



# SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

**(Now incorporating the NPAT Medication policy and NPAT Children with health needs who cannot attend school policy)**

Associated Policies:	School Accessibility Plan Complaints policy Equality information and objectives First aid policy Health & Safety policy Safeguarding & child protection policy SEN information report
Owner/ reviewer:	Executive Office Manager
Secondary reviewer:	CFOO
Date Approved:	9 <sup>th</sup> December 2025
Approved by:	Board of Trustees
Date issued:	5 <sup>th</sup> January 2026
Date of Review:	January 2027
Website Inclusion	N
Version:	1.0 26

## 1. CONTENTS

1.	Contents.....	1
2.	Policy statement.....	3
3.	Who does this policy apply to .....	3
4.	Policy review arrangements .....	3
5.	Policy aims .....	3
6.	Legislation and statutory responsibilities .....	3
7.	Supporting children with medical conditions in school .....	4
	7.1 Roles and responsibilities .....	4
	7.2 Equal opportunities .....	6
	7.3 Being notified that a child has a medical condition .....	6

7.4 Individual Healthcare Plans (IHPs) .....	7
7.5 Managing medicines .....	8
7.6 Emergency Procedures .....	10
7.7 Training .....	12
7.8 Record keeping .....	13
7.9 Liability and indemnity .....	14
7.10 Complaints .....	14
8. Supporting children with health needs who cannot attend school .....	14
8.1 Responsibilities .....	14
8.2 School led support (with HOE advice and support) .....	15
8.3 Identification and intervention .....	15
8.4 Working together – with parents/carers, children, health services and schools .....	16
8.4 Reintegration .....	17
9. Appendices .....	18
1. Being notified a child has a medical condition	
2. Individual Healthcare Plan (IHP)	
3. Agreement for setting to administer medicine	
4. Record of medicine administered to an individual child	
5. Record of medicine administered to all children	
6. Contacting emergency services	
7. Model letter inviting parent/carer to contribute to IHP development	
8. Transporting pupil in staff car – risk assessment	
9. Management of medication – guidance for schools	
10. Parent/carer consent form – use of emergency salbutamol inhaler	
11. Letter to inform parent/carer of use of emergency salbutamol inhaler	
12. Bodymap for the application of cream/ointment	

## 2. POLICY STATEMENT

This policy sets out our approach to supporting children with medical needs across Northampton Primary Academy Trust.

This Policy is adapted from 'The Key' model policy as approved by Forbes Solicitors.

## 3. WHO DOES THIS POLICY APPLY TO

This policy applies to all pupils of Northampton Primary Academy Trust with disclosed medical needs.

## 4. POLICY REVIEW ARRANGEMENTS

This policy will be reviewed by the Trust Executive Office Manager annually and approved by the Board of Trustees.

## 5. POLICY AIMS

This policy aims to ensure that:

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

And for pupils with health needs who cannot attend school ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

## 6. LEGISLATION AND STATUTORY RESPONSIBILITIES

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

The policy is based on the following legislation:

- [Education Act 1996](#)
- [The Education \(Pupil Registration\) \(England\) Regulations 2006](#)

It is also based on the Department for Education's (DfE) statutory guidance:

- [Supporting pupils at school with medical conditions.](#)
- [Alternative provision - GOV.UK](#)
- [Arranging education for children who cannot attend school because of health needs](#)

This policy also reflects the requirements of the Education Act 1996, and Additional health needs guidance ([publishing.service.gov.uk](https://publishing.service.gov.uk)) and based on guidance from relevant local authority policies.

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

## 7. SUPPORTING CHILDREN WITH MEDICAL CONDITIONS IN SCHOOL

### 7.1 ROLES AND RESPONSIBILITIES

#### 7.1.1 The Board of Trustees

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

The Board will also determine and approve this policy.

#### 7.1.2 CEO

The CEO will:

- Oversee and support the Headteacher and/or Local Governing Bodies of each school in carrying out their duties
- Highlight any issues found across the Trust to the Board of Trustees

#### 7.1.3 Local Governing Bodies

Local Governing Bodies of each school will:

- Review how well this policy is locally applied and make recommendations to the Board of Trustees as necessary

- Support and challenge the Headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

#### **7.1.4 The Headteacher**

The Headteacher of each school 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure the school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that attention is brought to the school nurse (where available) to any pupil who has a medical condition that may require support in school
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### **7.1.5 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff at the school 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.

