



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

TO BE USED IN CONJUNCTION WITH
DfE document "Supporting pupils at school with medical
conditions"

Last reviewed: February 2026

To be reviewed: February 2027

Written by: LCC, SLT and Office

Ratified by the Governors on: March 2026

1. Introduction

This policy is written to support those children and young people with individual medical conditions and outlines how their conditions will be met at ***Greenside Primary School***.

This policy and the supporting guidance DfE document “Supporting pupils at school with medical conditions” should be read together and aim to ensure that:

1. Children and young people, staff and parents/carers understand how our school will support children and young people with medical conditions.
2. The whole school environment is inclusive and favourable to children and young people with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.
3. Our staff are trained in the impact medical conditions can have on children and young people in order to be safe, welcoming, and supportive of children and young people with medical conditions.
4. Our school understands that children and young people with the same medical condition will not necessarily have the same needs.
5. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance DfE document “Supporting pupils at school with medical conditions” meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting children and young peoples at their school with medical conditions.

This policy and supporting guidance DfE document “Supporting pupils at school with medical conditions” describe the essential criteria for how we will meet the needs of children and young people with short, long-term and/or complex medical conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children/young person’s health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child/young person in school where it would be seriously detrimental to the health of that child/young person or others to do so.

All relevant staff understand the medical conditions that affect children and young people at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication/medical procedures during the school day.

The named member of our staff responsible for this medical conditions policy and its implementation is Mrs Sarah Fuller, Headteacher.

3. Roles and Responsibilities

3.1 Our Governing Body

Our governing body has ultimate responsibility to make arrangements to support children and young people with medical conditions. Our governing body will also ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

They will do this by:

- Regular reviews of the medical conditions and provision of support in school,
- Reporting by the school to Governing body meetings.

3.2 Our Headteacher

Our headteacher will:

- make sure all staff are aware of this policy and supporting guidance DfE document “Supporting pupils at school with medical conditions” and understand their role in its implementation,
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations,
- ensure that all staff who need to know are aware of a child’s condition,
- take overall responsibility for the development and monitoring of IHCPs,
- contact the school nursing service in the case of any children and young people who have a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing service,
- ensure that systems are in place for obtaining information about a child’s medical conditions and that this information is kept up to date,
- ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Our Staff

Supporting children and young people with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children and young people with medical conditions, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help.

Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance DfE document “Supporting pupils at school with medical conditions”,
- retaining confidentiality within policy guidelines,
- contacting parents/carers and/or emergency services when necessary and without delay,
- if they have children or young people with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The headteacher has overall responsibility for the development of IHCPs for children or young people with medical conditions. The day to day management, production and oversight of IHCPs has been delegated to Mrs Emily Hair, SENCo.

3.4 Our Parents/Carers

We expect that our parents/carers:

- will provide the school with sufficient and up-to-date information about their child/young person's medical conditions,
- will be involved in the development and review of their child/young person's IHCP and may be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.
- are responsible for making sure their child/young person is well enough to attend school. Parents/carers should keep children/young people at home when they are acutely unwell.
- will provide medicines and equipment in line with this policy and supporting guidance DfE document "Supporting pupils at school with medical conditions" e.g. in original labelled containers, in date and sufficient for the child/young person's conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times if their child/young person becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child/young person's health or school attendance not to do so,
- will provide written agreement before any medicines can be administered to their child/young person,

If an IHCP is required for their child/young person, it is expected that our parents/carers will work with our school and healthcare professionals to develop and agree it.

3.5 Our Children and Young People

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Our children and young people will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School Nurses and Other Healthcare Professionals

We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young people in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child or young person's parents/carers or GP. We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child or young person has been identified as having a medical condition that will require support in school. This will be before the child or young person starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children and young people identified as having a medical condition. They may also provide us advice on developing IHCPs.

Should a medical condition prevent a child from attending school for 15 or more days, we will make a referral to the Leeds City Council Medical Needs Teaching Service (referral forms can be accessed on www.mntsleeds.org and emailed to the email address on the form).

4. Management of Medication

There are several pieces of legislation that set out the legal requirements for the handling and administration of medicines in schools, including:

- The Children and Families Act (2014)
- Health and Safety at Work etc. Act (1974)
- Misuse of Drugs Act (1971)
- School Premises (England) Regulations (2012)
- Education Act (1996)

The Children and Families Act (2014) places a duty on governing bodies to ensure that pupils with medical conditions are properly supported so they can access a full education. As part of this duty, schools must have arrangements in place to support pupils who need medication during the school day and to ensure it is administered safely.

