



Supporting Learners with Medical Conditions Policy

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1. Aims

This policy aims to ensure that:

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

The headteacher will implement this policy by:

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

The named person with responsibility for implementing this policy is Nicola Burrage

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 learners at their school with medical conditions.

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support learners with medical conditions. The governing board 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 (or delegate to an member of staff):

- 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 (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support learners in this way
- Contact the school nursing service in the case of any learner 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 service
- 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 learners 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 learners 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 learners with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. The training required will be identified within IHCPs. Relevant healthcare professionals will lead on identifying the type and level of training required and will agree on this with the headteacher. Training will be kept up to date.

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

3.4 Health & Care Assistant

The Health & Care Assistant supports the safe, dignified and effective delivery of health and personal care so learners can access learning safely. Working within agreed training, competencies and care plans, they help coordinate day-to-day health provision and respond to medical needs across the school under the direction of senior leaders.

Key duties include:

- Provide personal and intimate care in line with individual care plans.
- Support feeding, drinking, therapy programmes and general wellbeing routines.
- Administer medication according to school policies and maintain accurate medication records.
- Provide first aid and act as an initial responder to health incidents or emergencies.

- Monitor learners' health, recognising concerns and escalating promptly.
- Maintain healthcare documentation, logs and incident reports accurately.
- Liaise with families, class teams and external health professionals.
- Manage medical room resources, first aid kits, stock checks and equipment care.
- Support training coordination for medical and first-aid procedures.
- Follow infection control, safeguarding, confidentiality and data protection requirements.

3.5 Parents & Carers

Parents & Carers will:

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

3.6 Learners

In some occasions in our setting, learners with medical conditions will be best placed to provide information about how their condition affects them. Wherever appropriate, learners should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.7 School nursing service and other healthcare professionals

The school nursing service will notify the school when a learner has been identified as having a medical condition that will require support in school. This will be before the learner starts school, wherever possible. They may also support staff to implement a child's IHCP through training, advice and support.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school to notify them of any learners identified as having a medical condition. They may also provide advice on developing IHCPs.

4. Equal opportunities

Our school is clear about the need to actively support learners 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 learners 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 learners with medical conditions are included. In doing so, learners, 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 learner has a medical condition, the process outlined below will be followed to decide whether the learner requires an IHCP.

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 learners who are new to our school.

6. Individual healthcare plans (IHCPs)

The headteacher has overall responsibility for the development of IHCPs for learners with medical conditions. This has been delegated to Nikki Burrage, Family & Learner Support Advisor.

Plans will be reviewed at least annually, or earlier if there is evidence that the learner's needs have changed. Plans will be developed with the learner's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all learners with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP 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 and a relevant healthcare professional, such as the school nursing service, specialist or paediatrician, who can best advise on the learner's specific needs. The learner will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the role of the individual with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The learner'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 learner'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 learner 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 learner'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 learner'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 learner 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 learner can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/learner, the designated individuals to be entrusted with information about the learner's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

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

- When it would be detrimental to the learner's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the learner without the knowledge of the parents.

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

Anyone giving a learner any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely in the medical room which is pin locked when vacant. This room is pin locked and only acceptable by staff that are trained in first aid or administration of medication. This ensures the room is acceptable in the absence of the Health & Care Assistant. Learners (where suitable) will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to learners and their trained support staff, and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Supply

- The parents are responsible for supplying the necessary medication in the correctly and clearly labelled container dispensed by the chemist.
- All medicine supplied to the school must be within the use by date.
- Parents are required to fill out and sign a form, at the beginning of each academic year, giving permission for the medication to be given in school and on any occasion within the year if a prescription changes or new medicines are added. This is to include pain and fever relief plus emergency epilepsy treatment and household medicines.
- One weeks' notice should be given to parents for further supplies of medicines if possible.

7.2 Storage

- All medicines should be removed from learner bags on arrival in school and kept safe until they are given to the Health & Care Assistant *nb staff holding medication are responsible for the medication and ensuring secure handover to the Health & Care Assistant.*
- Medication kept during the day must be returned home in a safe way by the class staff at the end of the day *nb the Health & Care Assistant will be responsible for delivering the medication to the class and ensuring secure handover to the staff who will then ensure safe transfer to home.*

- All medicines should be stored securely but accessible i.e.
 - in lockable cupboard attached to a wall
 - in a locked refrigerator
- Separate, locked storage should be provided for:
 - controlled drugs
 - internal/external drugs
 - disinfectants and antiseptics
- All cupboards should be kept locked and minimal no. of keys kept.
- Medicine cupboards should not be used for other purposes e.g. money.

