



Argyle
Primary
School

Supporting Pupils with Medical Conditions & Administering Medicines

(Including children with medical needs
who cannot attend school)

2025-2026



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Table of Contents

1. PURPOSE AND SCOPE	3
2. LEGISLATION AND STATUTORY RESPONSIBILITIES	3
3. PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOL	3
3.1 Administration of Medicine	3
3.2 Individual Healthcare Plans (IHP)	4
3.3 Labelling of medicines.....	4
3.4 Storage	4
3.5 Controlled Drugs.....	5
3.6 Staff training and competence	5
3.7 Record Keeping	6
3.8 Educational Visits/Off site sports events and other school journeys	6
3.9 Emergency procedures	6
3.10 Emergency Medicine (Asthma Inhaler and Epipens).....	7
3.11 Disposal of medicines	7
3.12 Medical Confidentiality	7
3.13 Insurance and Indemnity	8
3.14 Prohibited treatments - <i>Treatments not be carried out by school staff:</i>	8
4. Children with medical needs who cannot attend school:	8
Appendix 1: Procedure for developing an Individual Healthcare Plan (IHP)	10
Appendix 2: Roles and responsibilities.....	11
Appendix 3: Each person who administers medication must:	12
Appendix 4: SCHOOL RECORD OF MEDICATION ADMINISTERED	14

1. PURPOSE AND SCOPE

The purpose of this guidance for administering medicine is to ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Governing body should ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The Governing body also should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details of the policy should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

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 bodies in maintained schools to make arrangements for supporting pupils at their school with medical conditions. Additionally, some children with medical conditions may be considered to have a disability under the definition set out in the Equality Act 2010 and governing bodies must comply with their duties under that Act.

It is also based on the Department for Education's statutory guidance: [Supporting Pupils at School with Medical Conditions](#). Some pupils may also have special educational needs (SEN) and/or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision as per the guidance and requirements of [SEND Code OF Practise](#).

3. PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOL

3.1 Administration of Medicine

All medicines that are to be administered in school must be accompanied by written instructions from the parent and/or the GP. The school should not allow non-prescription medicines into school e.g. paracetamol, Calpol unless part of child's healthcare plan.

All medicines administered at school must be recorded on a log sheet and signed off with date, time and name of child and member of staff who administered it. The log is kept on **CPOMS**, in the medical room.

Each time there is a variation in the pattern of dosage a new form should be completed and the previous one filed away safely in the medicines file. A list of the children who require medicine for a daily for a short period, will be added to a white board displayed in the office .

If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day.

3.2 Individual Healthcare Plans (IHP)

For all pupils who may require individual specialised treatment a clear care plan must be available. Generic care plans are stored in school Inclusion Folder.

The Medical Lead, after being informed by First Aid Officers/carers, are responsible for coordinating and writing the care plan. Refer to Appendix A for flow chart of guidance on developing individual care plans.

Under no circumstances should schools provide any medical care or treatment until the school has agreed a care plan.

Individual care plans are reviewed at least annually, or earlier if the child's needs/recommendations change. These are reviewed in consultation with the school nurse/specialist nursing/medical teams and parents. In cases where care plans/risk assessments are provided by a paediatrician, the school uses this care plan.

3.3 Labelling of medicines

When medicines are brought into schools, the original duplicate container, with the original dispensing label should be provided. The label must state the following:

- the name of the child,
- the date of birth, and
- route of administration, intervals and amount to be given.

The dispensing chemist may, at their own discretion, agree to supply two filled containers one for home, the other for school use or may request that the G.P. writes two prescriptions.

The information on the label should be checked to ensure it is the same as on the parental consent form.

3.4 Storage

Medication, when not in use, should generally be stored in a safe and secure cupboard and labelled accurately, even when kept by pupils themselves.

The Headteacher will be responsible for ensuring that, when medicines are admitted to school premises, a system of safekeeping is in place, which restricts open access by pupils to medicines but is accessible (i.e. not locked) for the relevant children when required.

Certain medicines require special storage, e.g. to be stored away from light or within certain ranges of temperatures, etc. Such requirements must be clearly identified in writing to the school on the

label and on the form. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked "Medication". This container should then be kept on a separate shelf in the fridge.

Storage areas should be checked regularly, at least half termly, to ensure all medication being stored is in date, the packaging is intact and if it is still required. Expired medication or medication no longer required must be given back to the family who may return it to the dispensing pharmacy for correct disposal.

Facilities should be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use. Ensure any additional equipment or PPE has been provided and stored alongside the medicine e.g. gloves, sharps bin, hand sanitiser etc.