Staff are not expected to know or remember all relevant legislation. However, they **are** expected to understand and follow the school's medication policy. Doing so helps ensure that medication is managed safely and that staff act within the boundaries of the law.

Within a school setting there are numerous staff members who could be involved in the handling and administration of medication.

- **School Office Staff** are responsible for receiving and storing medications and completing the associated records on Medical Tracker, led by Mrs Knowles who will support with any queries.
- **School Staff** may be responsible for administering medication and completing the relevant records on Medical Tracker.

Staff who are involved in any part of medication handling, administration and record keeping must be trained and feel competent and confident in their role.

Previous Section

Before medication is administered it's important that staff know and understand:

- What medical conditions / support needs the pupil has.
- What the medication is for.
- How it should be taken (the route).
- How much support the pupil needs.
- What side effects there could be and when to seek medical assistance.

Pupils should be encouraged and supported to be as independent as possible, especially those with long-term medication needs.

The following should all be considered when assessing the level of independence a pupil can be encouraged to take:

- The pupil's age and maturity.
- Their learning and development level and needs.
- Their understanding of their medication.
- The frequency with which they need to take it.
- How quickly they may need to access it.
- The risk the medication could pose to others if misused.

For pupils with long-term health conditions there are many benefits to them becoming independent in managing their condition and any required medication. For example, pupils with asthma should be encouraged to become independent in handling and administering their inhalers as soon as possible.

This is because:

- There may be times when they need the medication frequently.
- It can reduce levels of anxiety
- It helps to normalise the health condition and encourages acceptance and support from peers.
- It can increase a pupil's sense of responsibility for their own wellbeing, leading to them making better choices to help manage their own health condition.

While some pupils can be supported to be fully independent in managing their own medications there will be others who this is not appropriate for; however, staff should still look to promote as much independence as possible.

4.1 Provision of Medication

Most pupils at some stage of their school life will need to take prescribed or over-the-counter medications to help treat or manage a medical condition.

Administering and storing medication will always carry a level of risk. Most medications can be given at intervals which can be planned around the school day, e.g. antibiotics which must be taken three times a day could be given at home on a morning before school, after school and before bedtime.

It is therefore reasonable for schools to work with parents/carers and healthcare professionals to see whether the medication can be administered outside of school hours. Wherever possible, parents/carers are advised to request that any prescription is such that the child/young person does not need to take any medication whilst at school (e.g. a dose-frequency of 3 times per day rather than 4 times per day dose).

We will allow essential medications to be brought to school if they cannot be taken at home and it would be detrimental to a child or young person's health if a dose was not administered during the 'school day'.

We will only accept medication in its original container, which should have the name of the medicine, the dose and instructions for administration and the expiry date. The medication should also have a Patient Information Leaflet (PIL) with it. This applies to General Sale List, Pharmacy and Prescription Only Medications.

Medications which have been prescribed must also be labelled by the pharmacy that supplied the medication. The pharmacy label must contain:

- The child's full name.
- The name of the medication.
- The dose and frequency of the medication.
- The date the medication was supplied.
- How the medication should be taken.
- Any warnings or cautions.
- Expiry date.
- Name and address of the pharmacy.

We will allow non-prescription medication to be provided if it is essential (as above) and needs to be taken during the school day. We will follow the same procedures for all medication.

Short-term medications

Before medications can be received or administered, parents/carers must inform the school if their child needs medication during the school day. They should then complete a consent form (Appendix 1) detailing:

- The medication required.
- The dose, timing and frequency.
- The reason the medication is needed.
- Consent for a member of staff to administer the medication.
- The date they began administering the medication.
- Emergency contact details.

School consider 'short term' medication to include, for example, a course of antibiotics for a chest infection, eye drops for conjunctivitis, or any medication for a short-term complaint.

Long-term medications

As with short-term medications, parents/carers must inform the school and complete a consent form. Additionally, an Individual Health Care Plan (IHCP) may be completed for the pupil.

School requests that medication supplies for long-term conditions are stored in school rather than the medication being transferred between home and school each day. This minimises the risk of the medication being forgotten, or lost, which could pose a significant risk to the health and wellbeing of the pupil.