7.3 Records

- Records of receipt, administration and disposal of medicines must be kept.
- All medicines received should be recorded in Medicine Received File (MRF).
- Any medication sent home by staff should be recorded in the MRF and signed by the Health & Care Assistant or another appropriate member of staff e.g. headteacher, deputy headteacher or teacher with management responsibility.
- A medication record must be kept for each child. It should include:
 - name and age of child
 - any known hypersensitivity/allergy
 - weight if relevant
 - name of medicine
 - dose of medicine
 - route of administration
 - commencement and termination dates
 - times of administration
 - any special requirements e.g. crushed, before food etc.
- The Medication Record should be laid out so specific times are easily identified and clear separation between regular times and “when necessary” medicines.
- When medicine is discontinued or dose altered, a line should be drawn through the entry, dated and initialled. Just altering the dose is not acceptable.
- All entries should be written clearly in BLACK ink, and correct pharmacological names should be used (not trade names).
- The dispensing or movement of controlled drugs requires a double signature in the record.
- Dosages should be written in milligrams.

7.4 Administration

- Should be carried out by the Health & Care Assistant or teaching assistants/staff on who have completed the appropriate training and been signed off by the School Nursing Service as competent.
- Administration should be carried out in accordance with prescription, parents' directions or care plan as appropriate.
- Medicines must only be administered to child for whom they are prescribed and should not be used for other children.
- Any household remedies should be recorded on Medical Administration Record (MAR).
- Medicines must be administered from original containers.
- Drug cupboard should be secured if emergency occurs during drug administration.
- The MAR must be completed at the time the medicine is administered. Controlled Drugs to be countersigned in the Controlled Drug Book.
- Records must be kept for 8 years after learner leaves, or death.
- If medicine is required on school outings, the Health & Care Assistant must ensure that a responsible member of staff is appointed to administer the medication. The named person is to be made aware of what the medicine is for, how much to give, when and how to give it and what side effects to look for and how to store it during the outing. They will be required to sign that the medicine has been removed for the trip and also complete the appropriate record if administered. The responsible staff member must keep the medication with them at all times.
- An ongoing record of all medications left in school must be kept.
- A weekly check of all medications is made and a record kept.
- There is a complete audit of all medications on a monthly basis and a record is kept.

7.5 Covert Administration

The covert administrations of medicines at Cann Bridge School is only likely to be necessary or appropriate in the case of learners who actively refuse medication and who do not understand the consequences of their refusal.

The NMC Guidelines for Administration of Medicines recognises that there are certain exceptional circumstances in which covert administration may be considered to prevent a learner from missing out on an essential treatment. The following considerations may apply:

- The best interest of the learner must be considered at all times.
- The medication must be considered essential for the learner's health and well-being, or for the safety of others.
- The decision to administer a medication covertly should not be considered routine. Care needs should be assessed to avoid the ritualised administration of medicine in this way.
- There should be agreement between parents and staff administering the drug; this should include the child's doctor if the covert administration is to carry on for a long period.
- Document the decision taken and the names of all parties included in the decision.
- Keep decision under review.

- Regular attempts should be made to encourage the learner to take their medication. This might best be achieved by giving regular information, explanation and encouragement, preferably by the team member who has the best rapport with the individual.

7.6 Administration of Non-Prescribed Medicines

From time-to-time staff may be required to administer medicine's that are not prescribed by a G.P. Usually, these drugs will arrive in school with written consent and rationale for dispensing the item. This document provides guidelines for such events.

Medications in this category may include Paracetamol (e.g. Calpol), simple linctus e.g. Benylin and possibly some hay fever medications/treatments.

The usual cautions apply. Full parental consent must be given. If the learner is receiving other medications interactions need to be ruled out. Knowledge of the drug is important, e.g. Ibuprofen is not to be given to asthmatics. Aspirin should never be given to a child under 16 years of age without a prescription

Guideline considerations

When dispensing such drugs it is vital to consider indication for use, e.g. Paracetamol for headache. Know the therapeutic uses of the medicine and its normal dosage.

- All parents are asked to sign a consent form for the administration of paracetamol with the understanding that the member of staff will contact them before giving the medicine to;
 - inform them that their child needs it and discuss if they need to go home or not
 - ask if they have already had a dose at home
 - ask what dose they normally have at home
- If parents are unavailable, paracetamol will not be given before 1pm as that would be a sufficient time lapse if they have had some at home. The dose administered will be according to guidelines on the bottle.
- Ibuprofen cannot be given to a child unless prescribed specifically by a doctor.
- If criteria have been met what is the recommended age-appropriate dose?
- Has a previous dose been given i.e. one at home prior to arrival at school? It is vital not to give a dose within the recommended time span.
- What is the maximum dose to be given in 24 hours? This must never be exceeded.
- Drugs must be sent to school in a properly labelled box with expiry date.
- Parents must always be informed about the medicines given to their child. Any non-prescribed medications given should be communicated in the home:school book or by telephone.
- If the learner requires any of the non-prescription drugs for more than three consecutive days a doctor should be consulted. If non-prescriptive drugs are required in the long term, they must be obtained via a G.P. and become prescribed with appropriate label and instructions.
- Check expiry date of medicine and that the pharmacists label or dosing instructions are legible.
- Ensure that the medicine is normal in appearance e.g. the syrup has not crystallised or there are deposits round the lid or bottom of the bottle and that for tablets the blister pack is not broken.
- Check that learner has no history of allergy to the drug before administration.

- Clearly and accurately record any such medicine given and pass this information on to all relevant carers.
- If any adverse reaction occurs or any contradictions arise assess situation, seek medical advice/inform parents. Document the occurrence.

7.7 Disposal of Medicines

- Hoarding of medicine is unnecessary as they can only be given to a named child, and some drugs have a short shelf life.
- Medicines should be returned to parents when possible and record this in MRF.
- Medicines should be sent home when:
 - The expiry date is reached
 - They are in a poor condition
 - Course of treatment is finished
 - The child dies: following a seven-day period in which they are kept in case of requirement by the coroner.
- All medicines and tablets can be returned to the learner's parents or care. Alternatively, with parental permission, the local pharmacist can organise the destruction of the medicines, and the pharmacist needs to sign the MRF with the Health & Care Assistant.
- Creams and ointments may be expelled from tubes into a plastic bag and placed in dustbin. Needles, syringes and broken glass in sharps bin; currently the sharps are disposed of by the parents/carers of the learners with diabetes.
- Any spilt/wasted medicines need to be signed for against a record of the reason.

7.8 Medication for the treatment of a seizure in an emergency situation

A number of learners require the administration of emergency medication such as Diazepam, Midazolam or Buccolam. This medication is necessary if a learner has an epileptic seizure which does not stop within a specified time, set down in the learner care plan. Staff who may have to give this medication must have access to training. If a situation arose where no staff was available in school to give this medication, then an ambulance must be called as soon as possible.

7.9 Inhalers

Learners who have asthma may require their medication quickly. Inhalers can therefore be kept in classrooms so that staff and learners have ready access if required. It is the responsibility of the Class Teacher to ensure the safety of this medication which will be stored out of reach of learners; all staff should be familiar with its location.

The Medication Administration Record (MAR) chart is kept in class with a copy of the care plan and must be completed when a dose is given.

The expiry date must be noted and the Health & Care Assistant informed a week before the expiry date is reached.

7.10 Insulin

Insulin will be delivered to the medical room at the start of the school day and the acceptance of the medication logged with appropriate witness signature. The medication will be stored in a secure cupboard until required.

Only those staff trained in the administration of insulin will sign for the medication in order to administer, the administration of the medication will be signed off in the MAR; kept in the classroom. Sharps will be disposed of in accordance with the policy and the insulin returned to the medical room for secure storage until the end of the school day. Medication will be signed for and returned home at the end of the school day.

7.11 Stock control

Stock which is kept in class for daily use should be monitored by allocated members of the class staff to ensure that there is always a safe level of in date stock available. The Health & Care Assistant will inform the class staff as to what is an appropriate safe level of stock and the care plan will provide the information for class staff to know where to obtain stock required *nb for stock such as inhalers the monitoring of the expiry date is to ensure new inhalers can be requested prior to the expiry date being reached.*

7.12 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.

All controlled drugs are kept in a secure cupboard in the medical room 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 in the Control Medication Book.

7.13 General Supply

The school holds a general supply of Calpo. This will only be administered when assessed as required. Anyone giving a learner any medication (for example, for pain relief) will first check with parent/carers and ensure that permissions are held. Protocol should be followed as outlined above.

The school also have an emergency asthma inhaler. Permissions are obtained from parent/carers and held on record in the medical room.

7.14 Sharps

Sharps boxes, which must always be used for the disposal of needles, and should be provided, by parents, who may obtain boxes on prescription from the child's GP or paediatrician and parents should collect boxes for disposal. The Health & Care Assistant should be aware of the need to maintain security of sharps boxes, which are potential targets for theft. It is also important to remember that any individual suffering a needle-stick injury should seek medical intervention.

7.15 Offsite Responsibilities

In order for learners to be safely supported offsite, with appropriate continuity of care and to allow full participation in the curriculum, it is important that the appropriate risk assessments are completed and that this risk assessment includes:

- the named person with responsibility, under the direction of the teacher, for the medical needs of named learners
- the named staff are fully conversant with the medical interventions required by the learner and any emergency procedures which may be required
- all medication is collected and appropriately signed out in good time before the group leaves the premises and signed in on return
- all medication is dispensed into appropriate compliant devices to ensure safe transport

7.16 Holiday use

Any medication used during school activities during holidays must be dispensed and given as per policy and appropriate records kept and the Health & Care Assistant informed.

