name of Medication**	**Form supplied**	**Expiry date**	**Dosage Regime**	**Quantity of tablets or medication received**

Register of medication administered

Date	Medication	Amount given	Amount left	Administered by		Comments/Action/Side Effects

Appendix 3: Individual Health Care Plan

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Pupil Name	
Date of Birth	
Class	
Summary description of medical and health complications associated with this condition:	
Emergency Contact details Contact 1	
Name	
Relationship	
Contact numbers	
Emergency Contact details Contact 2	
Name	
Relationship	
Contact numbers	

Emergency care
Please fill in this section if your child has been prescribed emergency medication for managing this condition.
Child's name_____
Class _____

Name and strength of medication

When should the medication be given? How much medication should initially be given?

What action should be taken if medication is given

Non-Emergency Care of this pupil's condition

Likely source, cause or early warning signs associated with this condition that would signal to school staff that something requiring medical help might be about to happen?

Any other health conditions to be considered alongside this condition:

Description of how this condition affects this child/young person:

How long do complications/attacks with this condition usually last?

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose given	Times given

Medication to given in school

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose to give	Times to give

Date Plan Completed

Signed	
Name	
Date	

Heath care plan agreed by:

Role	Signature	Date
Parent/carer		
Healthcare professional		
Member of school staff		

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary. This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.
Plan reviewed :

By: _____ Designation: _____ Date: _____

By:_____:_____ Designation: _____ Date: _____

By:_____ Designation: _____ Date: _____