When medication is being stored the following information must be recorded:

- Date medication was received.
- Name, strength and dose of medication.
- Quantity of medication received.
- Signature of the member of staff who received the medication.
- Where the medication will be stored.

Greenside uses Medical Tracker as a central record of all the pupils currently being supported with medication administration, what medications are on the school premises and where these medications are being stored.

4.2 Storage of Medication/Medical Devices

When storing medication schools must ensure that:

- The child and relevant staff know where and how to access the medication.
- The medication is stored securely and out of reach of children.
- Specific instructions for storage are followed.

Medications can pose a risk to health if they have been stored incorrectly. All medications will have instructions on how they should be stored on the container, on the pharmacy label or on the Patient Information Leaflet. If these instructions aren't followed it may damage the ingredients in the medication which may lead to them being ineffective when taken.

Most medications should be kept:

- In the first aid room, in a locked cupboard.

- At room temperature.
- Out of direct sunlight.
- Easily accessible

Medication Fridges:

Some medications may need to be refrigerated, e.g. insulin, antibiotics, eye drops etc. No food items should be stored in the same fridge that's being used to store medication. The medication should be placed in a plastic box which is labelled with the child's name.

Emergency Medications:

Some medications may need to be kept with the pupil, for example Adrenaline Auto Injectors (AAIs) to treat severe allergic reactions, and can be stored in the classroom by the teacher.

We will ensure that any medication required critically in the case of an emergency (e.g. asthma inhalers, Adrenaline Auto Injectors (AAIs), insulin, etc) is always readily available, wherever the child or young person is on our school premises or off site on school visits/activities.

We will also keep a supply of emergency asthma inhalers.

Controlled Drugs:

There are no specific requirements for the storage of Controlled Drugs within a school setting; however, school will take 'sensible precautions', individually assessing the risks and likelihood of Controlled Drugs being misplaced or stolen. School will balance these risks with how easily and quickly accessible the medication needs to be for the pupil it is prescribed for. If the medication is not an emergency medication, it will be kept in the medication cupboard, in the first aid room.

Medication Audits:

It is good practice for schools to record and monitor the amount of medication they are storing and we will carry out an audit each half term to record:

- Name of child.
- Name of medication.
- Amount of medication.
- Date medication expires.

When recording the expiry date of medications, school will liaise with parents/carers to ensure they have enough, in-date medication that a child needs for long-term use. However, parents/legal guardians have the primary responsibility for their child's health and wellbeing and are responsible for ensuring their child has the correct medication in school, and that it is in date. All medication and expiry dates will be recorded on Medical Tracker.

There may be times when a school needs to return or dispose of a medication they have been storing for a pupil, for example, when:

- The expiry date has passed.
- It has been stored incorrectly (e.g. left out at room temperature when it should have been in a fridge).
- The pupil no longer requires the medication.
- It has been accidentally dropped.
- It has been refused by the pupil.
- The pupil no longer attends the school.

The supply and disposal of medication is the responsibility of the parent/carer so should be returned to the parent/carer to arrange for appropriate disposal.

To avoid the need to dispose of medications school will:

- Return short-term medications (e.g. antibiotics) to the parent/carer at the end of the school day/week.
- Keep only minimum amounts of medication on site.
- Return unused medications to parents/carers.
- Return medication that has expired to parents/carers.

4.3 Administration of Medication

We will administer medication / medical procedures, or supervise the self-administration of medication / medical procedures, only where there is specific prior written permission from the parents / carers. Such written consent will need to state the medication required, the dose, timing and frequency along with full details of the medical procedure (if necessary), the reason the medication is needed, consent for a member of staff to administer the medication, the start and end date of the medication and emergency contact details.

Before administering a medication, staff must ensure that they are prepared and that the medication and any equipment required is also prepared. This includes:

- Ensuring they know the school's relevant policies and procedures.
- Ensuring they have been trained and are competent.
- Checking the 'rights' of administration (see the Six Rs).
- Reading the instructions provided with the medication.
- Checking the expiry date of the medication.
- Completing good hand hygiene routines.
- Wearing personal protective equipment (PPE), if required.
- Collecting, checking and assembling any required equipment.
- Reading and checking the relevant consent form.
- Gaining the pupil's consent.
- Maintaining the pupil's privacy and dignity throughout.