7.17 Information from Parents

At the beginning of each autumn term, a supply of forms for permission to administer medicines will be sent to the parents of each learner or can be downloaded from the Cann Bridge School website. Parents should return the completed forms with any prescribed medication, which a learner requires in school. It is the responsibility of the parents to ensure that the school is informed of their child's current medical condition and any medication or treatment, which may be required. The Health & Care Assistant will update school records on receipt of any relevant information.

7.18 Class Medical Information Booklets & Storage

Class Medical Information Booklets contain useful information regarding medication and medical needs and are kept up to date by the Class Teacher using information from Bromcom and IHCPs. The contents of these Booklets are of course confidential but may be required by Paramedics or other professionals in an emergency. These folders also include details of known allergies across the school.

Contents

- Class Overview of Medical Needs – including allergies, inhalers, medication.
- School Overview of known allergies
- IHCPs, Bromcom Print Outs, NHS Care Plans, Asthma Action Plans
- Any medical risk assessments

Each classroom is fitted with a lockable medical cabinet and should only be used for the class medical information booklet, storage of medication, first aid kit. This should be checked weekly to ensure that contents are all in date and accurate.

7.19 Learners managing their own needs

Learners 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 IHCPs.

Learners will be allowed to carry their own medicines and relevant devices wherever suitably assessed. Staff will not force a learner to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

7.20 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the learner's IHCP, but it is generally not acceptable to:

- Prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary (unless in the cases of best interest)
- Assume that every learner with the same condition requires the same treatment
- Ignore the views of the learner 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 IHCPs
- If the learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise learners for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent learners 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 learner, 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 learners from participating, or create unnecessary barriers to learners participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask learners to administer, medicine in school toilets

8. Emergency procedures

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

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

9. Training

Staff who are responsible for supporting learners with medical needs will receive suitable and sufficient training to do so. It is essential that staff are well trained and are prepared to deal with a range of medical situations. Appropriate and regular training will be provided for all staff as part of the Continuous Professional Development plan which will include annual refreshers in administration of medication, asthma awareness, allergy awareness, epilepsy awareness. Where necessary for their role, staff will also receive training in dysphagia.

The training will be identified during the development or review of IHCPs. Staff who provide support to learners with medical conditions will be included in meetings where this is discussed. Any specific medical needs of learners will be trained by the schools nursing service and competency sign-off.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with role of individual. 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 learners
- Fulfil the requirements in the IHCPs
- 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.

Staff annually familiarise themselves with the contents of this policy and receive a class medical overview delivered by the Health & Care Assistant.

Only staff who are trained in the administration of emergency drugs are allowed to give them.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to learners for as long as these learners are at the school. At Cann Bridge this is called the Control Medication Book. Parents will be informed if their child has been unwell at school in line with the First Aid Policy.

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

11. Liability and indemnity

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

The details of the school's insurance policy are: Plymouth City Council & Cann Bridge School - through Zurich Municipal Policy. Details are displayed in the reception area.

