Our vision

- To become a great provider and recognised leader of SEND in Lancashire
- To provide the right curriculum that is personalised for every child to ensure they reach their full potential
- To provide a safe & thriving environment for both staff and pupils where wellbeing is paramount

Great Arley School
Dare to Dream, Aim to Achieve

Supporting Children with Medical Conditions and Administering Medication

DATE REVIEWED	REVIEWED BY	NEXT REVIEW DATE
Autumn 2026	Lindsay Weaver	Autumn 2027

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Great Arley School: Policy for Supporting Pupils with Medical Conditions and Administering Medication Addendum

This addendum has been written to outline school procedures relating to the Policy: Cabinet Approved Supporting Pupils with Medical Conditions 2023.

At Great Arley School we want to ensure that all our pupils with medical conditions receive appropriate care and support whilst at school, in order for them to be healthy and happy in school but also have full access to the curriculum.

Equal opportunities

Great Arley is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

School will consider what reasonable adjustments need to be made to enable these pupils where possible to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out as part of normal so that planning arrangements take account of any steps needed to ensure that pupils with complex medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. Some pupils may need treatment before and/or after exercise, any restrictions on a child's ability to participate in PE (Physical Education) should be recorded on their care plan. Staff will seek advice and discuss any issues that may arise with the SENCO (Special Educational Needs coordinator).

Sometimes additional safety measures may need to be taken for off site visits. It may be that an additional staff member, parent or volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervision off site visits should always be aware of any medical needs and any relevant emergency procedures, a hard copy of the NHS care plan should be taken in the event of the information being needed in an emergency.

Responsibilities

This addendum follows the responsibilities as identified in the roles and responsibilities of all partners involved in carrying out support arrangements to be undertaken, as described 'Supporting Pupils with Medical Conditions in Special Schools: Ensuring that Special Educational Needs Schools meet the requirements of the Statutory Guidance-2023-24.'

Health Care Information Updates

The school issues Health Care Information Sheets (Appendix 1) to parents/carers annually to review and update medical information. However, parents/carers are responsible for ensuring

that the school is kept informed of any changes to their child's medical needs throughout the academic year and should not wait for the annual review process to provide updated information.

Parents/carers must notify the school promptly of:

- any new diagnosis, medical condition or health concern;
- changes to medication, dosage, method or timing of administration;
- updates to treatment plans, healthcare plans or emergency procedures;
- hospital admissions, significant medical events or periods of ill health;
- recommendations or advice from healthcare professionals that may impact a pupil's education, wellbeing, communication, mobility, behaviour, feeding, personal care or safety.

Where a pupil attends appointments with healthcare professionals, including doctors, consultants, paediatricians, therapists, specialist nurses, CAMHS practitioners or other relevant professionals, parents/carers are requested to share copies of any reports, clinic letters, assessments, recommendations, outcome letters or updated care plans with the school as soon as possible. This enables the school to review and update healthcare plans, risk assessments, reasonable adjustments and educational provision to ensure that appropriate support continues to be provided.

Individual Care Plans
The supports school by writing and amending pupils' individual care plans. It is the responsibility of the school SENCO to ensure parents have signed and agreed the plans. School staff have annual updates and training to ensure they are competent to carry out their daily tasks to support pupils such as administering medication, feeding, changing, toileting. The school SENCO also ensures that any interim changes are made to these plans when required and staff are retrained if necessary.

Managing Medication

- **Signing in/out**

All medications should be brought to school by parents/carers or the bus escorts. These should be signed in at the start of each day and signed out at the end of the day via the Medication Handover Sheet **(See Appendix 2a)** by the Teaching Assistant within that child's tutor group, if absence then a member of SLT should take this role and then inform the tutor.

- **Expiration**

Expiry dates of school held medication must be monitored. Presently daily medication and emergency medication dates are monitored termly by class staff. Class staff alert parents when supplies of emergency medication are running low to allow time for new stock to be ordered and sent into school and notification is sent to parents via Parent App. Expired medication is sent

home for parents to discard safely directly or via the PA, this should be documented on the signing in and out sheet.

Children who do not have their rescue medication in school should not be in school if their medication is not available to them. School has an emergency inhaler for use by pupils with asthma.

Class staff to monitor intimate care equipment and request replenishment directly with parents.

- **Storage**

Class staff will store all medication safely in the PPA room in a locked cupboard.

Where medication is required to be kept in a fridge it will be stored in the staffroom fridge in a clearly labelled box. Fridge temperatures are checked by class staff. Asthma inhalers, blood glucose testing and adrenaline pens will always be readily available as they will be stored in clearly labelled boxes in classrooms on a high shelf (out of the reach of pupils) with care plans for class staff to administer.

Administration of Medication

Medication administered in school must only be medicines that are required at a specific time during the school day or requiring administration 4 times daily or more.

Medication may only be taken on school premises by the individual to whom they have been prescribed. Passing medication to others can be an offence which will be dealt with under our Drug and Alcohol Policy.

When administering medication staff must seek a second counter signature from a member of education staff. They will sign their initials as a confirmation that the Medicine Administration Record Sheet, medication and label all correlate.

School Office to check that the parent has signed the **Parental Agreement Permission to Give Form** via Parent A

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

Each container must be clearly labelled with the following: -

1. Name of medicine
2. Child's name
3. How much medicine to be given (dosage)
4. When the medicine has to be given
5. Where to store the medicine
6. Expiry date

Staff must check that permission to give forms (see appendix 2b) are completed for any new medications are prescribed before they complete the medical administration record form (appendix 2c).

School staff should be aware if they have a concern relating to the changing medical needs or administration of medicines procedures they should in the first instance report this to the Senior Leadership Team. If it is relation to a serious safeguarding incident, then they should seek appropriate support and advice by reporting it verbally to the DSL (Designated Safeguarding Lead) followed by documenting via the school cpoms system.

Medication may be given routinely or in an emergency.

In every case medication is only given to a pupil where the proper procedures are in place

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering medication.

No staff member may administer drugs by injection unless they have received training in this responsibility.

The Headteacher will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

School staff will follow this policy when supporting with the administration of medicines.

- Two staff to ensure checks are completed prior to giving medication. This will include checking the expiry dates; ensuring medication is labelled, and intact to give.
- Two staff to check 7 Rights to administration, these are;

1) **R**ight Medicines
2) **R**ight Patient
3) **R**ight Dose
4) **R**ight Route
5) **R**ight Time
6) **R**ight documentation (See Permission to Give and MARS - See **Appendix 1a and 1b**)
7) **R**ight Effect

- The administrator should follow the process from drawing up the medication to administration and documenting it.
- Two members of staff must document any medicines that have been discarded or if the child refuses medication.

Staff who are taking pupils medication out of school at any time, must sign it both in and out of school by the member of staff responsible, as shown on the EVC risk assessment. All medication taken out of school needs to be placed and locked in a black box located in the first aid cabinet.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999) for any child who does not have a care plan. In the case where a pupil does have an existing care plan, the care plan is to be followed. All pupil care plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, a member of school staff who knows the child will accompany the pupil to hospital by ambulance and stay with the pupil until the parent, carer or social worker arrives.

Anaphylaxis and Emergency Adrenaline Auto-Injectors (AAIs)

Anaphylaxis is a severe and potentially life-threatening allergic reaction requiring immediate medical attention. The school recognises its duty to safeguard pupils who are at risk of anaphylaxis and to ensure that appropriate procedures are in place to respond to allergic reactions promptly and effectively. [gov.uk], [gov.uk]

The school's arrangements for the identification, management and prevention of allergic reactions are set out in the school's **Allergy Policy**, which should be read alongside this policy.

Where appropriate, pupils at risk of anaphylaxis will have an Individual Healthcare Plan (IHP) detailing:

- known allergens;
- signs and symptoms of an allergic reaction;
- emergency procedures;
- prescribed medication;
- the location of adrenaline auto-injectors (AAIs); and
- staff training requirements. [gov.uk], [gov.uk]

The school maintains emergency spare adrenaline auto-injectors in accordance with current Department for Education and Department of Health and Social Care guidance. These devices are available for emergency use where clinically appropriate and in line with the school's Allergy Policy and individual healthcare plans. Spare AAIs do not replace a pupil's own prescribed medication, which should be available in accordance with their healthcare plan. [gov.uk], [assets.pub...ice.gov.uk]

In the event of suspected anaphylaxis, staff will follow the procedures outlined in the Allergy Policy, administer emergency medication where required, call 999 immediately, and inform parents/carers as soon as practicable.

Staff Training

Staff who are required to administer medication receive appropriate training and are expected to be competent and confident in carrying out this role. Annual training is provided on the safe administration and storage of medication. This includes checking and recording medication, obtaining consent, managing medication errors, infection control, emergency procedures, record keeping, and the safe handling and storage of medicines.