Staff should set aside time to prepare before administering medication as this reduces the risk of a medication error, a spillage or medication being dropped, or medication being misused.

Before administering any medication, staff should check the 'Six Rs', to significantly reduce the risk of a medication error occurring.

The Six Rs are:

1. Right Individual – Check you have the right pupil; it may be necessary to ask the pupil their name, date of birth and class/year group.

2. Right Medicine – If a pupil has multiple medicines, it's important to check their MAR chart to ensure you're giving the pupil the right medicine. Staff should also check that the medication has been stored correctly and is in date.

3. Right Route – Medications can be given in different ways; it's important to read the instructions provided to ensure it is administered correctly. We'll look at this on the next slide.

4. Right Dose – Staff must give the right amount of medication; too high or too low a dose can have serious health consequences. We'll look at how to work out dosages later in this unit.

5. Right Time – Different medications can be prescribed to be taken at different times; it's important to read the instructions to ensure the medication is taken correctly, e.g. before or after a meal. Staff must also know what the maximum dose is within 24 hours and when the last dose was given.

6. Right to Refuse – Staff should always ask the pupil's consent before administering medication (unless it is an emergency, and the pupil is unable to give consent). Staff must know what process to follow if a pupil refuses to take medication.

Before administering medication, staff should also consider the environment or room that they are using. It is better for both staff and the pupil if medication is administered in a private setting where there is unlikely to be any interruptions. This will minimise any distractions for the staff member, which reduces the risk of a medication error occurring. It also ensures that the pupil's confidentiality is maintained, making them feel more comfortable. If medication is administered somewhere public or where there are frequent interruptions or distractions, a pupil may feel embarrassed which could lead to the pupil refusing to take the medication.

In some situations, it may be necessary to administer medication in a public setting, e.g. in the event of an asthma attack or epileptic seizure. In which case staff should consider what steps can be taken to maintain a level of privacy and dignity for the pupil. For example, could another staff member remove others to another room while the pupil receives treatment.

Staff must seek the pupil's consent before each administration. How consent is asked for can reduce the risk of a pupil refusing their medication, and the more involved and independent a pupil can be the less likely they are to refuse to take medication. Refusal can be more common and difficult to manage in younger children who can often be averse to the taste of medicines.

To gain a pupil's consent staff could:

- Prepare as much as possible before bringing the pupil in, to reduce any waiting time.
- Leave some tasks for the pupil to do independently, where appropriate.
- Explain to the pupil what they are doing.
- Remain discreet and positive.
- Rather than ask a yes/no question, use direct statements.
- Make sure they explain why the pupil is taking the medication – what the benefit will be.
- Offer age-appropriate praise and rewards afterwards, particularly for children who find taking medication difficult.
- For children who don't like the taste of medicine or find swallowing tablets difficult, have a drink ready for them.

For example, "Right I've got your antibiotics here for you, to make your poorly ear all better. When you are ready pop that in your mouth and swallow and there's a lovely drink there for when you're finished".

No pupil under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent.

No child or young person under the age of 16 will be given aspirin.

Parents must sign a consent form (short or long term) and all medicines should be handed in and collected from the main school office by a parent/carer or other childcare provider.

Parent/carers have the responsibility for ensuring that any utensils for measuring correct dosage are provided when signing over the medicine.

Medicine should always be an adult-to-adult transaction from the school office. Medicine must never be given to a child to take home (in the case of other childcare providers, the medicine must be collected from the school office by the childcare provider).

Office staff will alert class-based staff to any medicines via an email, which clearly states the name of the child, name of medicine, dosage and time period. Medicine will then be administered to the child at appropriate points by a member of staff who has been fully trained to administer medication.

Inhalers will be kept in an accessible place in the school and will be taken out for PE and on all outings. Spare inhalers and spacers are kept in a labelled container in the medical room.

Adrenaline Auto Injectors will be kept in an accessible place in the school, usually securely stored in the child's classroom, and will be taken out for PE and on all outings.

Any medication (such as an antibiotics, insulin, etc) which require refrigeration, will be placed in the medicine fridge in the medical room.

Trips and Residentials – all relevant paperwork will be completed and taken on the school trip/residential. All medication will be taken and stored appropriately. Medication will be administered and recorded by a qualified member of staff.