3.5 Controlled Drugs

If pupils require controlled drugs, such as Ritalin, Concerta XL, Equasym), the school will normally store them securely (i.e. locked) in a non-portable cabinet, with only named staff having access. *Only staff who have undergone specialist training can administer a controlled drug to a pupil.*

Each time the drug is administered it must be recorded, including if the child refused to take it. A log sheet to be completed each time it is given. It is good practice for two staff members to witness and signoff for controlled drugs. The controlled drugs must also be counted to ensure the amount remaining matched what has been given.

It is good practice to ask families to provide the minimal amount needed that is practical for the family and school to reduce the amount of control drug that has to be stored at one time on school site.

3.6 Staff training and competence

All staff that participate in administering medication must receive appropriate information and training for specified treatments. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child.

The school should liaise with the school nurse and GP to identify the type and level of training required by staff.

The Headteacher to authorise a named person who is responsible for administering medication to a pupil. All relevant staff to be made aware of pupils who are taking medication and who should be routinely summoned in the event of that child feeling unwell; they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action.

Training should be sufficient so that staff have confidence in their ability to support pupils with medical conditions. The Headteacher must be satisfied that the staff member is competent, prior to staff administering any medication in school.

The school must ensure that a record of all relevant and approved training received by staff is kept. A list of all staff training to kept on record in accessible location i.e. the school office and first aid room, to ensure robust monitoring. Staff training for Anaphylactic Shock (EpiPen) should be provided by the school nursing team at regular intervals (usually annually).

The School Nursing Service can provide training on specific medical conditions and how to administer the medication and respond to an emergency e.g. Epilepsy and Buccal Midazolam training.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions

3.7 Record Keeping

A parental consent form must be completed each time there is a request for medication to be administered (see appendix 1). All relevant information must be supplied including:

- child's name
- child's date of birth
- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carer signature

Schools are expected to keep written records of all medicines administered to pupils, the date and time given, the dose given, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this.

Reasons for any non-administration of medication should also be recorded and the parent/carer informed as soon as possible "wasted" doses (e.g. tablet dropped on floor) should also be recorded.

When a child is self-administering there should be a written request which states whether or not the self-administration needs to be supervised.

3.8 Educational Visits/Off site sports events and other school journeys

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits.

All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures.

The administration of medicines during educational visits and other out of school activities requires special attention and pre-planning. An individual risk assessment must be carried out in consultation with parents and pupils. Advice to be sought from relevant professionals to ensure pupils can participate safely and the plan must include consideration for the pupil's dignity and privacy e.g. being able to go to a private place whilst on a school trip to have insulin.

Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc [4.4d](#) covering medication.

3.9 Emergency procedures

Where children have conditions, which may require rapid intervention, parents must notify the head teacher of the condition, the symptoms and appropriate action to be taken. The head teacher must make all staff aware of any pupil whose medical condition may require emergency aid.

It is essential that all staff (including supply staff, lunchtime supervisory staff etc.) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc.

It is good practice for the school to seek consent from parents to alert the School Nursing Service who can support and provide professional health information concerning diagnosis and care plan, and provide advice to the school and family.

3.10 Emergency Medicine (Asthma Inhaler and Epipens)

From October 2014, schools have been able to voluntarily hold salbutamol asthma inhalers for emergency use i.e. in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable.

Written parental consent for the use of an emergency inhaler must still be obtained. Detailed protocols including template consent and notification of use forms are available from the [Department of Health Guidance](#) on the use of emergency salbutamol inhalers in schools. As with other emergency medication this must not be locked away but should be under the control of staff.

Since September 2017 Schools can also obtain emergency Adrenaline Auto Injectors (AAI) for treating anaphylaxis. Information is available from the Department Of Health Guidance "[Guidance on the use of Adrenaline Auto injectors in Schools](#)"

3.11 Disposal of medicines

Any medication, which has reached its expiry date, should not be administered. Medicines, which have passed the expiry date, should be returned to parents/guardians for disposal. There should be a written procedure covering the return or disposal of a medication. **Medications should be returned to the child's parent/carer when the course of treatment is complete, when the expiry date has been reached or at the end of each term (or half term if necessary)**

Sharps boxes should always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parent/carer on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

3.12 Medical Confidentiality

Staff in school do not have an automatic right to be informed of any medical condition suffered by any pupil. However, so pupils can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day.

Any medical or related information provided to the school, either by parents/guardians or health care professionals, must always be treated in the strictest of confidence. Information should only ever be shared with those members of staff whose role may lead to them providing treatment or other intervention as agreed with parents.