#### **7.1.6 Parents/carers**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs

- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment

### **7.1.7 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.

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

School nurses will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses [where available] or other delegated individual and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **7.2 EQUAL OPPORTUNITIES**

Our Trust promotes intentionally inclusive practice to, wherever possible, actively support pupils with additional needs, (including medical conditions) to participate in all aspects of school life including learning, school trips/visits and sporting activities

The Trust and the individual school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

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

## **7.3 BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION**

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

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

#### 7.4 INDIVIDUAL HEALTHCARE PLANS (IHPS)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. The Headteacher may delegate this role to an appropriate member of staff.

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/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, **the Headteacher will make the final decision.**

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or 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 education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher or delegated staff member 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 national tests, 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/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

The school will keep a centralised register of IHP and identify a member of staff to have responsibility for this register.

The parents/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHP. Other school staff will be made aware of and have access to the IHP for the pupils directly in their care.

## 7.5 MANAGING MEDICINES

It is Trust policy that schools will not administer any non-prescribed medications to pupils except in exceptional circumstances and at the discretion of the Headteacher.

Prescription medication will only be administered at the school:

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

Schools will only accept prescribed medicines that are:

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

Schools 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. Pupils 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 pupils and not locked away.

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

Additional guidance on the management of medications should be referred to by all staff involved in the management of medication as found at **Appendix 9**, 'Management of medication guidance for schools'.

### **7.5.1 Controlled drugs**

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

All controlled drugs will be kept in a secure cupboard in the school office and only named staff will 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.

### **7.5.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own non-controlled medicines and procedures. This will be discussed with parents/carers 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/carers so that an alternative option can be considered, if necessary.

### **7.5.3 Unacceptable practice**

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

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send a child with a medical condition to the school office or medical room unaccompanied or with someone unsuitable if the pupil becomes ill
- 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/carers, 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/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **7.6 EMERGENCY PROCEDURES**

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

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

The flowchart follows the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle except and only where the following circumstances occur: -

- The school has been unable to successfully contact the parent(s)/ Carer(s) **and**
- The school has been advised by a 999 operator to transport the child to hospital because:
  - An ambulance is unable to attend or
  - An ambulance is unable to attend for a long period of time
- In this instance the following steps must be taken:
  - Transporting pupils in staff car risk assessment (**Appendix 8**) must be completed, signed and adhered to. This can be completed by an alternative senior member of staff to ensure no delay in transportation and treatment under these circumstances.
  - The vehicle must have a valid MOT and be deemed roadworthy
  - The vehicle must be driven by someone with an appropriate license and valid business use insurance
  - Two staff should always travel in the vehicle.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.



## 7.7 TRAINING

Named staff will be responsible for administering a pupil's medication. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication.

Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

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 and staff member. 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 may provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All training should be documented on Every and a clear plan should be implemented for refresher sessions, or updates if the pupil's condition changes.

The school will ensure that whole school awareness training will take place at least annually. This should include the contents of this policy, and awareness of common conditions such as asthma allergies, epilepsy and diabetes. This training will be delivered by a suitably qualified person.

All staff who administer medication should be aware of:

- Where the medicine box is located
- What medication is in the box
- Who it belongs to and a copy of the parental consent
- The dose and frequency of administration to the pupils concerned
- Who will administer this medication

## 7.8 RECORD KEEPING

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

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

As part of the school's admissions process and annual data collection exercise parents/carers are asked if their son/daughter has any medical conditions. These procedures also cover transitional arrangements between schools.

The pupil's confidentiality should be protected, and the school should seek permission from parents/carers before sharing any medical information with any other party.

The school will keep an accurate record of all medication administered, including the dose, time, date and supervising staff by using Department for Education's Template see **Appendix4 and Appendix5** attached.

## 7.9 LIABILITY AND INDEMNITY

As outlined in the Department for Education's guidance for "Supporting Pupils at School with Medical Conditions 2015", Northampton Primary Academy Trust will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on school premises.