Personal Protective Equipment:

When handling and administering medication, it is important that staff wear personal protective equipment (PPE). This is for the staff member's safety and wellbeing as well as the pupil's.

Wearing protective, disposable gloves reduces the risk of:

- The staff member passing on infections to the pupil.
- Staff contracting infections from pupils.
- Staff from encountering bodily fluids, e.g. saliva.
- Medications being absorbed through staff member's skin when handling.

Additional PPE such as aprons and masks may be worn if there's a risk of medications being inhaled or contaminating clothing. Aprons are also useful in the event of a pupil vomiting after taking medication.

If a staff member is responsible for administering medication:

- They are responsible for doing this to the best of their ability.
- They are responsible for carrying out this duty in line with the school policy.
- They are accountable for the outcome of any actions they take which were not in line with the school policy or the training they've received.

They are responsible for:

- Only carrying out tasks they have been trained to.
- Keeping their knowledge up to date.
- Never carrying out tasks they are not trained in.
- Being aware of the limitation of any training they have had.
- Following school policies and procedures.
- Reporting any concerns.

When a staff member has been made responsible for administering medication, they are accountable for the outcome of this. This means that they should not delegate the task to other staff members who may not be trained or competent.

All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention.

Only staff qualified to administer medication may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they are not obliged to do so.

If well prepared and in an appropriate environment, the process of administering medication should be straightforward.

4.4 Recording of Medication

It is important that accurate records are kept of the administration of medications. The most widely used and accepted record is a Medication Administration Record (MAR) chart. Each pupil who is being supported to manage medications should have an individual MAR chart. These are recorded on Medical Tracker.

It is the staff member who administers or supports the pupil to access/administer the medication that must complete Medical Tracker to indicate that the medication has been taken. This must be completed as soon as the medication has been administered.

The staff member responsible for the administration of the medication **must** observe the medication being taken before they complete Medical Tracker. This is a legal document which must be accurate; they **must not** be completed in advance of medication being administered. There may be times when a pupil refuses to take medication or drops/spills or spits medication out. If Medical Tracker has already been completed, it will be inaccurate.

Medical Tracker must record whether the medication was administered, refused, spilled/soiled or disposed of. This information is essential in ensuring that a pupil is not given too much medication or for alerting staff when a dose is missed so appropriate action or medical advice can be sought.

All medication records are confidential to the individual pupil and their parent/carer. Records must be kept in line with the principles of the General Data Protection Regulations (2018) and the Data Protection Act (2018). This means that information about a pupil's medical needs and their medication records should:

- Only be shared on a 'need to know' basis.
- Only be shared with the consent of the pupil or their parent/carer.
- Be stored securely.
- Limited to what is necessary to maintain the pupil's wellbeing.

To maintain confidentiality staff should ensure they:

- Don't talk about a pupil's medical needs in front of other students, staff or parents who aren't involved in supporting the pupil with those needs.
- Don't leave confidential documents (such as consent forms) on their desks or leave Medical Tracker open on their computer screens.
- Don't take confidential records outside of school premises, unless necessary (e.g. during a school trip).
- Know who else is involved in supporting the pupil.
- Know who to contact if they need advice/support.
- Know the school's policies and procedures.

4.5 Refusal to Take Medicine

Staff may have to deal with a situation where a pupil refuses to take their medication or spits it out; this is more common in younger children.

If a pupil unexpectedly refuses, staff cannot administer the medication but will:

- Talk to the pupil to find out why and if there is an issue they can resolve.
- Offer a drink or something sweet for afterwards, if the pupil doesn't like the taste/texture.
- Make sure the pupil understands why they need the medication and what will happen if they don't take it (e.g. they may become unwell, or their health condition may become worse).
- Take a break and try again later in case they interrupted something the pupil was enjoying.

If the pupil continues to refuse, staff will call the parent/carer for advice. If the pupil becomes unwell, they may need to call 111 or in an emergency 999.

We will not force a child or young person to take medication or undergo a medical procedure should they refuse.

If information provided by the parent/carer and/or GP suggests that the child or young person is at great risk due to refusal we will contact parents/carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents/carers have informed us that the medication or medical procedure is required we will contact the parent/carer as soon as possible.

4.6 Self-Management

Promoting independence and allowing pupils to do as much of the process for themselves as possible will support pupils to become more responsible and independent in managing their own medications. For pupils with long-term medical conditions this can be important for building their level of self-confidence and sense of responsibility over their own wellbeing.