All staff receive annual training in the recognition and emergency management of asthma and allergic reactions, including anaphylaxis. Elements of this training are incorporated into the school's annual first aid training programme.

Additional training on specific medical conditions and procedures is provided to relevant staff where this is required to support individual pupils. Class staff working directly with pupils who have identified medical needs receive condition-specific training from an appropriate healthcare professional. This training is tailored to the individual pupil's health condition and individual healthcare plan and may include diabetes care, epilepsy management, dysphagia, hydrocephalus, catheterisation and stoma care. This training is provided only to staff who work directly with the individual pupil concerned.

Allergy and Asthma Training

In line with current statutory guidance and the principles of Benedict Blythe's Law ("Benedict's Law"), all staff will receive regular allergy awareness training appropriate to their role. This will include:

- recognising the signs and symptoms of allergic reactions and anaphylaxis;
- understanding allergen avoidance and risk reduction strategies;
- knowledge of pupils with known allergies;
- the location and use of prescribed and emergency adrenaline auto-injectors (AAIs);
- emergency response procedures and recording requirements following an incident. [gov.uk], [gov.uk]

All staff will also receive regular asthma awareness training to enable them to:

- recognise signs and symptoms of asthma deterioration and asthma attacks;
- understand individual pupil asthma management arrangements;
- respond appropriately in an asthma emergency;
- access and administer emergency asthma medication where provided by the school and permitted under current guidance.

Specific Medical Conditions

Asthma: Protocol in school and use of the Emergency Inhaler

All pupils who have asthma should have a care plan which is written and updated by their Asthma Nurse annually.

If the parents agree that their child is capable, pupils will be supported by school staff to take responsibility for managing their own inhalers and equipment.

The emergency salbutamol inhaler is only to be used by children who have an asthma care plan in school and have been prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given. **See Appendix 5.**

The dose given via the emergency salbutamol inhaler should be as indicated on the pupil's current asthma care plan.

The emergency salbutamol inhaler kit is stored in the staff PPA room. The inhaler is also available for staff members to use.

It contains:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using, cleaning, and storing the inhaler and spacer;
- manufacturer's information;
- Emergency Medication Administration Log will be used to record administration (i.e. when the inhaler has been used) with pupils and a notification is sent to parents via Parent App which indicates the time and dose given. It will also alert administrative staff when any part of the equipment is due for replacement.
- Guidance on the use of emergency salbutamol inhalers in schools
- A list of children and staff permitted to use the emergency inhaler as detailed in their individual healthcare plans

Record Keeping

Office Staff will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. If the case of emergency medication being given- TAs must complete the Emergency Medication Administration Log online and share the document with the school office so parents can be notified via Parents App and this information will be stored in electronic files until a pupil leaves.

Administering Paracetamol for a pupil on a short term basis (which is not prescribed by a doctor)

There may be instances where a parent may feel that their child requires paracetamol for pain relief on a short-term basis where the medication has not been prescribed by a doctor. Wherever possible a parent will be asked to come into school to administer themselves or if a pupil is able to self-medicate, they will be supervised to do so. However, there may be extenuating circumstances where it is not possible for a parent to come to school but where school feels that it is in the best interest of the pupil to receive the medication and be in school. In these circumstances a member of SLT (Senior Leadership Team) must agree the circumstances and ensure the following steps are adhered to:

- Only standard paracetamol may be given, not combination drugs which may contain other drugs.
- Medication will be stored in the locked medical cupboard in the Staff PPA room. There must be written parental consent from the parent or carer on the first day of administration. A parent must complete an **Emergency Parental Agreement Permission to Give Form** to ensure a time of administration and dosage is agreed in line with the information on the packet/bottle. The name of the medicine, dose, pupil's name, time and date and signature of the parent and person administering the dose must be obtained.
- Pupils can only be given one dose of paracetamol during the school day which must be in the middle of the day.
- Staff must be fully trained in the procedures relating to the administration of medication. Normal protocols around the administration of medicines should be followed, two members of staff must measure the dosage and witness the pupil being given the paracetamol and a record of the dose and time given must be kept in school via Parent App. Medical administration records must be shared with parents by the School Office before the pupil arrives home.

Paracetamol must not be given:

- Following a head injury
- Where a pupil has taken paracetamol containing medicine within the last four hours

Supporting pupils with health needs who cannot attend school

All normal attendance procedures will be followed in the first instance. Initially school will attempt to make arrangements to deliver the same high standard of education for students with health needs who cannot attend school.

If a child will be away from school for 15 days (consecutive or over the course of the year) or more because of their health needs, the local authority will become responsible for arranging suitable education for our pupils. When the local authority arranges alternative education, 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 pert-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
- 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

Liability and Indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Complaints

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

Monitoring

This policy will be reviewed and approved by the governing board at least three years or sooner if required.

Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints
- Equality and Inclusion
- First Aid
- Health and Safety
- Safeguarding and Child Protection
- Special Educational Needs & Disabilities Information Report and Policy
- Allergy Policy

Health Care Information (See Appendix 1)

HCPs will be reviewed on admission and then during their annual review meeting, or when a child's medical circumstances change, whichever is sooner.

If a child is going on a Type B educational visit, then the medical form for individual pupils will be discussed by the visit leader/parent/carer at the parents meeting when preparing for the visit. This will allow for confirmation of medication or recent changes.

Educational visit Form 5 details pupils with health issues/and/or/medication information. All care plans are taken on educational visits alongside emergency contact numbers.

Medication:

Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

All medications must be stored safely in a locked cabinet in the school office. Certain identified medications must be double locked within the same cupboard.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of relevant staff.

Pupils will never be prevented from accessing their medication and it being administered by an adult.

APPENDIX 1

Health Care Information Sheet

Pupil Name:	
Date of Birth:	
Medical Condition/s:	
Medical needs including symptoms, triggers, signs, treatments, equipment or devices, environmental issues: Action to be taken in school:	
Equipment in school i.e. Splints, walking aids, hearing aids, glasses	
Medication to be taken at home:	
Medication to be taken at school: Any medication to be taken in school MUST be clearly labelled with the child's name, date of birth, dosage and instructions for administration,	Please complete **Parental Agreement Permission to Give Form**
Physio/OT/SALT in school:	
First Contact and relationship to child:	

Home telephone number: Mobile number:	
Second Contact and relationship to child:	
Home telephone number: Mobile number:	
Other contacts involved with pupils:	
I have read all the information above and confirm it is correct. I will inform school of any change to medication. I will inform school of any changes to medical conditions or medication. (Please sign and date)	Signature: Date:

Date:	Amendment/Review:		Signed:

Medication Handover Sheet

Date	Name of Pupil	Medication	Quantity e.g. number of tablets or size of bottle	Person handing over	Person signing in	Person signing out	Person receiving medication

Appendix 2b

Emergency Parental Agreement Permission to Give Form

Permission to Give/ Consent		
Childs Name:	**DOB:**	**Class:**
Allergies:		
Medication: Dose, route, frequency and expiry date		
Name: **Strength of Medication:** **Dose & Time to be given:** **Route:** **Expires:**		
Medication: Dose, route, frequency and expiry date		
Name: **Strength of Medication:** **Dose & Time to be given:** **Route:** **Expires:**		
Medication: Dose, route, frequency and expiry date		
Name: **Strength of Medication:** **Dose & Time to be given:** **Route:** **Expires:**		

Appendix 2c

Medication Administration Record

PUPIL NAME	MEDICINE	DOSE	DATE	TIME	NO. BEFORE	NO. AFTER	SIGNATURES
							1.
							2.
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APPENDIX 3

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Great Arley School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Child's name:……..Date: ……

Parent's name (print):…… Relationship to child:.....

Parent's address and contact details:

……

……

Telephone:……E-mail: ……

APPENDIX 4

General Annual Medical Permissions- please tick the box to show that you give your permission

I give my permission for:

• **My child to be given first aid by a trained member of staff during any on-site or off-site activity**	☐
• **My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity. In an emergency school can consent on behalf of your child (on the basis of 'loco parentis'). Medical professionals can consent on behalf of your child regardless of whether you have ticked this box**	☐
• **A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted**	☐
• **Plasters to be applied to my child**	☐
• **My child to use anti-bacterial hand gel**	☐
• **My child to be assisted in applying sunscreen if necessary**	☐
• **For a member of non-medical school staff to administer medication as requested via a permission to give form**	☐
• **For members of non-medical school staff to provide medical procedures or intervention to my child after they have been trained and deemed competent by the Nursing Team. This may include managing asthma, diabetes, epilepsy and hydrocephalus, catheterisation, stoma, gastro feeds, naso-gastro feeds, blended diets, oxygen, oral suctioning.**	☐
Signed (parent/ carer) …….. Date…….	