The insurance arrangements will cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

## 7.10 COMPLAINTS

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

# 8. SUPPORTING CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

## 8.1 RESPONSIBILITIES

### 8.1.1 School

Initially, our school will attempt to make the arrangements to deliver the same high standard of education for children with health needs who cannot attend school.

### 8.1.2 Local Authority

If it becomes evident that the child's needs cannot be fully supported in school, the relevant local authority will oversee suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age in consultation with the school. Where possible the child should remain on the

school roll and must not be removed without parental consent and certification from the school medical officer.

Within each local authority the responsibility for educational provision for children with additional health needs which cannot be fully met in a school setting lies with Hospital and Outreach Education (HOE) which is a Pupil Referral Unit. Where the school decides to use the support of HOE, schools should be aware that there is a charge, equivalent to the Age Weighted Pupil Unit (AWPU) of the year group.

## 8.2 SCHOOL LED SUPPORT (WITH HOE ADVICE AND SUPPORT)

In some, but not most cases, schools may choose not to use the HOE service and set up their own educational support programme. In this case, HOE could provide advice and monitoring of the education provided if requested. HOE can support schools in the development of individual healthcare plans for pupils with complex medical and mental health needs.

Shorter term illnesses or chronic conditions are best met by school support and resources.

DfE statutory guidance gives further information about the support that pupils with medical conditions should receive at;

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Conditions that might meet these criteria include short term post-operative support, and periods of reduced immunity. HOE and the referring school will decide how best to meet the needs of the child, this could be via HOE or the school with additional support and advice.

## 8.3 IDENTIFICATION AND INTERVENTION

HOE may provide appropriate education advice to school on how best they can meet their pupil's needs, once requested by the school, and as soon as it is clear that the child will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education. The 15 days can be consecutive or cumulative within a 12-month period.

The school SENCo will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education. Where there may be an initial delay in accessing specific medical evidence from a consultant, evidence from a GP

may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been made.

If a child has a long term or complex health issue, the school will ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and HOE and amended as appropriate. The best way to do this is to use an Individual Healthcare Plan (IHP) as outlined in the DfE statutory guidance. A template for an IHP is available at **Appendix 2**.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in the hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education. Children with long term health problems will not be required to provide continuing medical evidence. However regular liaison with health colleagues is important and the level of support required may be discussed with other multi-agency professionals as necessary. HOE and the child's home school will decide on the most appropriate provision as they are the educational specialists. There is also an expectation that children and their parents/carers will cooperate fully with all medical advice and support offered and ensure they attend appointments.

Recommendations from medical advice following a hospital discharge will be noted and HOE will liaise with the child's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible with a view to reintegration back into mainstream as soon as appropriate. When a child is approaching a national test period, HOE teachers will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child is unable to attend school. Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking national tests.

School or HOE (whoever is most appropriate) should submit applications for special arrangements to awarding bodies as early as possible. If school is making the application, HOE, in association with medical professionals, will provide advice and information to the school to assist it with such applications.

#### 8.4 WORKING TOGETHER – WITH PARENTS/CARERS, CHILDREN, HEALTH SERVICES AND SCHOOLS

Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. In the case of

a Looked After Child, HOE, local authority representatives and primary carers would fulfil this role. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports HOE and the school in being able to arrange the most appropriate educational provision with which the child is able to engage. Effective multi-agency collaboration is essential in devising appropriate personalised individual learning plans.

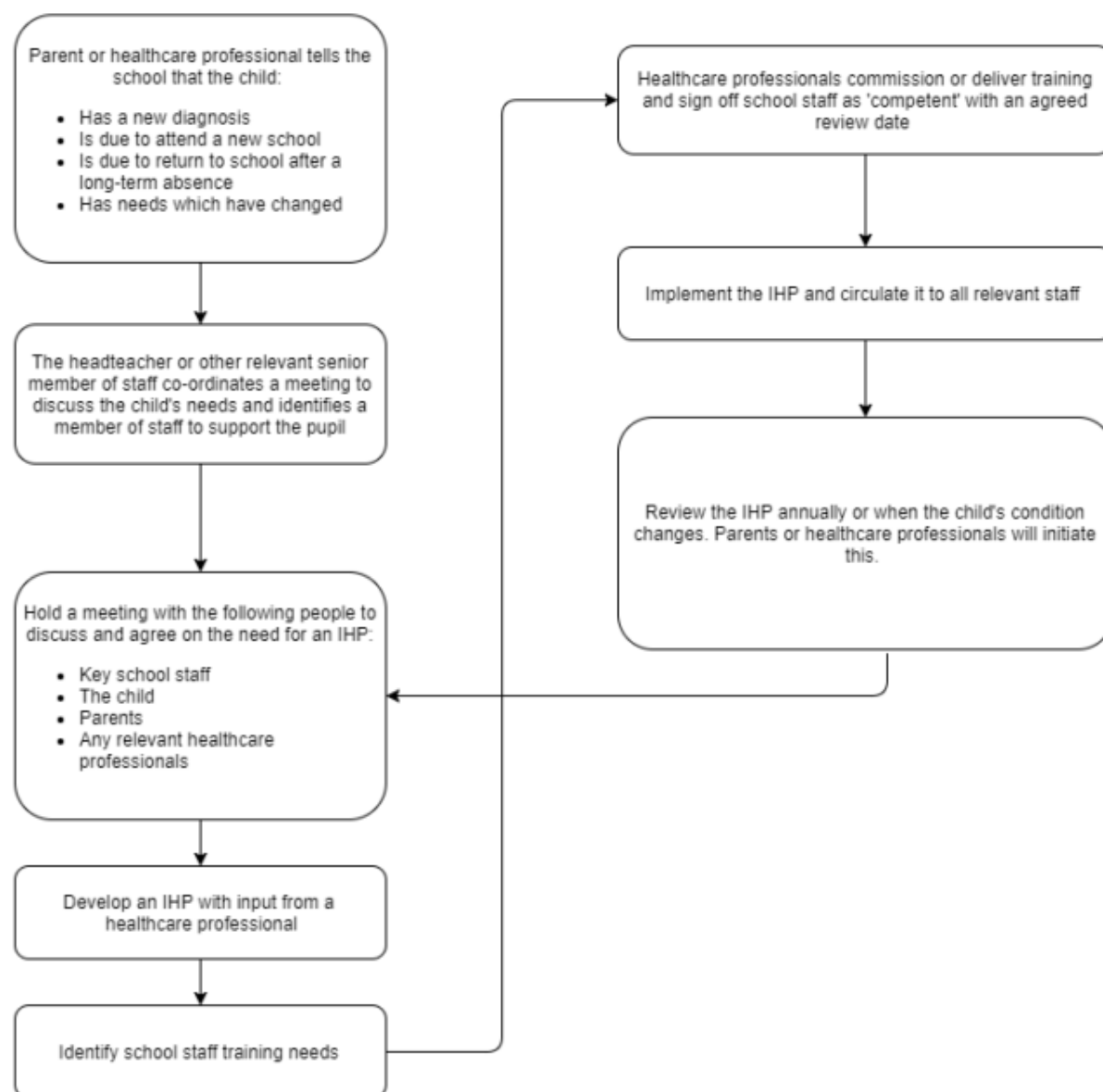
#### 8.4 REINTEGRATION

The plans for the longer-term outcome and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013). Reintegration into school is always anticipated, unless it is clear that it is in the interests of the pupil to remain with HOE until the end of the year.

HOE will work with the school to ensure education is maintained during this period. On return to school each child should have an individual healthcare plan which specifies the arrangements for the reintegration and may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child feels unwell. Advice from other medical professionals, including school nurses, can be helpful. For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. Children and their families are informed at the outset that the long-term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period. The school will consider if any reasonable adjustments need to be made.