We will allow and encourage children and young people who are competent to do so, to manage their own medication. This will be based on discussions with the child or young person and their parents/carers. Specific written consent from parents/carers will still be required. Where necessary we will supervise the child or young person whilst they are taking their medication.

Our school allows the following medication / medical equipment to be carried by our children and young people where it is deemed they are competent, and it is safe to do so:

- Asthma inhalers,
- Adrenaline Auto Injectors,
- Diabetes devices / insulin,
- Other medication may be requested and will be considered on a case by case basis.

4.7 Medication Errors

There are many ways to minimise the risk of a medication error occurring; however, they may still occur. Medication errors can lead to minor symptoms and inconvenience or could have very serious consequences and can even lead to death.

Medication errors could be:

- Forgetting to administer a medication.
- Giving the wrong medication.
- Giving too much or too little of a medication.
- Giving a medication the wrong way (i.e. via the wrong route).
- Giving medication at the wrong time.

If a medication error occurs, staff must never ignore it or try to cover it up. This could lead to more harm to the pupil.

In the event of an error, staff should:

- Stay calm.
- Check all the information again to be clear on what the error is.
- Report the error to a more senior/experienced staff member and ask the senior staff member to come and check the pupil. SMT will contact the pupil's parent/carer to inform them of the error, agree next steps and arrange for advice to be sought from the pupil's GP.
- Document the error on the Medication Administration Record (MAR).

If at any point after the medication has been administered the pupil starts to show signs of being unwell, staff should call 111 for immediate advice and support.

If the pupil loses consciousness, experiences difficulties breathing, or shows any other signs of serious illness staff should call 999.

4.8 Emergency Situations

After medication has been administered, it is important for the staff who will be responsible for the pupil afterwards to be aware that the pupil has had medication and what the possible side effects are. Some medications can have side effects that cause general changes in the pupil's condition.

These should be monitored and any concerns reported to parents/carers, for example:

- Loss of appetite.
- Changes to sleeping patterns.
- Increased fatigue or tiredness.
- Changes in mood.

Other common side effects of medications include:

- Nausea and vomiting.
- Diarrhoea or constipation.
- Muscle stiffness or aches.
- Headaches.
- Drowsiness or dizziness.

If a pupil experiences any of these side effects after taking medication the procedures for supporting an unwell child should be followed, and the pupil's parent/carers should be contacted.

All medications also have the potential to cause adverse reactions, which is an unexpected, harmful, or even life-threatening reaction to the medication. Adverse reactions can range from mild to life-threatening. Sometimes the benefits of the medication may outweigh a milder adverse reaction or some of the side effects. However, at other times the pupil may need to be seen by a GP to review their medication and decide whether an alternative medication would be more appropriate. This is why it is important that staff observe and report any potential side effects or adverse reactions to medications.

Adverse reactions can include:

- Skin rashes, hives and itching.
- Breathing difficulties.
- Swelling or spasms.
- Fainting or losing consciousness.
- Anaphylactic shock.

Breathing difficulties, swelling, loss of consciousness and anaphylactic shock can all constitute a medical emergency and need quick action from staff.

In the event of a pupil experiencing a medical emergency staff should:

- Stay calm.
- Summon help from other staff.
- If prescribed and appropriate, administer emergency medication (e.g. an EpiPen/other Adrenalin Auto Injector).
- Call 999.
- Arrange for other pupils to be removed from the area.
- Keep the pupil calm, do not give them anything to eat or drink.
- If the pupil is unconscious and breathing, put them in the recovery position.
- Follow the directions of the 999 call handler.
- If the pupil is unconscious and not breathing, start CPR until paramedics arrive.

If the pupil is taken to hospital staff should:

- Arrange for a staff member to contact the pupil's parents/carers.
- Arrange for a member of SMT to accompany the pupil to the hospital.
- Ensure the staff member has the pupil's medication, Individual Health Care Plan, emergency contact details and MAR charts to take to the hospital.

As soon as possible after the event the staff members involved should complete an incident form and be invited to attend a debriefing. Support should also be put in place for any pupils who witnessed the emergency.