For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Where a medical procedure involves intimate care, the school should require two staff to be present. The school's safeguarding policy will apply in this instance.

3.13 Insurance and Indemnity

The administration of medicine is the responsibility of parents/carers. School staff have a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

This does not imply a duty on head teachers or staff to administer medication and school staff, governors and parents that participation in the administration of medicines in schools is on a voluntary basis. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to volunteer.

Camden Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

3.14 Prohibited treatments - Treatments not be carried out by school staff:

- Giving any medication that is not prescribed for the specific child: e.g. not using somebody else's Epi-pen or inhaler in first time emergency event.
- Injections (excluding Epi-pens used in treatment of anaphylactic shock, excluding treatment for diabetes)
- Administration of a medication to any child unless specifically prescribed or provided for that child (excluding Salbutamol inhaler or Adrenaline Auto Injector where the child has a prescribed salbutamol inhaler and parental consent in writing)
- Insertion of any form of catheter or any form of intravenous therapy
- Insertion or changing of any form of tube feeding. Administration of **Buccal Midazolam**¹.

4. CHILDREN WITH MEDICAL NEEDS WHO CANNOT ATTEND SCHOOL

When informed that a child with medical needs cannot attend school, our school inclusion lead will liaise with local authority officers to agree suitable arrangements for the child. The school will endeavour to ensure that the education should begin as soon as possible, and at the latest by the 6th day of the child's absence from school.

Where full-time education is not in the child's best interest for reasons relating to their physical or mental health, the local authority must arrange part-time education on whatever basis it considers to be in the child's best interests.

In cases where the local authority makes the arrangements, our school will:

- Provide to the local authority, at agreed intervals, the full name and address of any pupils of compulsory school age who are not attending school regularly due to their health needs

¹ The recommendation is that this treatment must be given as soon as possible for better outcomes for children and schools are trained on how to use it by School Nurses and the Epilepsy Nurse: It must only be given in conjunction with calling an ambulance when it is given, and it cannot be given as a first dose (if the child has not had it before). Contact Epilepsy Nurse Specialist to discuss: 02078302571 / 07534906987

- Work constructively with the local authority, providers, relevant agencies and parents / carers to ensure the best outcomes for the child
- Collaborate with the local authority to ensure continuity of provision and consistency of curriculum, including making information available about the curriculum
- Along with the local authority, regularly review the provision offered to ensure it continues to be appropriate for the child and that it is providing suitable education
- Share information with the local authority and relevant health services as required
- When a child has complex or long-term health issues, work with the local authority, parents/carers and the relevant health services to decide how best to meet the child's needs (e.g. through individual support, arranging alternative provision or by them remaining at school, being supported at home and back into school after each absence)
- Where possible, allow the child to take examinations at the same time as their peers, and work with the local authority to support this
- Help make sure that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
- Plan for consistent provision during and after the period of education outside the school, allowing the child to access the same curriculum and materials that they would have used in school as far as possible, including through digital resources
- Enable the child to stay in touch with school life (e.g. through newsletters, emails, digital learning platforms, social media platforms, invitations to school events or internet links to lessons from their school), and, where appropriate, through educational visits
- Create individually tailored reintegration plans for each child returning to school, which includes extra support to fill any gaps arising from the absence
- Consider whether any reasonable adjustments need to be made

