



Lowercroft Primary School

Supporting Pupils with Medical Conditions and Managing Medicines Policy 2026–2027

(This policy applies to all school activities, including ERICC's before and after school club)

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1 Purpose and principles

Lowercroft Primary School is committed to ensuring that pupils with medical conditions receive appropriate support so that they can attend regularly, remain safe and participate fully in school life. Arrangements will focus on the needs of the individual pupil and will not create unnecessary barriers to learning, educational visits, physical education, enrichment or wider school activities.

The governing body will ensure that suitable arrangements are in place. No pupil will be denied admission or prevented from taking up a school place because arrangements for their medical condition have not yet been made. Reasonable adjustments will be made for disabled pupils in accordance with the Equality Act 2010.

This policy applies to pupils attending the school and school-led activities, including off-site and residential visits. It covers prescribed medicines and the limited circumstances in which the school may agree to administer non-prescription medicines.

2 Legislative framework and guidance

- Children and Families Act 2014, section 100
- Education Act 1996
- Equality Act 2010
- Human Rights Act 1998
- DfE statutory guidance Supporting pupils at school with medical conditions
- Special educational needs and disability code of practice: 0 to 25 years
- Current Early Years Foundation Stage statutory framework
- Department of Health and Social Care guidance on emergency salbutamol inhalers and emergency adrenaline auto-injectors in schools

3 Roles and responsibilities

3.1 Governing body

- Ensures arrangements are in place to support pupils with medical conditions and that this policy is implemented effectively.
- Ensures sufficient staff are appropriately supported and trained and that suitable insurance arrangements are in place.
- Ensures the policy is accessible to parents and is reviewed regularly.

3.2 Headteacher

- Has overall responsibility for implementing this policy and ensuring that all relevant staff are aware of it.
- Identifies a designated medical conditions lead and ensures cover arrangements are reliable.
- Ensures that individual healthcare plans are developed where appropriate and that staff receive the information and training they need.
- Contacts the school nursing service where a pupil who has a medical condition may require support but has not been brought to its attention by a healthcare professional.

3.3 Designated medical conditions lead (SENDco)

- Coordinates healthcare plans, medication information, training requirements and routine monitoring.
- Maintains or oversees relevant registers, records and checks of emergency medication.
- Ensures supply and temporary staff receive essential information on a need-to-know basis.

3.4 School staff

Any member of staff may be asked to support a pupil with a medical condition, including in an emergency, but individual staff members are not required to administer medicines or undertake healthcare procedures unless this forms part of their contractual role. Staff who agree to do so must follow this policy, the pupil's healthcare plan and their training. In an emergency, all staff should act promptly and summon appropriate help.

3.5 Parents and carers

- Provide complete and up-to-date information about their child's medical needs and notify the school promptly of any change.
- Supply medicines in the original container as dispensed, with a legible pharmacy label and instructions, and ensure they are in date.
- Complete the required consent documentation and provide an appropriate healthcare or emergency action plan where requested.
- Maintain adequate supplies and collect medicines when they expire, are discontinued or are no longer required.

3.6 Pupils

Pupils will be involved in decisions about their medical support in a manner appropriate to their age and understanding. They will be encouraged to manage their own medicines where they are competent to do so, subject to an individual assessment and suitable safeguards.

3.7 SENDCo and DSL

The SENDCo will contribute where a pupil's medical condition also affects their special educational needs or provision. A pupil does not need to have SEND or an education, health and care plan to require an individual healthcare plan. Any safeguarding concern involving medication or medical care will be reported to the designated safeguarding lead in accordance with the safeguarding policy.

4 Individual healthcare plans

An individual healthcare plan (IHP) will be considered where a pupil has a long-term, complex, fluctuating or potentially life-threatening condition, where emergency intervention may be required, or where clarification of responsibilities would help the school provide safe support. Not every pupil who takes medicine will need an IHP.

The headteacher or designated medical conditions lead will coordinate the plan with the pupil, parents or carers, relevant staff and appropriate healthcare professionals. The plan will be completed as soon as reasonably practicable and normally within two weeks of a new diagnosis or notification, where sufficient information is available.

- The condition, triggers, signs, symptoms and treatments.
- The pupil's resulting educational, social and emotional needs.
- Medicine, dose, method, timing, side effects, storage, access and disposal arrangements.
- The level of support required, including self-management, personal care and who will provide support.
- Training and competency requirements.
- Arrangements for absences, cover, emergencies, educational visits and other activities.
- Information-sharing and confidentiality arrangements.
- What constitutes an emergency and what action to take, including whom to contact.

IHPs will be reviewed at least annually and sooner when needs, medication or circumstances change. Parents should not wait for the annual review to report a change.

5 Accepting medicines into school

The school will normally administer prescribed medicine only when it would be detrimental to a pupil's health or attendance not to do so. Where possible, parents should ask the prescriber whether doses can be arranged outside school hours.

- Written parental consent must be obtained before medicine is administered, except where emergency legislation and guidance permit otherwise.
- Prescription medicine must be in the original container as dispensed by a pharmacist and labelled with the pupil's name, medicine, dose, method, timing and any special instructions.
- The school cannot accept medicine that has been transferred into another container, is unlabelled, has an altered label, is out of date or has instructions that conflict with the written consent.
- Parents must deliver medicine to the school office or another specifically agreed member of staff. Medicines must not normally be sent in a pupil's bag.
- Changes to dose or frequency must be confirmed in writing and, where appropriate, supported by an updated pharmacy label or prescribing instruction.

5.1 Non-prescription medicines

The school will not routinely administer non-prescription medicine. In exceptional circumstances, the headteacher or delegated member of staff may agree to administer a suitable non-prescription medicine for a limited period with written parental consent, provided it is in its original packaging, is age-appropriate and is administered in accordance with the manufacturer's instructions. The school will not administer aspirin to a pupil under 16 unless it has been prescribed by a doctor. Staff will not exceed the stated dose and will check when a previous dose was given.

6 Administration of medicines

Medicine will be administered only by an authorised member of staff who has sufficient information and, where required, suitable training. Except in an emergency, staff will work in a calm, private and hygienic manner while maintaining appropriate safeguarding arrangements.

Before each administration, staff will check:

- The identity of the pupil.
- The name and strength of the medicine.
- The prescribed dose, time, route and method.
- The pharmacy label, written consent and IHP or emergency plan, where applicable.
- The expiry date, storage requirements and any special instructions.
- Whether the dose has already been given and whether there is any reason not to proceed.

Any uncertainty or discrepancy must be resolved before the medicine is given. Staff must not alter a dose, crush tablets or mix medicine with food or drink unless this is specifically authorised by the prescriber or an appropriate healthcare professional.

6.1 Record-keeping

A contemporaneous written record will be made each time medicine is administered. It will include the pupil, medicine, dose, route, date, time and the signature or initials of the person administering it. Records will also show when a dose is refused, missed, delayed, vomited or otherwise not completed, together with the reason and action taken. Parents will be informed in accordance with the agreed arrangements.

6.2 Refusal

A pupil will not be forced to take medicine. The refusal and reason, if known, will be recorded and parents or carers informed as soon as possible. If refusal may place the pupil at immediate risk, staff will follow the IHP or emergency plan and seek urgent medical advice or call 999 as appropriate.

6.3 Medication error or adverse reaction

If the wrong medicine or dose is given, a dose is given to the wrong pupil, or an unexpected reaction occurs, staff will seek immediate medical advice, call 999 where necessary, inform the headteacher and parents, monitor the pupil and preserve relevant packaging. The incident will be recorded and reviewed under the school's accident and incident procedures. Staff must not wait for a parent to arrive before obtaining emergency help.

All allergy-related incidents and near misses will be recorded, reported and reviewed to identify learning and reduce the risk of recurrence. Where necessary, the pupil's Individual Healthcare Plan, Allergy Action Plan, risk assessment, staff training or school procedures will be updated. Parents or carers and, where appropriate, relevant healthcare professionals will be informed.

7 Self-management and access

A pupil who is competent may carry or manage their own medicine where this has been agreed with parents and, where appropriate, healthcare professionals and recorded in the IHP or consent form. The decision will consider the pupil's understanding, the medicine, risks to others and arrangements for secure access. A spare may be held by the school where appropriate.

Emergency medicines, including reliever inhalers, adrenaline auto-injectors and prescribed glucose treatments, must be readily accessible. They will not be locked away in a way that could delay treatment. Younger pupils' emergency medicine will usually be held in an identified, accessible location known to relevant staff.

8 Storage, stock control and disposal

- Medicines will be stored securely and in accordance with the manufacturer's instructions, while remaining accessible to authorised staff.
- Refrigerated medicines will be kept in a suitable, labelled container in a monitored refrigerator that is not accessible to pupils.
- The school will maintain a record of medicines held and will check expiry dates and emergency supplies at planned intervals.
- Controlled drugs will be kept in a non-portable locked container with access restricted to authorised staff. A record of receipt, administration and return will allow the remaining balance to be checked.
- Parents will collect medicines when they expire, are discontinued or are no longer required. Medicines will not be disposed of in general waste. Uncollected medicines will be returned to a pharmacy or otherwise disposed of through an authorised route. Used needles and other sharps will be placed immediately in an approved sharps container.

9 Emergency procedures

The headteacher will ensure staff understand the school's emergency arrangements. Where a pupil has an IHP or emergency action plan, staff will follow it. If a pupil requires urgent treatment, staff will call 999, give the school's location and access details, provide first aid or emergency medication within their training, and contact parents as soon as possible.

A member of staff will accompany a pupil taken to hospital by ambulance if a parent or carer has not arrived. Relevant healthcare information and medicine will accompany the pupil where practicable. A child must not be sent to a hospital unaccompanied.

10 Asthma, anaphylaxis and other emergency medication

Where the school chooses to hold an emergency salbutamol inhaler, it will be managed in accordance with current government guidance. It will normally be used only for a pupil who meets the legal criteria and for whom the required written parental consent has been obtained.

The school will maintain suitable spare adrenaline auto-injectors in accordance with its Allergy Safety Policy and the DfE statutory guidance on allergy safety in schools. Spare adrenaline auto-injectors will be readily accessible, clearly labelled, stored in pairs, regularly checked and replaced when used or expired. Arrangements will ensure that adrenaline can be accessed within five minutes wherever reasonably practicable.

Any use of an emergency inhaler or spare adrenaline auto-injector will be recorded and the pupil's parents or carers informed. Appendices 2 and 3 set out the school's emergency protocols.

11 Educational visits, sport and off-site activities

Pupils with medical conditions will be supported to participate fully in visits, residentials, sport, enrichment and other off-site activities. A proportionate risk assessment will identify medication, staffing, storage, access, transport and emergency arrangements. Sufficient medicine, relevant records and the IHP or emergency plan will accompany the pupil and remain readily accessible. A pupil will not be excluded solely because of a medical condition unless an individual assessment, informed by appropriate professional advice, shows that participation cannot safely be achieved even with reasonable adjustments.

12 Training and staff support

Staff who administer medicines or undertake healthcare procedures will receive sufficient information, instruction and, where necessary, condition-specific training. Specialist procedures will not be undertaken until the member of staff has received appropriate training and has been assessed as competent where required. Training will be refreshed at an interval recommended by the trainer or sooner if needs or procedures change. Records will identify the trainer, content, date and renewal requirement.

13 Confidentiality and communication

Information about a pupil's medical needs will be shared with staff who need it to keep the pupil safe and provide appropriate support. Information will be handled in accordance with data protection and confidentiality requirements. Relevant information will be included in induction and handover arrangements for permanent, temporary, supply and visiting staff.

14 Unacceptable practice

It is not acceptable to:

- Prevent pupils from easily accessing their inhalers or other emergency medication.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or parents, or disregard medical evidence or opinion without good reason.
- Send a pupil who becomes ill to the office or medical room unaccompanied where support may be required.
- Prevent pupils from drinking, eating, taking toilet or other breaks whenever needed to manage their condition.
- Require parents to attend school to administer medicine or provide medical support as a condition of attendance.
- Penalise pupils for absence related to their medical condition or prevent them from catching up with missed learning.
- Prevent participation in normal activities, including visits and sport, without an individual risk assessment and consideration of reasonable adjustments.

- Administer medicine in communal areas where privacy can reasonably be provided, unless doing so would increase risk or delay emergency treatment.

15 Insurance, concerns and complaints

The governing body will ensure that appropriate insurance arrangements are in place. Staff acting within the scope of this policy, their training and the pupil's IHP will be covered by the school's arrangements. Staff should raise any concern about unsafe practice immediately with the headteacher.

Parents should initially raise concerns with the headteacher. If the matter is not resolved, the school's complaints procedure may be used. Safeguarding concerns will be managed under the safeguarding policy.

16 Monitoring and review

The headteacher and designated medical conditions lead will monitor records, incidents, training, medicine checks and feedback to identify improvements. The governing body will review this policy annually and sooner where legislation, guidance or school arrangements change.

17 Related policies and documents

- First Aid Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Educational Visits Policy
- Health and Safety Policy
- Data Protection Policy
- Complaints Procedure
- Individual healthcare plans and emergency action plans

Appendix 1 Parental agreement for school to administer medicine

The school will not administer medicine unless this form is completed and the medicine meets the requirements of the policy. One form should be completed for each medicine. Parents must inform the school promptly and in writing of any change.

Pupil's full name	
Date of birth	
Class	
Medical condition or illness	
Name and strength of medicine	
Date dispensed	
Expiry date	
Dose and method	
Time or circumstances when required	
Course start and end date	
Special precautions or instructions	
Known side effects	
Emergency action required	
Prescriber or pharmacy contact, if relevant	
Parent or carer name	
Daytime telephone number	
Second emergency contact and number	

I confirm that the information above is accurate. I give consent for authorised school staff to administer this medicine in accordance with the school policy and any applicable healthcare plan. I will supply the medicine in its original labelled container, keep it in date, collect it when requested and notify the school immediately in writing of any change.

Parent or carer signature	
Date	
Medicine received by and date	
School authorisation	

Appendix 2 Asthma and emergency salbutamol inhaler protocol

- Maintain an up-to-date asthma register and personal asthma action plan for each identified pupil.
- Ensure each pupil's own reliever inhaler and spacer are clearly labelled, in date and immediately accessible.
- Keep written parental consent for use of the school emergency inhaler where the school holds one.
- Check the emergency kit at least monthly and after use, including inhaler, compatible spacers, instructions, permitted-pupil list and administration record.
- Record every use and inform parents. Replace used or expired components promptly and manage cleaning or disposal in accordance with current guidance.

Responding to an asthma attack

1. Keep calm, reassure the pupil and sit them upright. Do not leave them alone.
2. Use the pupil's own reliever inhaler through a spacer. If it is unavailable or not working, use the school emergency inhaler where permitted.
3. Give one puff at a time through the spacer, allowing the pupil to take several breaths after each puff, in accordance with the pupil's plan and current emergency guidance.
4. If symptoms do not improve, continue treatment up to the maximum specified in current guidance and the pupil's plan.
5. Call 999 immediately if the pupil is exhausted, becoming blue, unable to speak, has collapsed, symptoms are worsening, or there is no adequate response. Continue treatment while awaiting the ambulance in accordance with emergency guidance.
6. Contact parents and record the incident. A pupil who has had an asthma attack should receive appropriate medical review.

The pupil's individual asthma action plan and current government guidance take precedence where they provide more specific instructions.

Appendix 3 Anaphylaxis and emergency adrenaline auto-injector protocol

- Maintain an up-to-date allergy and anaphylaxis register and emergency action plan for each pupil at risk.
- Ensure prescribed adrenaline auto-injectors are clearly labelled, in date and immediately accessible. Where advised, sufficient devices must be available to allow a second dose.
- Reduce avoidable exposure to known allergens through proportionate controls, while recognising that an allergen-free environment cannot be guaranteed.
- Ensure relevant staff can recognise airway, breathing and circulation symptoms and know the location of devices.
- Where the school holds emergency AAI, maintain the required permitted-pupil list, consent, stock checks and administration records in accordance with current guidance.

Responding to suspected anaphylaxis

7. Treat suspected anaphylaxis as a medical emergency. Send for the pupil's AAI and call 999, stating "anaphylaxis".
8. Administer the AAI immediately in accordance with the manufacturer's instructions and the pupil's emergency plan. Do not delay while waiting for a parent or healthcare professional.
9. Keep the pupil lying down with legs raised where possible. If breathing is difficult, allow them to sit up slowly; do not allow them to stand or walk. If unconscious, place them in the recovery position and monitor breathing.
10. If symptoms persist and the emergency plan or current guidance directs, give a second AAI after the specified interval.
11. Begin CPR if the pupil becomes unresponsive and is not breathing normally.
12. Give used devices and relevant information to ambulance staff, contact parents and record and review the incident.

The pupil's individual allergy action plan and current government guidance take precedence where they provide more specific instructions.

Appendix 4 Record of medicine administered

[illegible]

Record refusals, missed or delayed doses, vomiting, errors, adverse reactions and action taken. Use a separate sheet for each pupil where possible.

Appendix 5 Staff training record

Staff member	Training or procedure	Trainer and organisation	Date	Competency confirmed by	Renewal or review date

Appendix 6 Emergency information for ambulance control

Keep this prompt with the school's emergency procedures. Do not delay calling 999 in order to complete it.

School name and full address	
Exact location of pupil and best entrance	
Caller's name and callback number	
Pupil's name and date of birth	
Nature of emergency and symptoms	
Medicine or treatment already given and time	
Known medical condition or allergy	
Person meeting the ambulance	
Parent or carer contacted at	