## 9. APPENDICES

### Appendix 1 **Being notified a child has a medical condition**



## Appendix 2 – Template A: Individual Healthcare Plan

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

--

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


### Appendix 3 **Template B: Parental agreement for setting to administer medicine**

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 school/setting

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**

#### **Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. 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 \_\_\_\_\_

## Appendix 4 – Template C: Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of  
staff

Staff initials


Date

Time given

Dose given

Name of member of  
staff

Staff initials


Date

Time given

Dose given

Name of member of  
staff

Staff initials


Date

Time given

Dose given

Name of member of  
staff

Staff initials


# Appendix 5 – Template D: Record of medicine administered to all children

NORTHAMPTON  
PRIMARY ACADEMY TRUST



Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

## Appendix 6 – **Contacting emergency services**

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

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Appendix 7 – Model letter inviting parents to contribute to Individual Healthcare Plan development



Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

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

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

Yours sincerely

## Appendix 8 – Transporting pupils in staff car risk assessment



(To be read in conjunction with general hazards risk assessment)

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Occupational road risk	Staff or pupils may be injured as a result of an accident while driving at work. Such accidents may result in bumps, blows, strains and potentially fatality	<ul style="list-style-type: none"> <li>• All personal vehicles used for business that may transport pupils have a valid MOT and are deemed to be roadworthy.</li> <li>• Staff members are responsible for ensuring their vehicles are suitable for the journey / route being undertaken e.g., enough water/oil/fuel/tyre pressures.</li> <li>• Seat belts always to be worn.</li> <li>• Driving licences, insurance certificates and MOT (if applicable) are checked upon appointment and annually thereafter by XXXX</li> <li>• Staff are aware of the Safe Use of Mobile Phones guidance <a href="https://www.gov.uk/using-mobile-phones-when-driving-the-law">https://www.gov.uk/using-mobile-phones-when-driving-the-law</a></li> <li>• Highway code including speed limits to be observed at all times.</li> </ul>			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		<ul style="list-style-type: none"> <li>Staff are responsible for reporting any potential problems they have that may affect driving e.g., if taking medication that causes drowsiness, if feeling unwell or significant deterioration in eyesight.</li> </ul>			
Inability to summon help in an emergency e.g., accident or breakdown	Staff or pupils may risk their personal safety or health if they are unable to summon help in an emergency. Staff may suffer anxiety, serious injury or death	<ul style="list-style-type: none"> <li>Staff have use of a mobile phone (either personal or works) to be used as a means of emergency contact which should be charged.</li> <li>Signing in &amp; out procedure will be adhered to so that colleagues are aware of other team members' whereabouts.</li> <li>Staff keep a list of emergency contact numbers handy e.g., in their car, or on their mobile phone.</li> <li>Journey details to be left with colleague.</li> <li>Details of recovery organisation to be to hold in the vehicle. Recovery to be called and office to be informed of situation.</li> <li>If on rural or town road, lock car doors and remain in car until recovery vehicle arrives.</li> <li>If on motor way/dual carriageway other busy road,</li> </ul>			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		switch off engine and wait in a safe place away from the hard shoulder e.g., behind the barrier, embankment.			
Transporting pupils	Safeguarding	<ul style="list-style-type: none"> <li>• Always two staff in vehicle unless specific approval by Headteacher</li> <li>• Appropriate child seats or booster seats and restraints are available and used.</li> <li>• Children must <u>normally use a child car seat</u> until they're 12 years old or reach 135 cm tall, whichever comes first. <a href="https://www.gov.uk/child-car-seats-the-rules">https://www.gov.uk/child-car-seats-the-rules</a></li> <li>• Pupils are not left unattended in a vehicle.</li> <li>• Maximum seating must not be exceeded.</li> <li>• Pupil medical needs checked prior to travel; any required medicines taken in vehicle.</li> <li>• Pupil behaviour to be reviewed prior to visit</li> </ul>			



## Appendix 9 – Management of medication guidance for schools.

Prescription medicines will only be administered at the school:

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

Schools will only accept prescribed medicines that are:

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

Schools 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. Pupils 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 pupils and not locked away.

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

### 9.1 Medication management between school and home

#### 9.1.1 Medications transferred from home to school:

Medication required to be administered during school times must be received into school from the parent/carer for the pupil to which the medication refers.

Medication must not be transported to school by any pupil other than by exception with prior agreement between the school and parent/carer (i.e. Salbutamol inhaler / epi-pen)

Parents / carers should be requested to provide new and in date medication at the start of each term.

Medication received will not be administered to any pupil without a completed parental agreement for setting to administer medicine form [**Appendix3**]

The school will only accept prescribed medication that is in date, labelled and in its original container including prescribing instructions for administration.