12. Complaints

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

13. Monitoring arrangements

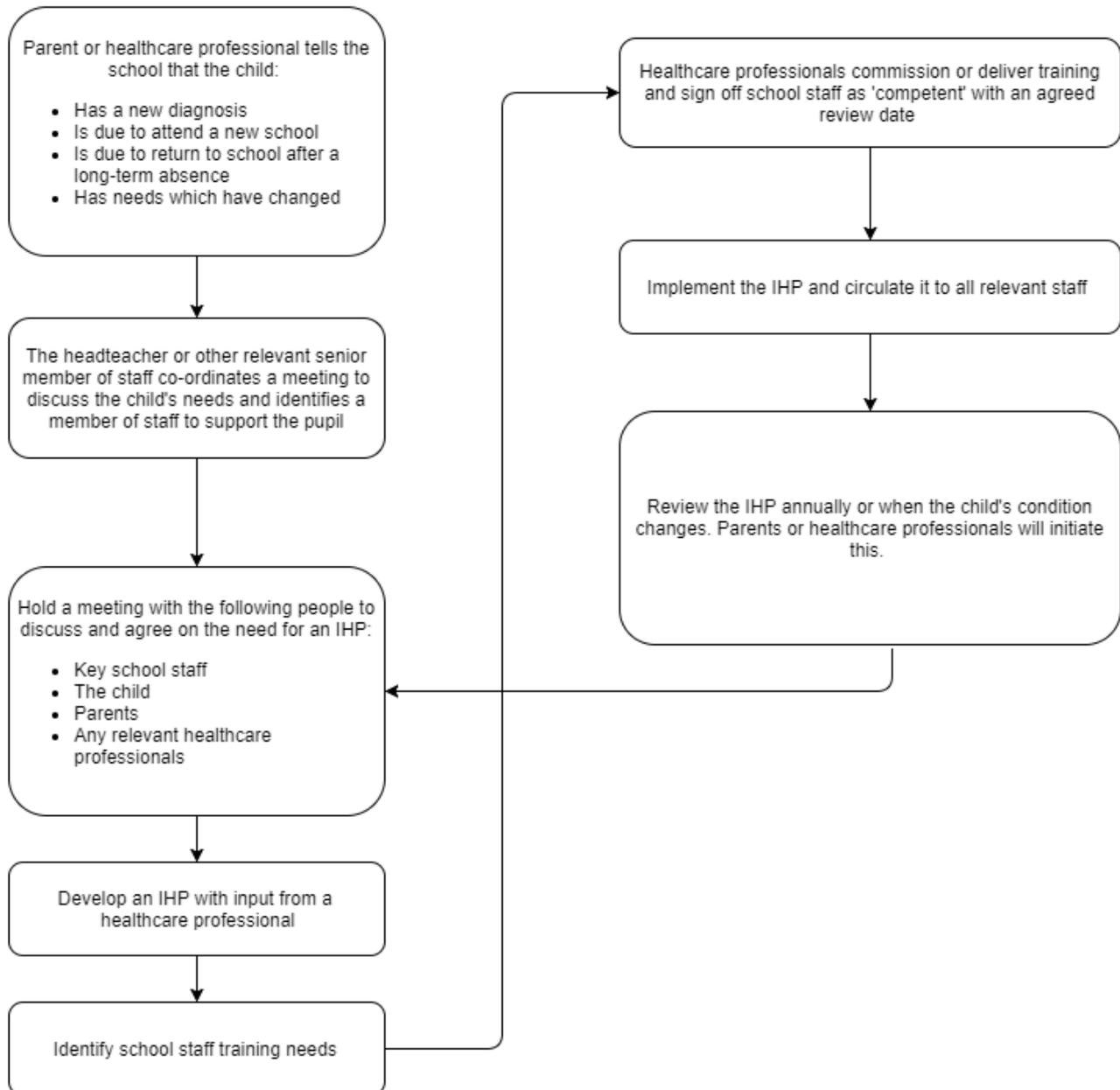
This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Compliments, Comments & Complaints Policy
- Equality Information and Objectives
- First Aid
- Health and Safety
- Child Protection & Safeguarding
- Special educational needs information report

Appendix 1: Being notified a child has a medical condition



Appendix 2: Guidelines for administration of medication

Preparation

Before administering medication to a learner, ensure that you have all the necessary information and equipment to administer it safely and correctly. You will need the relevant learner drug sheet, which contains the Medication Record, Record of medicines administered form and Administration of medicines parental permission form and the correct medication along with measuring pots, syringes, etc.

Procedure

- Wash hands.
- Check the Record of Medicines Administered sheet to make sure medication has not already been given.
- Always check the details on the label of any medication along with the learner's current Medication Record before administering. Check with the learner's parent or GP if there is any discrepancy in dosage etc, before giving medication.
- If in doubt have another member of staff, verify that you have the correct medication for the identified learner.
- Ensure that the medication is in date.
- The aim of these preparations for correct drug administration ensures that the appropriate medication (as prescribed by a doctor or authorised by a parent) is given by the right route to the child at the right time or as soon as possible thereafter.
- Once the medication has been administered record this and sign the Record of medicines administered sheet.
- Return remaining medication to correct storage e.g. medicine cabinet and wash any equipment used.

In the Event of a Drug Administration Error

- Check safety of learner concerned note any adverse reaction.
- Inform parents immediately.
- Advice can be sought from GP or calling 111
- Depending on the severity of the error learner may be transferred to hospital or carefully monitored in school.
- Health & Care Assistant or Senior Leader to document details, learner incident/accident form to be completed. Headteacher to be informed immediately.
- All errors and incidents related to the administration of medicines require thorough and careful investigation at local level. This is to allow discussion to identify and disseminate improvements in local practice in the administration of medicines. Also to distinguish between cases where error was a result of recklessness/incompetent practice or resulted from pressure of work.
- Check that parents know your rules and accept that they will have to have to take time off, or make other arrangements for the child's care, if their child is ill. (Section 8 of the "Spotty Book"), until the required period has passed.

- Be aware of children and staff who are more susceptible due to infection due to underlying diseases, treatment or pregnancy.
- Ensure that toilet and hand washing facilities are kept clean and supplied with hot and cold water, soap and towels.
- If in doubt seek further advice.
- The “Spotty Book” is available in school and at the hostel. This book is published by Public Health and gives definitive advice on treatment prevention when to exclude an illness.

As in all medical issues document events incidences, all actions taken and any outcomes. Parents to be notified at the appropriate opportunity.

Appendix 3: Administration of Paracetamol



Administration of Paracetamol

Check Bromcom for parental consent

No – **DO NOT** administer and seek further guidance

Paracetamol given prior to school wait 6 hours since last dose before administering again

Yes – Check home:school book or contact parents to find out if paracetamol has been given prior to school

No message or response from parents **DO NOT** give paracetamol until at least 13.00

None administered prior to school – 2 people to dispense the appropriate dose according to manufactures guidance
Note no more than 4 doses in 24 hours

Administer and monitor to ensure the whole dose has been given

Complete the Administration of Paracetamol chart recording the pupils name, dose, date and time. Ensure this record is signed by two members of staff.
Deduct the amount given from the Paracetamol stock balance to ensure accurate records are kept

Record in the home:school book entering date, time, dose and reason for administering

If in doubt DO NOT administer and seek further guidance from SLT

Appendix 7: Prescribed Regular Medication Log



Prescribed Regular Medication Log

Learner Name:		Allergies:	
Date of Birth:		Prescribing doctor:	
Class:		Reason for administration:	
Name of medicine:		Storage instructions:	
Form & Strength:		Route:	
Dose:		Times to be administered:	
Month / Year:	March 2026		

	Meds in	Start Balance	1st sign	2nd sign	Remaining Balance	Notes
1st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						
8 th						
9 th						
10 th						
11 th						
12 th						
13 th						
14 th						
15 th						
16 th						
17 th						
18 th						
19 th						
20 th						
21 st						
22 nd						
23 rd						
24 th						
25 th						
26 th						
27 th						
28 th						
29 th						
30 th						

A=Absent B=Not Required C=Refused and Destroyed D=Nausea or vomiting E=Hospitals F=Other(please define)

Completed by _____ Counter signed _____ Date _____

Appendix 8: Administration of Medication Parental Consent Form



Administration of Medication Parental Consent Form

The school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Known allergies	

Medicine 1

Name/type of medicine <i>(as described on the container)</i>	
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	
Prescribed by	
Medical condition or illness	

Medicine 2

Name/type of medicine <i>(as described on the container)</i>	
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	
Prescribed by	
Medical condition or illness	

NB: Medicines must be in the original container as dispensed by the pharmacy
Please use more than 1 form if more than 2 medications.
Please include any emergency medication your child has been prescribed i.e. Buccal Midazolam.

Contact Details

Name

Daytime telephone no.

Relationship to child

Parental consent

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Paracetamol parental consent

I give permission for my child to have paracetamol for pain or fever from the school supply. The dose given will be in line with the directions on the bottle and in line with current weight.

Signature(s) _____

Date _____

Notes for Parents/Carers: Administration of Medication

- This form must be completed by the parent, guardian, carer, or person with parental responsibility for the pupil, and submitted along with the medication to the School Nurse.
- All medication must be provided in its original pharmacy container, clearly labelled with:
 - The expiry date
 - The name and strength of the medication
 - The prescribed dosage and frequency
 - The name of the pupil the medication is prescribed for
- Please inform the school immediately if there are any changes to your child's medication or medical care. A new consent form must be completed for any medication change or for any newly prescribed medication.
- If your child attends hospital or has a consultant appointment, please request that a copy of the clinic notes or discharge summary is sent to the school. This helps ensure we are fully informed about your child's medical needs and can support them safely.

Guidance Notes

- The school will only administer medication prescribed by a doctor.
- Over-the-counter pain or fever relief will only be administered if the school has received written and signed instructions from the parent/carer.
- Medication must be in date, in its original packaging, and clearly labelled with:
 - The contents
 - The pupil's name
 - The dosage and frequency
 - The name of the prescribing doctor
- The information provided on this form is requested in confidence, so the school is fully aware of your child's medical requirements and can provide appropriate support.

Appendix 9: Emergency Adrenaline Auto-Injector (EPIPEN) Consent Form



Emergency Adrenaline Auto-Injector (EPIPEN) Consent Form

Name of child

--

Date of birth

--

In accordance with the 2017 Department of Health guidance on the use of *emergency adrenaline auto-injectors (AAIs)* in schools, settings are permitted to legally hold a spare supply of adrenaline for use in an emergency.

Although this is not a statutory requirement, Cann Bridge School has chosen to use this discretionary power to further safeguard and support pupils with serious allergies. The school's emergency AAI would only ever be used if:

- Your child's own prescribed device is unavailable, expired, or otherwise unsuitable for use, and
- Its use is consistent with your child's individual Allergy Action Plan.

Should the emergency adrenaline auto-injector be used for your child, we will contact you immediately. You will then be asked to replace your child's prescribed device through your usual prescription route.

Parental consent

I consent to my child in the event of displaying signs of anaphylaxis, and their own auto-injector not being available or suitable for use to be given adrenaline 0.150mgs from the school's emergency kit.

Signature(s) _____

Date _____

Appendix 10: Daily Checks Recordings



Daily Checks Recordings

	Medication Cabinet		Controlled Drugs Cabinet		Warm Water Pool Alarm	Medical Fridge		Checked by
	Current Temp	Humidity	Current Temp	Humidity	Working	Current Temp	Cleaned	
1st								
2 nd								
3 rd								
4 th								
5 th								
6 th								
7 th								
8 th								
9 th								
10 th								
11 th								
12 th								
13 th								
14 th								
15 th								
16 th								
17 th								
18 th								
19 th								
20 th								
21 st								
22 nd								
23 rd								
24 th								
25 th								
26 th								
27 th								
28 th								
29 th								
30 th								

Appendix 11: Medication to be given on education visit or residential (offsite) record



Medication to be given on education visit or residential (offsite) record

Name of learner	Date	Medication	Amount	Expiry date	Checked by HCA	Signed out by	Time	Date returned	Returned by	Amount returned	Checked by HCA	Time

A,		Given	B,	Refused and destroyed	C,	Absent and destroyed	D,	Other (please specify)
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Appendix 14: Medication Whole School Overview



Medication Whole School Overview

Regular Medication

Learner Name	Date Started	Regular Medication	Dose	Route	Frequency (Time & Day)	Prescriber	Notes on Administration

Short-term or as and when medication

Learner Name	Date Started	End date	Regular Medication	Dose	Route	Frequency (Time & Day)	Prescriber	Notes on Administration

Appendix 15: Safety of emergency medicine protocol

Aims

- To ensure the safety of the learner at all times
- To ensure the safe keeping of a dangerous drug
- To ensure that any individual learner's emergency care plan for epilepsy is understood and can be followed by trained staff.

Implementation

For learners with a Midazolam protocol:

- The medicine must be signed out from the medical room by appropriately trained staff
- Two staff sign out the medicine and check:
 1. the correct medicine for the correct learner
 2. the quantity and condition of syringes and the expiry date.
- The staff signing for Midazolam are responsible for the medicine whilst it is signed out
- The responsible staff must be in possession of the medicine at all times (either staff member who has signed)
- The staff signing the medicine out should also sign the medicine back in

We all have a duty of care towards the learners and:

1. Must keep learners safe, including not allowing learners to handle medicine.
2. Medicine must be carried in a bag by the staff member who has signed for them. The medicines must **NEVER** be left unattended or in any accessible place, e.g. on the back of a wheelchair.
3. Where problems with the protocol or unexpected issues occur, please consult the Health & Care Assistant or a SLT if this is not possible staff are required to use their professional training and knowledge to ensure the safety of the learners, staff and medicine at all times.
4. The Health & Care Assistant can coordinate refresh or revisit training for staff.

Appendix 16: What to do in the event of an asthma attack

What to Do in the Event of an Asthma Attack

Guidance based on Department of Health advice on the use of emergency salbutamol inhalers in schools.

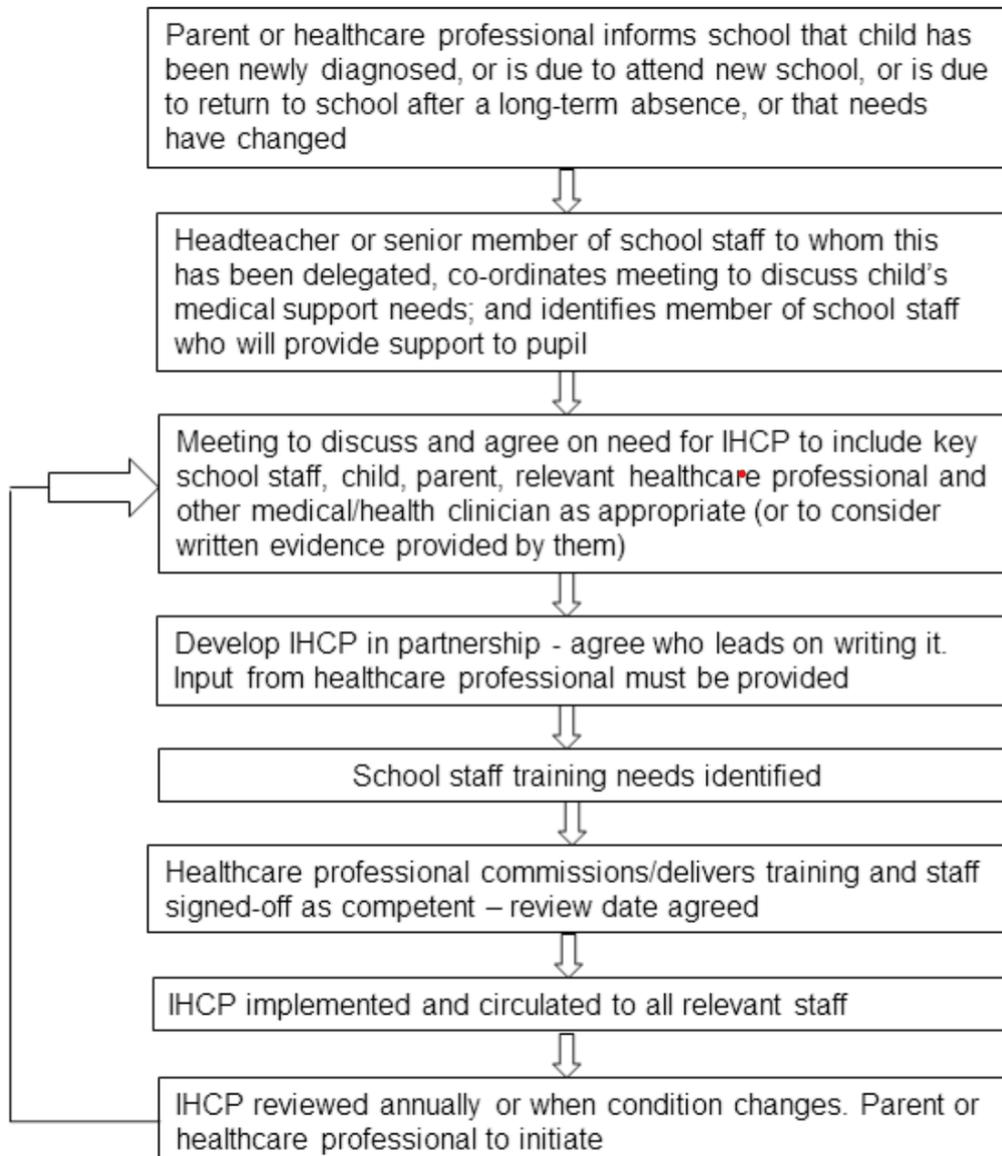
- If a child is having an asthma attack:
- Stay calm and reassure the child.
- Encourage the child to sit upright and lean slightly forward.
- Use the child's own inhaler first. If it is unavailable or not working, use the school's emergency inhaler.
- Stay with the child while the inhaler and spacer are brought to them.
- Help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue administering two puffs every two minutes, up to a maximum of 10 puffs.
- Continue to reassure the child and remain with them until they feel better. The child may return to normal school activities once symptoms have resolved.
- Call 999 if the child does not improve, or if at any point before 10 puffs you are concerned about their condition.
- If an ambulance has not arrived within 10 minutes, give another 10 puffs in the same pattern.

How to Recognise an Asthma Attack

Common signs include:

- Persistent cough (even at rest)
- Wheezing (a whistling sound from the chest)
- Difficulty breathing – fast, effortful breathing, possibly using upper-body muscles
- Nasal flaring
- Difficulty speaking or completing sentences; some children may become quiet
- Complaints of a tight chest (younger children may describe it as tummy ache)
- Call 999 immediately and begin the asthma attack procedure without delay if the child:
 - Appears exhausted
 - Has a blue or white tinge around the lips
 - Is turning blue
 - Has collapsed

Appendix 17: Developing an IHCP



Appendix 18: Individual health care plan (IHCP)



Individual Health Care Plan

Child's name	
Date of birth	
Date	
Review date	
Reviewed by	

Parental contact details, GP/consultant information, NHS number, medical diagnoses/conditions, allergies, and other personal details are available on Bromcom. All parental consents are also stored on Bromcom. A copy of this information should be printed and reviewed with parents/carers when updating the IHCP to ensure all details are accurate and up to date.

List any known practitioners involved in the health and care needs of the child i.e. CAMHS, Social Worker, Community Nursing Team, physiotherapists, continence team.

--

List any NHS care plans/protocols available i.e. seizure, allergy, asthma, vision, hearing, OT, physiotherapy, SALT, dietician available and date last updated

--

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

--

Daily care requirements

--

Specific support for the learner'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

Plan developed with

Staff training needed/undertaken – who, what, when

Any specialist equipment or resources required

Physiotherapy	
Occupational Therapy	
Speech and Language Therapy	
Hearing	
Vision	
Dental	
Dietician	
Medical	
Continence/Toileting	