Our staff will follow our school's normal emergency procedures (for example, calling 999). All children and young people's IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a child or young person needs to be taken to hospital, our staff will stay with them until the parent/carer (or designated adult) arrives, or accompany a child or young person taken to hospital by ambulance and stay with them until the parent/carer (or designated adult) arrives.

5. IHCPs and Individual Children and Young People Risk Assessments (IPRAs)

We will follow the detailed guidance in DfE document “Supporting pupils at school with medical conditions” regarding both the development and monitoring of IHCPs and when an IPRA may be required.

We will review IHCPs at least annually, or earlier if evidence is presented that the child or young person’s needs have changed.

When our school is notified that a child or young person has a medical condition, the process outlined below will be followed to decide whether the child or young person requires an IHCP.

Our 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 children or young people who are new to our school.

When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents/carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

6. School trips, off site activities and sporting activities

Schools have a duty to ensure that any school trips are accessible to all pupils and that arrangements will be made to ensure individual healthcare needs are met during the trip.

If a pupil is going to be off the school premises for a school trip during a time they need medication the school should speak to the parent/carer and advice should be sought from the relevant healthcare professional about whether the dose can be given at a different time. If it is possible to avoid administering the medication during the trip, without being detrimental to the pupil’s wellbeing, this should be arranged.

If this is not possible and the pupil will need the medication during the trip the following should be put in place:

- A named staff member, taking responsibility for managing the medication during the trip.
- The pupil being made aware of which staff member is supporting them with their medication during the trip.
- If it is not appropriate for the pupil to carry their own medication, the named staff member must carry the medication in a secure bag.
- The staff member must ensure they also have any required PPE, all relevant MAR charts, Individual Health Care Plans and emergency contact details.
- Arrangements made with the trip venue for medications which need to be refrigerated.

We will follow the detailed guidance in DfE document “Supporting pupils at school with medical conditions” regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

All relevant paperwork will be completed and taken on the school trip/residential. All medication will be taken and stored appropriately. Medication will be administered and recorded by a qualified member of staff. If there are complications with the medication during the trip/residential a member of SMT and parent/carer will be contacted.

Once back in school, all paperwork will be returned to the appropriate place in the Medical Room. If medication is held in school for the child, this will be returned to the first aid room and stored appropriately. If the medication has been signed in from home, it will be returned to the parent/carer. If a child walks home alone the parent carer will need to give written confirmation that they consent for their child to take their medication home.

7. Unacceptable Practice

Our school staff will use their discretion and judge each case individually with reference to the child / young person's IHCP, but it is generally not acceptable to:

- Prevent children / young persons from easily accessing their inhalers, medication or administering their medication when and where necessary.
- Assume that every child / young person with the same condition requires the same treatment.
- Ignore the views of the child / young person or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children / young persons with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs.
- If the child / young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children / young persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children / young persons 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 child / young person, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child / young person's medical needs.
- Prevent children / young persons from participating, or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

8. Complaints

If our parents/carers or children/young people have any issues with the support provided they should initially contact Mrs Sarah Fuller, Headteacher, to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our schools' website.

9. Review.

This policy will be reviewed and approved by our governing body at least annually.

Appendix 1 – Medication Consent Form



Medication Consent Form

Medication should only be administered during school hours when it is necessary and the medication cannot be given before/after school.

Pupil's Full Name:
Date of Birth:

Name and strength of medication:	
Dose/Quantity (e.g. 5ml):	
Frequency (e.g. four times a day):	
Route (e.g. mouth):	
Reason for medication:	
Start date of medication:	End date of medication:
Time to be taken in school:	

I consent for a member of staff to administer my child's medication Yes <input type="radio"/> No <input type="radio"/>

<input type="radio"/> I will drop my child's medication at the school office each day OR <input type="radio"/> I will provide medication to be stored and kept at school (please tick one only)
--

INHALER USE ONLY: My child has been prescribed a Salbutamol inhaler and I give permission for them to use the school Salbutamol inhaler, in an emergency, if their inhaler is unavailable or broken Yes <input type="radio"/> No <input type="radio"/>

Name of parent/carer:
Relationship to child:
Emergency contact number:
Signed:
Date:

Appendix 2 – Routes of Administration

The table below sets out the most common administration routes of medications, and the ones covered by basic medication training.