Medicines transferred to school that were previously prescribed but are now only available over the counter must be accompanied by completed form [**Appendix3**]

Where emergency salbutamol inhaler is transferred to the school [**Appendix10**] consent form must accompany the medication.

Where cream / ointment is being transferred to school, [**Appendix12**] body map must be completed and accompany the medication prior to application.

Where an Individual Healthcare Plan is required, [**Appendix7 and 2**] must be completed

All forms can be obtained via the school office or from Every document library.

### **9.1.2 Medication for pupils who require short term medication for the duration of a trip / residential visit:**

Parent/carers must complete [**Appendix3**] at least three weeks before the visit at which point the school will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

### **9.1.3 Medications transferred from school to home:**

Parents/carers should be asked to collect all medications/equipment at the end of the school term.

Parents/ carers should be asked to collect short-term medication following a trip / residential visit at the return of the pupil to the school premises following the trip or visit.

Unused controlled drugs should be destroyed of under specific controlled conditions. This should be referred to on the IHP, and advice taken from healthcare professionals.

Medication must be collected by the parent / carer. Medication will not be returned to any pupil other than by exception with prior agreement between the school and parent/carer (I.e. Salbutamol inhaler / epi-pen)

## **9.2 Administering medications**

Medication will only be administered when it would be detrimental to a pupil's health or school attendance not to do so.

The school will not administer any medication (prescribed) to a child under 16 without a parent's written consent except in exceptional circumstances under direction of a medical professional.

The only exemption to this is if pain relief is required during the healing period of an injury such as a sprained joint or broken/fractured limb or any other exceptional circumstance agreed by the Headteacher. In such cases [**Appendix4**] should be completed.

A child under 16 years of age should never be given medicine containing Aspirin unless prescribed by a healthcare professional.

Some medicines need to be given at specific times, for example:

- before, with or after food – the absence/presence of food in the stomach can affect how the medicine works and may cause side effects
- some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times

Schools must have robust communication procedures in place to ensure that any information relating to the administration of medications, whilst in their care, is shared with external providers. For example, extra curriculum activity, including before and after school clubs, whether led by the school or an external provider.

#### 9.2.1 Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/carers, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

#### 9.2.2 Tablets/capsules

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day. Pupils should go ask for their tablets from the appropriate member of staff.

#### 9.2.3 Inhalers

Inhalers will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHP. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and they are able to pass this information onto the parents, so that the 'preventer' inhaler dose can be checked by their GP.

Pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should, where possible, be supervised when they take their inhaler. If they have any difficulty, the First Aider should be called to assist.

#### 9.2.4 Emergency Salbutamol Inhalers

Where the school has chosen to, they may hold an emergency inhaler for use by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency inhalers to establish which pupils have this in place. This information will also be included on the pupil's IHP.

If there is an emergency situation whereby consent has not been received, either for a pupil with diagnosed asthma, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

All staff should be made aware of where the emergency kit is located which includes;

- a salbutamol metered dose inhaler
- at plastic spacer
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

If a pupil has used the emergency inhaler, their parent/carers will be informed as soon as possible.

The consent form template to be completed by parent/carers template is attached— See **[Appendix10]**.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" specimen letter to inform parents of the use of an emergency inhaler is attached - see **[Appendix11]**.

Further information can be found in the Department of Health's "Guidance on the user of emergency salbutamol inhalers in school – March 2015"

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

#### 9.2.13 Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHP), with an emergency action plan, completed by their healthcare professional.

Where an adrenaline autoinjector has been prescribed, the pupil's parent/carer should ensure that two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school. If appropriate, the pupil may keep an autoinjector on their person – refer to the section on Self-Management. If this is not appropriate, the autoinjector should be kept safely in the pupil's classroom. The second autoinjector should be kept in the medicine cupboard and be available for administering if the pupil goes into anaphylactic shock.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately – see Emergency Procedures.

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, another pupil's autoinjector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded. The school will inform the emergency services that an emergency adrenaline auto-injector is in the school.

Allergy guidance for schools can be found at: Allergy guidance for schools - GOV.UK

#### 9.2.14 Emergency Adrenaline Auto-Injector

The school has chosen to hold an emergency Adrenalin Auto-Injector to be administered to pupils in an emergency if the pupil's own prescribed auto-injector cannot be administered correctly without delay.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency injector to establish which pupils have this in place. This information will also be included on the pupil's IHP.

#### 9.2.15 Injections

School staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by a qualified appointed health care professional.

#### 9.2.16 Ointments/creams

The school will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded.

If it is a long-term prescription (i.e., more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then Department for Education's Template B should be completed. A body map should be completed for the area where the cream/ointment is to be applied – See [Appendix].

#### 9.2.17 Eye, Nose and Ear Drops

The school will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Department for Education's Template C. The drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

#### 9.2.18 Self-Management

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and the school will encourage pupils to manage the use of their inhalers and adrenaline autoinjectors (epi pens) accordingly. The school acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and the pupil, the appropriate time to make this transition.

#### 9.2.19 Refusal to take Medication

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the school must take

prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHP.

If a refusal to take medication results in an emergency, the school's emergency procedures should be followed.

### **9.3 Storage**

All medications should be stored safely and securely, typically in a locked cupboard or container which is accessible to designated staff members but out of reach of pupils with the exception of medications that are required to be readily accessible such as asthma inhalers. Pupils with medical conditions should know where they are at all times and have access to them immediately.

The school should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

The school should only accept prescribed medication that is in date, labelled and in its original container including prescribing instructions for administration.

Medicine with the exception of individual inhalers should be stored in a named Medical Box with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHP.

It is essential that a pupil's emergency medication is immediately accessible to that pupil if participating in an extra curriculum activity, including Before and After School clubs, whether led by the school or an external provider.

Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

### **9.4 Controlled drugs**

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The school should follow these to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link: <https://www.gov.uk/controlled-drugs-list>

Guidance on how a controlled drug is classified can be found at the following link:  
<https://www.gov.uk/classifying-and-controlling-drugs>

An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin) may be prescribed.

Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan – see the Department for Education's [Appendix2] Individual Healthcare Plan. When a controlled drug is prescribed, and has to be administered during school hours, it should be highlighted on [Appendix2] Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.

The following requirements should be met, in line with the above legislation:

#### 9.4.1 Storage of controlled drugs

The medication should be double locked, i.e. in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHP.

Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

#### 9.4.2 Administering controlled drugs

Two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.

#### 9.4.3 Record keeping for controlled drugs

A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.

If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.

#### 9.4.4 Unused Controlled Drugs

Unused controlled drugs should be destroyed under specific controlled conditions. This should be referred to on the IHP, and advice taken from healthcare professionals.

#### 9.4.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and 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/carers so that an alternative option can be considered, if necessary.

### **9.5 Managing medications on an outing/residential visit**

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

#### 9.5.1 Pupils who require short term medication for the duration of the trip/residential

Parent/carers complete medical forms at least three weeks before the visit at which point the school will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

#### 9.5.2 Pain Relief

Pupils who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All pupil medication will be held in by the Visit Leader.

#### 9.5.3 Pupils with an Individual Healthcare Plan in place

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

For Early Years/Foundation Stage pupils, where it is assessed that the pupil cannot self-manage their inhaler, Group Leaders will ensure that staff keep the inhalers for pupils allocated to them. All doses administered need to be recorded.

#### 9.5.4 Controlled drugs

The school will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.

## Appendix 10      **Parent Consent form – Use of Emergency Salbutamol inhaler.**

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

### **Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date: .....

Name (print)

.....

Child's name:

.....

Class:

.....

Parent's address and contact details:

.....

.....

Telephone: .....

E-mail: .....

## Appendix 11      **Template letter to inform parents of use of Emergency Salbutamol inhaler.**

### EMERGENCY SALBUTAMOL INHALER USE

Child's name.....

Class: .....

Date: .....

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when .....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

## Appendix 12      **Body map for the application of cream/ointment**

(The body map must be completed by the parent/carer before any cream or ointment is applied at school)

Name of pupil:.....Date of Birth: .....

Class: .....

Name of staff to apply prescribed cream/ointment: .....

Name of medication: .....

Reason for, and frequency of application:

.....

Indicate below the affected areas where cream/ointment may require applying.

