Putteridge Primary School

Administration of Medicine & Supporting Pupils with Medical Conditions September 2026

1. Purpose of the Procedure

- The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.
- The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role and achieve their potential.

2. Scope of the Procedure

- The procedure applies to all employees.
- This procedure should be read in conjunction with the relevant statutory guidance; Supporting pupils at school with medical conditions, DfE which provides greater detail regarding notification and individual healthcare plans and with the school's Intimate Care Policy
- All children's medical conditions are recorded on Arbor and a full list of all medical conditions is kept in the medical rooms. All staff are aware to call a first aider in an emergency, and if staff are in doubt they should call 999 and ensure the pupil is not left unattended. This policy will form part of the school's induction arrangements.

3. Roles and Responsibilities

- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

- The governing body will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that suitable accommodation for the care of pupils with medical conditions is available. It will ensure that sufficient staff have received suitable training and are competent, before they take on the responsibility to support children with and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Headteacher has the overall responsibility for the development of Individual Healthcare Plans. The Headteacher will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Assistant Headteacher (Inclusion) will contact the school nursing service in the case of any child who has a medical condition that may require support at school.

- The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. The Headteacher will ensure that all staff are aware of the policy and understand their role in its implementation. The Headteacher will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations.

- School staff may be asked to provide support to pupils with medical conditions, including the administering of medicines and intimate care, although they cannot be required to do so unless it is covered within their Job Description. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach. First aiders are trained and should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Training will be provided to first aiders.
    - All staff are aware to call a first aider for assistance if it is deemed necessary.
    - A pupil taken by ambulance to hospital will be accompanied by at least one member of staff, if their parent(s) / carer (s) are unable to get to the school in time, who will stay with the child until a

parent or carer arrives.

- Appropriately trained staff (those trained by a member of the medical profession) can use **AAI**s (**A**drenaline **A**uto-**I**njectors for Anaphylaxis) and defibrillators, administer injections, dispense prescribed oral medicines and apply splints and topical medicine and other medical support covered for example within a First Aid certificate or where appropriate training has been provided. All medication must be administered as prescribed by a medical professional. School staff may also be asked to provide other support, for example; assisting with feeding, including enteral feeds, or toileting, including changing colostomy bags and catheterisation. Training will be provided.

- Other healthcare professionals, including GPs and paediatricians notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

- Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be encouraged to be sensitive to the needs of those with medical conditions.

- The Assistant Headteacher (Inclusion) will work with the School Nursing Team, parents/carers and children to produce pupil passports to use alongside Individual Healthcare Plans as a quick reference guide for class teachers, TAs and other adults working in the classroom ***(Appendix 1)***

- Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times. Where possible parents/carers should be encouraged to request that medication is prescribed in dose frequencies which enable it to be taken outside of school hours. Where possible parents/carers should be encouraged to support their child in learning for example to self-catheterise, monitor own blood sugar levels, administer their own insulin. This is not an exhaustive list.

- Local authorities should work with schools to support pupils with medical conditions to attend full time.

- Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

- Clinical Commissioning Groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

- Ofsted - Inspectors consider the needs of pupils with chronic or long-term medical conditions and also those of disabled children and pupils with SEND. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

4. Staff training and support

- Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. Where possible, staff will not send a child who becomes ill to the school office or medical room unaccompanied or with another child

- Under the new 2026 guidance all members of staff will receive training on allergens, asthma and epilepsy.

- All medicines and devices will be handed into the School Office and kept in the Medical Room/FS area or PPA room as appropriate (AAIs and Inhalers are kept in classrooms). Signed medicine authorisation forms must be obtained from parents/carers for all medicines/devices. All pupils should know where their medicines and relevant devices are.

- Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

- All staff will be made aware to call a first aider in the event of an emergency or if anyone requires first aid treatment. If a member of staff is in doubt, they should call 999 to request emergency assistance. Parents can also contribute by providing specific advice.

- Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use AAIs, defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations, staff are covered provided they have followed the Care Plan in place and have had relevant training.

5. Managing medicines on the school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 will be given prescription or non-prescription medicines without their parents' written consent – this will be done by parental completion of an Indemnity Form.
- A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor.

- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage as well as whether they need to be returned to parents at the end of the day. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container)

- All medicines will be stored safely in the locked Medical Room (cupboards or in the refrigerator), with the exceptions of AAIs and Inhalers which are kept in the classrooms. During lunchtimes, AAIs are held in the First Aid Area on the KS2 playground and at the First Aid Point on the KS1 playground. Children should know where their medicines are at all times and be able to access them immediately. The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. The AAIs are taken in to the lunch hall in KS2 and the returned back to the main first aid point. AAIs and inhalers are also transported in the class medical box wherever the class is being taught e.g. hall for assembly, library, art room, outside for PE etc.