Route	Description
Oral	Medicines that are taken by mouth and swallowed into the stomach, e.g. tablets, capsules and liquids.
Sublingual	Medicines that are administered under the tongue, e.g. tablets or spray. Tablets should be left to dissolve and should not be chewed, sucked or swallowed.
Inhaled	Medicines that are breathed into the lungs through an inhaler or a nebuliser.
Instillation	Medicines that are administered as drops into the eyes, ears or nose.
Topical	Medicines administered to the surface of the skin, e.g. creams, ointments, lotions, gels. This also includes ointments applied to the eyes, ears or nose.
Buccal	Medicines that are placed in the 'buccal cavity' or inside cheek, between the top gum and cheek. Usually, liquids or tablets. Tablets should not be chewed, sucked or swallowed.
Transdermal	Medicines are administered from a patch which is placed on the surface of the skin. The patches need changing at regular intervals; this will usually be able to be done outside of school hours.

To administer medication via one of the routes described below, staff would need to have specialist training from a qualified healthcare professional.

Route	Description
Rectal	Medicines are administered into the rectum ('back passage'), e.g. suppositories, enemas, ointments. Administering this type of medication in school or by school staff should be avoided due to the intimate nature.
Vaginal	Medicines are administered into the vagina, e.g. pessaries, ointments, creams. These can be commonly needed by school-age pupils to treat infections such as thrush. However, as above, administering this type

	of medication in school or by school staff should be avoided. Pupils should be encouraged to administer this independently.
Subcutaneous	Medicines are injected into the fatty layer of tissue just below the skin, e.g. insulin. Additional equipment will be needed such as a sharps box to dispose of used needles.
PEG (Percutaneous Endoscopic Gastrostomy)	Medicines are administered directly into the stomach by being poured into a PEG tube. PEGs are used for individuals who are unable to take food, fluids or medication by an oral route.

There are an additional two routes of administration which can only be carried out by qualified healthcare professionals such as doctors, nurses or paramedics.

These are:

- **Intramuscular injections** – medicines injected into a large muscle. *
- **Intravenous injections** – medicines injected into a vein.

**This does not apply to emergency medications such as EpiPens which can be given by anyone in the event of anaphylaxis.*

Appendix 3 – Individual Healthcare Plan



Template A: Individual Health Care Plan (IHCP)

Members of the Leeds Children’s Hospital, Youth Forum would like a link member of staff they trust and feel comfortable sharing sensitive information with, who understands their condition/s and needs.

Signatures

- * Where possible the child/person should have the opportunity to have their voice heard in producing their IHCP. Therefore we have included an option for their signature.
- * If the specialist nurse/health representative has attached additional medical information, it is not necessary for them to sign the IHCP.

You and your child/young person's school should agree how often the healthcare plan will be reviewed. It's advised that this happens at least once a year, but it may need to happen more frequently if your child'/young person's condition is unstable or their medication changes, for example.

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

Relationship to child

(home)

(mobile)

me

Who is responsible for providing support in school

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Address

Phone no.

Who needs to know about the child's condition

Name of staff member

Confirm been informed

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

Specific support for the pupil's educational, social and emotional needs

Impact of Learning / behaviour / classroom performance

Adjustments required for classroom environment/additional provision/special consideration

Daily care requirements

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

Staff signature _____

Signature of parent _____

*Signature of child / young person _____

*Signature of health representative _____

Appendix 3b - Letter Inviting Parent/Carer to Contribute to IHCP



Headteacher: Mrs Sarah Fuller
Deputy Head: Mr Dale Lockwood
Greenside Primary School
Chapeltown
Pudsey
Leeds
LS28 8NZ
Tel: 0113 257 4509
Email: admin.info@greenside-sch.org

Date

Dear Parent/Carer

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 the 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

Staff Training Record – Administration of Medicines

Name of school/setting	Pudsey Greenside Primary School
Type of training received	Administering Medication in Schools
Training provided by	CPD Online

The following members of staff have received the training detailed above.

Title	Forename	Surname	Date Trained
Mrs	Laura	Knowles	February 2026 (Medication and First Aid Lead)
Miss	Phoebe	Morris	February 2026
Mr	Martin	Phillips	February 2026
Mrs	Kerrie	Pollitt	February 2026
Mrs	Rachel	Scott	February 2026

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the information below.

1. your telephone number 0113 257 4509
2. your name (name of person contacting 999)
3. your location (Greenside Primary School, Chapeltown, Pudsey, LS28 8NZ)
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

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