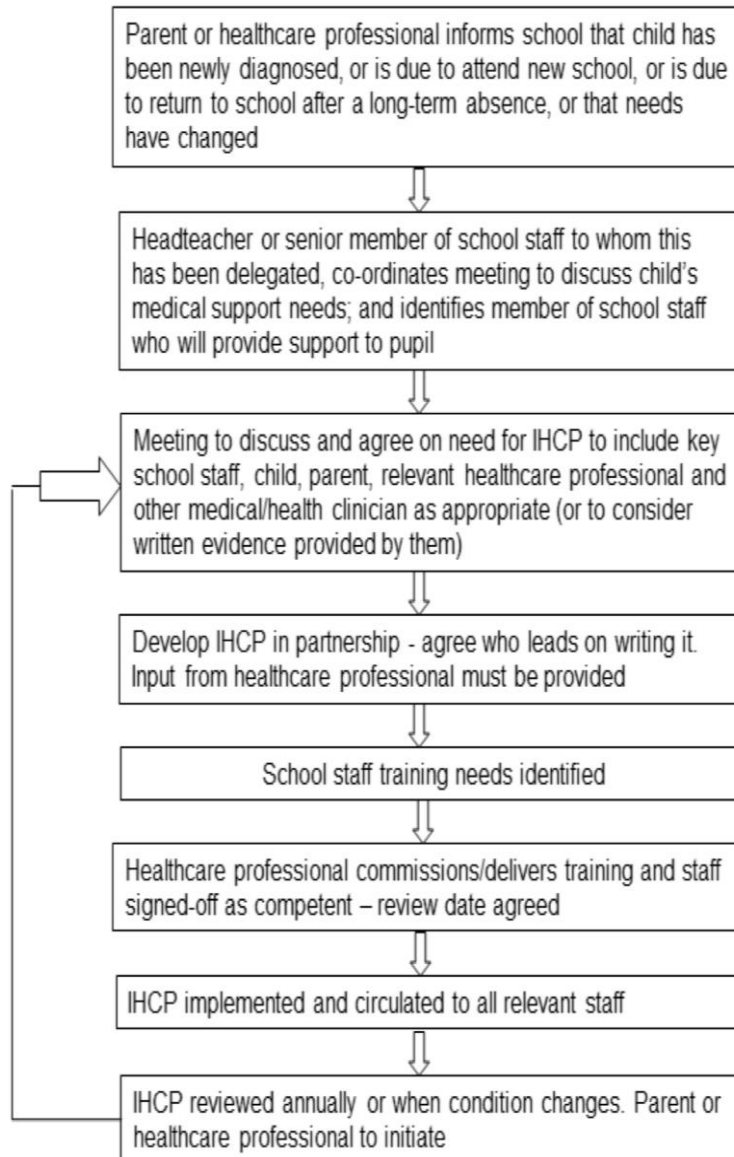
5. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Attendance policy
- Asthma policy
- First Aid

Appendix 1: Procedure for developing an Individual Healthcare Plan (IHP)

For a newly diagnosed condition, for a child new to the school with an existing condition, following long term absence or changing needs. (DFE guidance states that every effort should be made to do this within 2 weeks.)



In addition:

- Children in school may need to be prepared for their arrival – a brief description of the child's presentation and how staff and children in school can support them best.
- A start date will be agreed by parents, school and health care professionals

Appendix 2: Roles and responsibilities

Governing bodies

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- Should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Headteachers have overall responsibility for the development of individual healthcare plans. They should contact the school nursing service in the case of any child 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.
- They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. This duty will be an addition to their job description.

School nurse

- Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not

usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Staff member responsible for administering medicines to a pupil in school should contact the named school nurse for that school to ensure a coordinated approach. School Nursing Service will also be alerted if there is an exacerbation of a medical condition that resulted in A&E or hospital admission.

Other healthcare professionals i.e. GPs, paediatricians, community paediatric nurses

- Other healthcare professionals should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing robust individual healthcare plans.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3: Each person who administers medication must:

- Receive a copy of these policy guidelines
- Read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication.

- Confirm the dosage/frequency on each occasion, and consult the administration of medicine record form to ensure there will be no double dosing;
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- Check that the medication belongs to the named pupil and is within the expiry date;
- Record on the medication record form “Appendix B” all administration of medicines as soon as they are given to each individual;
- Understand and take appropriate hygiene precautions to minimise the risk of cross contamination;
- Ensure that all medicines are returned for safe storage.
- Ensure that they remain confident in the procedures and have received appropriate training/information.

Version	Changes	Author	Date
0.1	Initial draft – to Schools JCC	PL	Nov 2018
0.2	Consultation draft – to Schools JCC, School Nurse	PL	Jan 2019
1	FINAL – approved by Schools JCC		Jan 2019
1.1			

Appendix 4: SCHOOL RECORD OF MEDICATION ADMINISTERED (Entered on CPOMS)

Argyle Primary School | Dashboard | Reporting | Planner | Library | Account Settings

Student

Incident

Categories

Linked student(s)

Begin typing a student's name

Attendance & Punctuality
 Behaviour / Wellbeing
 Bullying
 Celebration
 Child Protection
 Collection concerns
 First Aid

Safeguarding Concerns
 SEND

First Aid Subcategories

Asthma
 Authorised Medicine Given
 Bruise / Swelling / Redness
 Checked Temperature
 Cleaned
 Cool Compression
 Covi

Headache
 Location: Classroom / Inside
 Location: KS1 Playground
 Location: KS2 Playground
 Minor Bleed
 Minor Head Injury

Sent Home
 Serious bleed (INFORM SLT)
 Serious Head Injury (INFORM SLT)
 Vomitted/ Nauseous

Begin typing a student's name