- Whenever an AAI or Reliever inhaler is used, a record is made of the date, exact time and dosage administered in the accompanying book.

- Spare AAIs are kept in the KITT box in the PPA room. We also have spare blue 'RELIEVER' inhalers which are kept in both KS1 and KS2 medical rooms.

- Controlled drugs must be administered by **two members of staff** in accordance with the prescriber's instructions. The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. The forms for recording this information will be kept in the back of the class First Aid books alongside each child's accident record.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and will be kept in the relevant classroom for each child

- During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required**.** If the children are split in to smaller groups for the duration of the trip, the adult responsible for each group will carry the medical devices and medicines required for any children in that group.

- For sports mornings the list provided to teachers highlights the children that have a medical condition/medicinal requirement and the individual medicines accompany the child across all activities and are then returned to the main classroom medical box.

- If a pupil refuses to take medication or carry out a necessary procedure then the pupil should not be forced by staff. The procedure agreed in the individual healthcare plan should be followed and the parent/carer informed.

- Sharps boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Medication that is no longer required or out-of-date, should not be allowed to accumulate.

6. Asthma

- Parents /Carers of pupils with a diagnosis of asthma will be asked to complete an Asthma Card ***(Appendix 2)*** detailing the child's medication and dosage and giving consent for school staff to administer this if necessary. The card also provides information regarding the child's level of independence when using their medication, their triggers and key symptoms to be aware of. It is the parents' responsibility to ensure asthma medication is kept up to date and replaced when necessary.

7. Unacceptable Practices

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

- Assume that every child with the same condition requires the same treatment.

- Ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents.

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan.

- Send a child to the school office or medical room unaccompanied or with someone unsuitable, so where possible, they will be accompanied by an adult.

- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

- Require parents or make them feel obliged to attend school to administer medication or provide medical support to their child. (No parent should have to give up working because the school is failing to support their child's medical needs).

- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life

- Refuse to take care of a child that requires medical attention unless they require specialist intervention.

Ratified by Governors: 16.9.26
To be reviewed: June 2027

PUPIL PHOTOGRAPH

My name is XXXX and I am on medication which produces a number of side effects that affect……

These are listed below and the symptoms can appear quiet suddenly:

- Headaches
- Stomach pain
- Feeling faint

I need to be monitored closely throughout the day and, if I mention **any** of these symptoms, **please take me seriously, allow me to rest immediately and contact my mum.** Do not allow me to walk unsupported.

Mum must also be contacted if I appear unusually pale, tired or if there are any other concerns regarding my wellbeing.

I need to drink water throughout the day and must have at least 750ml while at school.

If I show signs of any of the above, I should not take part in PE or any strenuous physical activity until advised I can do so by my Dr. as this can increase the risk of dizziness.

PUPIL PHOTOGRAPH

My name is XXXX and I have a condition called XXXX which means that

To help me in school, the following is in place:

- I am allowed to wear comfortable warm shoes or boots (these may not fit the uniform policy)
- I have thick, warm socks
- I have a special '**Raynauds Bag**' which comes to school with me every day and should be kept in the classroom for easy access by all staff that work with me. This contains:
  - A blanket
  - Gloves
  - Electronically heated gloves
  - Heat pads
  - Extra thick socks
  - Heated foot pads in case my feet become too cold and painful. However, if these are needed, it means I am very unwell and my dad **must** be called to come and collect me
- I must be appropriately dressed for the weather. In cooler conditions I **MUST** wear a coat which **must be** done up to keep me warm. In warm or hot weather, staff should use **professional judgement, check how XXXX is feeling and monitor.** Even in extremely hot weather, it is possible that my body may feel cold.
- If I have PE after break or lunchtime, I must be allowed to increase my activity level slowly as my heart will need time to warm up after being outside.
- I **should NOT** be excluded from PE
- If I faint, collapse, become unresponsive and / or difficult to rouse, **call 999** straightaway as it means my heart is struggling to cope.
- If I say any of the following:
  - my heart is racing
  - I have severe chest pain
  - I have chest pain that lasts more than 10 minutes
  - I have chest pain accompanied by symptoms such as dizziness, fainting, breathing difficulties or otherwise becoming acutely unwell,

Please take this seriously and **call 999** straightaway as it means I could be going in to crisis and need hospital treatment. Once the emergency services have been contacted, please call my mum.

Appendix 2

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. Call 999 for an ambulance if:
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Health & care information you can trust

asthma UK

Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk