Supporting Pupils with Medical Conditions Policy

Policy Code:	
Policy Start Date:	September 2026
Policy Review Date:	September 2027

Supporting Pupils with Medical Conditions Policy – Executive Summary (2026)

Purpose
Community Inclusive Trust (CIT) is committed to ensuring that pupils with medical conditions can fully access education, participate in all aspects of school life, remain safe, and achieve their academic, social and emotional potential. The policy aligns with the 2026 statutory guidance *Supporting Children and Young People with Medical Conditions and Allergy*.

Key Message
Every CIT school must create a safe, inclusive and supportive environment where children and young people with medical conditions can thrive, participate fully and receive the support they need to access education successfully.

Key Principles
All CIT schools are expected to ensure:
Inclusion – pupils are supported to participate fully in school life, including trips, enrichment activities and PE.
Safety – robust planning, trained staff and effective emergency arrangements are in place.
Partnership – strong collaboration with families and healthcare professionals.
Individualised Support – arrangements are tailored to the pupil's needs.
Dignity and Respect – pupil voice, privacy and wellbeing are central.
Accountability and Compliance – schools meet statutory duties and Trust requirements.
Clear Communication – information is accessible and responsive to individual needs.

Roles and Responsibilities
The policy sets clear expectations for:
Trust Board and Governors
Headteachers
School Staff
Healthcare Professionals
Local Authorities
Parents/Carers
Pupils
All stakeholders share responsibility for ensuring pupils with medical conditions are safe, supported and included.

Individual Healthcare Plans (IHPs)
Schools will:
Identify pupils who require additional support.
Develop Individual Healthcare Plans where needed.
Involve pupils, parents and healthcare professionals.
Review plans annually or sooner if circumstances change.
Ensure plans transfer between schools.
Include emergency arrangements, medication requirements and reasonable adjustments.

Medication and Medical Support
Schools will:
Administer medication only with appropriate consent and training.
Store medicines safely while ensuring emergency medicines remain accessible.
Maintain accurate Medication Administration Records (MARs).

Support self-management where appropriate.
Ensure staff receive suitable training before undertaking healthcare tasks.
Maintain arrangements for emergency inhalers and adrenaline auto-injectors.

Emergencies, Incidents and Wellbeing
Schools must:
Follow clear emergency procedures.
Respond immediately to medical emergencies.
Report and investigate serious incidents and “near misses”.
Learn from incidents and improve practice.
Consider the wellbeing of pupils, families and staff following serious events.

Inclusion and Equal Access
Pupils with medical conditions must:
Not be unfairly disadvantaged.
Have equal access to education, visits, clubs and activities.
Receive reasonable adjustments where required.
Be supported during periods of illness, hospitalisation and reintegration into school.

Record Keeping and Monitoring
Schools will maintain:
Medical condition registers.
Individual Healthcare Plans.
Medication records.
Training records.
Incident and near-miss reports.
The Trust will monitor compliance through governance, reviews, audits and lessons learned from incidents.

Contents:

1.1 **Statement of intent**

At CIT We believe that effective support for pupils with medical conditions is fundamental to safeguarding, equality, and inclusive education. Through this policy, the Trust aims to create environments where all pupils feel safe, understood, and empowered to succeed—regardless of their medical needs.

We are committed to all our schools ensuring that pupils with medical conditions can access and fully participate in education, achieve their potential, and remain safe within a supportive and inclusive environment.

We recognise our statutory duty under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, and we are committed to implementing these duties consistently across all academies within the Trust,

It is our aim that pupils with medical conditions who attend any CIT school:

✓ Play a full and active role in school life
✓ Remain healthy and safe
✓ Access education, including school trips and physical education
✓ Achieve their educational, social and emotional potential

In our CIT family of schools, we recognise that many pupils have multiple, complex or fluctuating medical conditions and may require:
✓ Ongoing medication during the school day
✓ Emergency medication
✓ Specialist equipment or interventions
✓ Delegated clinical procedures delivered by trained school staff
✓ Flexible attendance arrangements and personalised timetables

This policy is written in 2 parts.
Part 1 – Identifies Trust expectations and statutory guidance.
Part 2 – sets out how schools will apply the requirements of Part 1 in their setting.

1.2 Key principles

The Trust expects that all CIT schools will ensure:

Inclusion: Pupils with medical conditions are supported to participate fully and are not unfairly excluded from learning or enrichment.

Safety: Pupils' health is protected through robust planning, competent staff and clear emergency arrangements.

Partnership: Effective collaboration with parents/carers and healthcare professionals.

Individualisation: Support is appropriate, compliant, tailored and evidence informed.

Dignity and respect: Privacy, dignity, and pupil voice are central, especially where intimate care and clinical procedures are involved.

Clear accountability: Roles, training, record-keeping and escalation pathways are defined.

Compliance: all schools will ensure they know, understand and follow statutory and Trust expectations fully.

Clear Communication and language: all schools will ensure that communication with pupils and families is clear, accessible and appropriate to age, understanding, disability and language needs.

The Trust expects that all school leaders:

- Ensure they have a compliant, published policy for supporting pupils with medical conditions, with clear leadership and governance oversight
- Implement a consistent approach to Individual Healthcare Plans (IHPs)**,** ensuring that pupils who require support have clear, detailed, and regularly reviewed plans
- Maintain robust systems for identifying, recording, and responding to medical incidents**,** including learning from serious incidents and near misses
- Provide appropriate and regular training for staff, ensuring that those responsible for supporting pupils with medical needs are confident and competent
- Promote a culture of awareness and understanding**,** including specific attention to high-risk areas such as allergies and long-term or fluctuating conditions
- Ensure that no pupil is disadvantaged due to their medical condition, including in relation to attendance, behaviour, or participation in activities
- Embed medical needs support within safeguarding, SEND, and inclusion frameworks across the Trust.

This Part 1 of the policy sets out the statutory guidance and Trust expectations.

Part 2 of this Policy will be contextualised by the school to set out their own arrangements for:

- Administration of medicines
- First aid provision
- Delegated clinical duties
- Storage and disposal of medication
- Emergency response and risk assessment

CIT believes that our schools must set a culture where parents/carers feel confident that schools provide safe, effective and compassionate support, and that pupils feel secure, respected and included.
The Trust also recognises the social and emotional impact of medical conditions. Pupils may experience anxiety, depression, self-consciousness or bullying.
This policy seeks to minimise these risks through inclusive practice, pastoral support and awareness-raising. Some pupils with medical conditions may be considered disabled

under the Equality Act 2010. The Trust expects that all CIT schools will comply fully with their duties to make reasonable adjustments.

The requirements of this policy apply equally to breakfast clubs, after-school clubs and any Trust-led wraparound provision.

1.3 **Transparency and Accessibility**

All CIT schools will maintain and publish their own contextual Part 2 Supporting Pupils with Medical Conditions Policy and an Allergy Safety Policy which are reviewed at least annually, are easily accessible to parents, carers, staff and pupils, and accurately reflect the arrangements in place within the setting

2.1 **Legislation**

This policy has due regard to, but is not limited to:
- Children and Families Act 2014
- Education Act 1996 (as amended)
- Education Act 2002
- Children Act 1989
- Equality Act 2010
- National Health Service Act 2006 (as amended)
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- School Premises (England) Regulations 2012
- SEND Regulations 2014
- Human Medicines Regulations 2012 (as amended)
- UK GDPR and Data Protection Act 2018

2.2 **Guidance**

- DfE (2026) Supporting children and young people with medical conditions and allergy
- DfE (2024) SEND code of practice: 0 to 25 years - GOV.UK
- DfE Keeping children safe in education 2025
- DfE (2023) Arranging education for children who cannot attend school because of health needs
- DfE (2024) Working together to improve school attendance (applies from 19 August 2024)
- Department of Health (2017) Guidance on the use of adrenaline auto-injectors in schools
- Ofsted – State-funded school inspection toolkit version 1.1

2.3 **Related trust policies (including separate Allergy Awareness Policy)**

This policy operates alongside these school and Trust policies:
- Allergy Awareness Policy (CIT, Part 1 and Part 2)
- SEND Policy

- Attendance Policy
- Safeguarding and Child Protection Policy
- Administration of Medicines Policy
- First Aid Policy
- Delegated Clinical Duties Policy
- Intimate Care Policy
- Educational Visits Policy
- Exam Access Arrangements Policy
- Complaints Policy
- Data Protection and Records management policies

From September 2026 all CIT schools have an Allergies Management Policy that sits alongside this policy, and these must be read in conjunction with each other.

All CIT schools must publish both their Supporting Pupils with Medical Conditions Policy and their Allergy Safety Policy on their website and ensure that these documents are reviewed annually and following any significant medical incident where policy changes may be required.

3.0 **Definitions, scope and context**

A medical condition is a specific physical or mental health issue or illness that can be diagnosed by healthcare professionals based on symptoms, tests, or examination.

This policy applies to both physical and mental health conditions where the school is required to make arrangements to support a child or young person in accessing education safely and effectively. The Trust recognises that some medical conditions may fluctuate over time and may have social, emotional or psychological impacts that require support alongside physical healthcare arrangements.

These conditions, which include chronic diseases, require management or treatment and can affect an individual's functioning. A medical condition is in scope of this guidance if the school needs to put arrangements in place to support children and young people with that condition (whether as part of institution-wide policies or specific arrangements for an individual).

Some pupils are likely to have Education and Health Care Plans that provide the statutory provision pupils need to be able to access education. Support may include day-to-day management, emergency responses, medication administration, clinical procedures and educational adjustments.

CIT schools support pupils with a wide range of needs. Many pupils may have multiple, complex, and/or fluctuating medical conditions.
Part 2 of this policy will identify some of the medical conditions that each setting will manage and support.

This Trust policy applies to:

- School day provision (on-site), including breakfast clubs, after-school clubs,

extracurricular activities and any school-led wraparound provision
• Off-site activities, educational visits and residentials
• Transport interfaces (information sharing and planning with the LA)
• Periods of short-term absence and longer-term absence (as set out in related attendance/medical needs processes)

4. **Roles and responsibilities (CIT staff)**

4.1 The Trust Board:
Is legally responsible for fulfilling statutory duties under relevant legislation. The Board should ensure that its arrangements give children, young people and parents confidence in all CIT school's ability to provide effective support for medical conditions in school.

Trustees will ensure that significant medical condition and allergy-related risks are appropriately reflected within Trust and school risk management arrangements and reviewed through governance processes.

They must:

- Ensure that a named member of the board and named senior leader is responsible for the policy, which should be reviewed at least annually.
- Ensure that Trust-wide arrangements are in place to support pupils with medical conditions.
- Ensure that where serious incidents or "near misses" occur involving a child or young person with a medical condition (including allergy), lessons have been learned following a review of the relevant policies and arrangements.
- Must have strategic oversight of the monitoring and support for continuous improvement, utilising data and key information. Part 2 of this document will set out how school leaders intend to communicate with the Trust Board via the LSB.
- Ensure that a schools' years setting's medical conditions and allergy safety policies are explicit about what practice is not acceptable.
- Seek to receive assurance from all schools that pupils can access and enjoy the same opportunities as peers. They must ensure that school arrangements are clear and unambiguous about the need for proactive support so that children and young people with medical conditions can participate in school trips and visits, or in sporting and extracurricular activities, and not prevent them from doing so.
- Ensure that all school staff are aware of this policy and it sets out clearly how staff will be supported in carrying out their role to support children and young people with medical conditions.
- Ensure that the staff who are likely to be involved in supporting the child or young person know that they have an Individual Healthcare Plan and understand the arrangements it sets out.
- Ensure that the medical conditions policy sets out what should happen in an emergency.

- Ensure that arrangements to support children and young people with medical conditions apply at all times when the child or young person is in the care of the school.
- In the case of 'near misses' or emergencies, check that leaders in school have considered what lessons to learn and whether changes are required to the Trust or school policy.
- Ensure that the complaints processes permit complaints to be raised and investigated following a serious incident or near miss relating to a child or young person's medical condition.

4.2 The Headteacher:

The Headteacher holds overall responsibility for implementation of Part 1 and 2 of this policy at school level. They will ensure operational implementation of those arrangements in school.

At all CIT schools the Headteacher is responsible for ensuring:

- The school systems and procedures are fully compliant with statutory guidance and Trust expectations.
- Parts 1 and 2 of this policy is read, understood and implemented effectively with all stakeholders.
- Staff understand their roles and can easily access relevant information.
- Appropriate and sufficient trained staff are available to support IHP delivery, including emergencies. Ensure all staff receive allergy awareness training in accordance with the CIT Allergy Safety Policy, including recognition of allergic reactions, anaphylaxis, emergency procedures and the use of adrenaline auto-injectors.
- That staffing and recruitment needs are met to meet medical needs safely.
- IHP plans are developed and are compliant with statutory guidance, fully implemented and reviewed:
  - in place where needed
  - developed with parents, pupils and health professionals
  - regularly reviewed and accessible to relevant staff
- Robust information systems are in place to-
  - identify pupils with medical conditions early
  - record and share accurate information with staff
  - keep information up to date
- Liaise with health professionals. Ensure appropriate links with school nurses and healthcare professionals. Seek support when a pupil's needs:
  - are newly identified
  - or not yet formally assessed
- Safe management and storage of medicines. Ensure systems exist for:
  - storage, administration, and record-keeping of medicines
  - managing controlled drugs and emergency medication
- That staff understand that they are not obliged to deliver medication but must be supported if they volunteer

- That safe procedures are followed consistently
- That emergency arrangements are effective. Put in place clear emergency procedures, including:
  - what to do in a medical crisis
  - access to medication (e.g. inhalers, adrenaline auto-injectors)
  - Ensure all relevant staff know their role in an emergency.
- All pupils have a right to inclusion and equal access. Make sure pupils with medical conditions:
  - are not excluded from education or activities
  - have full access to trips, PE, and school life
- Avoid unlawful discrimination under the Equality Act 2010 (where applicable).
- Effective and accurate monitoring, review and governance reporting. Headteachers must monitor how effectively arrangements are working and report to governors on:
  - policy review cycles
  - evaluation of incidents / “near misses”
- Liaison with Public Health / relevant agencies where appropriate (e.g., infection control advice)

4.3 School staff:
May be asked to support pupils with medical conditions including administering medication but are not required to do so unless contracted accordingly.

The Trust expects that staff:

- Receive appropriate training and demonstrate competency before undertaking medical support tasks. Staff must engage with that training and meet deadlines set by the Trust
- Follow IHPs, risk assessments, and local procedures
- Respond promptly when aware that a pupil requires help
- (Teachers) take account of medical needs in lesson planning and provide additional help where needed, liaising with families and professionals when appropriate
- Use curriculum opportunities (e.g., PSHE) to promote understanding of medical conditions and reduce stigma
- Ensure pupils are fully included in the life of the school

4.4 External agencies and health professionals

The Trust welcomes support and engagement with external professionals to work in partnership with our schools in the best interests of our pupils.

External agencies are responsible for providing clinical expertise, training, assessment, and coordinated multi-agency support, enabling schools to implement safe, effective provision for pupils with medical conditions.

We expect our schools to engage professionally with all agencies. We look to them to:
- Provide medical diagnosis and clinical information
- Advise on treatment and medication regimes

- Contribute to Individual Healthcare Plans (IHPs)
- Clarify:
  - symptoms
  - triggers
  - emergency actions
- Give professional guidance to schools and parents and Support decisions about:
  - whether a pupil needs an IHP
  - what staff need to do in emergencies

Part 2 of this document will set out contextually which external partners that a school works with or is likely to work with and the roles the agencies will play in supporting pupils.

4.5 The Local Authority.

The Trust expects that all CIT schools work and engage with their relevant Local Authority. We expect that they will support our schools by:

- Promoting cooperation between partners
- Supporting training and guidance arrangements
- Supporting attendance and full-time education where possible
- Arranging alternative provision for pupils absent for 15 days or more due to health needs (see related Trust policy on pupils unable to attend due to health needs)

4.6 Parents/carers:

The Trust expects that school leaders make clear to parents their role in supporting pupils with medical conditions. Part 2 of this policy sets out how schools will ensure parents:

- Inform the school of their child's medical condition and changes
- Provide written information about medication required in school hours and for off-site activities
- Ensure medication/devices that come in to school are compliant with this policy for example clearly labelled with the pupil's full name and are within expiry date.
- Provide appropriate spare medication if required
- Keep their child at home if not well enough to attend
- Engage in medical care plan development/review and agreed actions
- Ensure they (or a nominated adult) are always contactable
- Support catch-up learning where appropriate and agreed

4.7 Pupils (as appropriate to age/ability).

The Trust will expect schools to support pupils to be active partners in their own medical care. It is expected that schools make this very clear to pupils how this will happen in their school (Part 2 of this policy). This includes supporting them to:

- Participate in discussions about their support needs where possible
- Tell a trusted adult when unwell or if another pupil is unwell
- Treat medication with respect
- Know how to access support quickly in an emergency
- Develop independence/self-management skills where safe and appropriate

4.8 **Duty of Care**. All Staff and school stakeholders:

If a child or young person experiences a life-threatening medical emergency, anyone—staff, volunteers or bystanders, may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

5.1. **Staff training and competency**

The Trust requires that any member of staff providing support must receive suitable training. Leaders must ensure that staff do not undertake healthcare procedures or administer medication without appropriate training.

Training needs will be assessed through Medical Care plan development and review, informed by healthcare professionals.

A first-aid certificate does not in itself constitute training for specific medical procedures.

Whole-school awareness training (e.g., epilepsy awareness) may be delivered annually where appropriate to the cohort.

All staff must receive allergy awareness training at intervals determined by the Trust and school leaders. This training should include the recognition of allergic reactions, emergency response procedures, awareness of allergen risks, and the use of adrenaline auto-injectors. Records of training must be maintained and monitored.

All staff should be familiar with normal precautions for avoiding Infection. Basic hygiene procedures of hand washing, disposal of contaminated wipes/tissues in the appropriate bin (yellow clinical waste plastic bin liner). Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings in the appropriate container.

School specific details will be set out in Part 2 of this policy.

5.2 **Delegated clinical duties for medical procedures**

Delegated clinical duties are healthcare procedures or interventions that are normally undertaken by registered healthcare professionals, but are formally delegated to trained, competent school staff, and are required to enable a pupil to access education safely.

Examples may include (but are not limited to):

- Enteral feeding e.g. Gastrostomy feeding/ Nasogastric tube (NG)
- Suctioning (oral/tracheal)
- Oxygen administration
- Catheterisation
- Management of complex epilepsy care plans
- Monitoring and responding to specific medical parameters as directed

Delegated clinical duties will only be undertaken where:

- The procedure is necessary to support the pupil's access to education
- Delegation is formally agreed by an appropriate registered healthcare professional
- The duty is clearly defined, time-limited where appropriate, and reviewed regularly
- The pupil's dignity, safety and wellbeing are central to all decisions
- Staff act within the limits of their training and competence

No member of staff will be required to undertake a delegated clinical duty unless they have voluntarily agreed to do so.

Delegated clinical duties will only be carried out when a registered healthcare professional has:

- Assessed the pupil's clinical needs
- Determined that delegation is appropriate
- Provided clear written instructions and protocols
- Written parental/carer consent has been obtained
- The duty is documented within the pupil's medical care plan - IHP.

Staff undertaking delegated clinical duties must receive procedure-specific training delivered or approved by a suitably qualified healthcare professional.

Training will include:

- The procedure itself
- Infection control
- Equipment uses
- Recognition of complications
- Emergency actions

A general first aid qualification does not constitute appropriate training for delegated clinical duties. Staff competency must be:

- Assessed
- Recorded
- Reviewed at agreed intervals.

Delegated clinical duties are subject to ongoing review by healthcare professionals and school leaders. Reviews will consider:

- Changes in the pupil's condition
- Staff confidence and competence
- Incidents, near misses or concerns

Duties may be withdrawn or amended at any time if safety cannot be assured.

All delegated clinical duties must be supported by an up to date and accurate risk assessment alongside clear escalation and emergency procedures.

Safeguarding principles always apply, including:

- Maintaining dignity and privacy

- Appropriate staff deployment
- Recording and reporting concerns

6.0 **Admission**

The Trust requires that in no circumstances in CIT schools will any child be denied admission to a CIT school or prevented from taking up a place because arrangements for their medical condition have not yet been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting at that time, or where there are immediate public health concerns (e.g., infection control), and only following appropriate advice and lawful decision-making. Any such decision will be documented and handled fairly and transparently.

7.0 **Notification and planning** (new to school or new diagnosis)

When a CIT school is notified that a pupil has a medical condition requiring support in school, the school will:

- Gather information promptly from parents/carers and relevant professionals.
- Arrange a planning meeting (as appropriate) with parents/carers, school staff and healthcare professionals, and the pupil where appropriate, to consider whether a medical care plan (IHP) is required.
- Put interim support in place where needed; the school does not wait for a formal diagnosis before offering support.

Where a pupil's needs are unclear or disputed, the Headteacher will decide based on available evidence, including medical advice and consultation with parents/carers.

If Fabrication of Injury or Illness (FII) is suspected, the safeguarding team will follow safeguarding procedures.

For September intake, arrangements will be made prior to start, informed by previous settings. For mid-term admissions/new diagnoses, arrangements will be made as soon as practicably possible.

8. **Individual Health Care Plans**

Individual Healthcare Plans are documents which a school, college or education provider produces and owns, setting out the support which a specific child or young person may require in respect of their medical condition, and the steps which the education provider will take to support them. IHPs will be developed in collaboration with the child or young person and their parents and should take account of any advice received from healthcare professionals.

The Trust expects that school leaders ensure they seek to identify any children and young people with medical conditions so they can consider whether an Individual Healthcare Plan is required. They then should discuss the circumstances with the child or young person and their parents.

The headteacher will decide (in discussion with the parents and any relevant healthcare professionals) whether the medical condition can be managed through the adjustments

made under the school's medical conditions policy or whether an Individual Healthcare Plan is required to specify arrangements that reflect the child or young person's condition and circumstances.

If a medical condition requires the school to put supportive arrangements in place, an Individual Healthcare Plan should be drawn up which specifies these arrangements. This includes children and young people whose medical conditions require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency).

Personalised care plans: if healthcare professionals will issue personalised care and/or action plans they must be included in the IHP. This includes allergy and asthma action plans, diabetes care plans and seizure plans.

Plans will be reviewed at least annually or sooner if the pupil's needs change, or after significant incidents/near misses.

IHPs must transfer with pupils when they move to a new school.

All IHPs will fully comply with the statutory guidance.

Part 2 of this policy will set out each school's process and timetable for collating information and setting up and reviewing IHPs.

9.1 **Administration of medication**

The Trust expects that all CIT schools will ensure that any medicines are only to be administered in accordance with written consent requirements and prescribing information.

Individual Healthcare Plans (IHPs) should be put in place for any child or young person who requires medication while in school.

The IHP should set out arrangements for administering the medication, contact details of the relevant healthcare professional and procedures in the event of any complications or side-effects.

Pupils will be supported to access medication safely and discreetly and encouraged towards independence where appropriate and safe.

Medication is administered/supervised only by appropriately trained staff who have agreed to undertake the role.

Where intimate procedures are required, dignity, privacy, safeguarding and (where possible) gender-sensitive arrangements will be considered, while recognising emergency exceptions.

9.2 **Consent for administration of medication**

The Trust expects that a pupils IHP should record parental consent for the medication to be administered to a child (other than in the exceptional circumstances where medication is prescribed without a parent's knowledge). Where specific members of staff have been trained to administer medication or deliver personalised care plans (for example diabetes care or plans seizure plans), they should be named on the IHP, together with cover arrangements in their absence.

An additional copy of the IHP should be uploaded to the school's information system (Bromcom).

A letter from a doctor or medical professional would be required if a pupil needed medication to be administered covertly.

In special circumstances where pupil medication is prepared at home to be administered at school, a letter of consent must be written with the specific information for the individual pupil. This must be signed by parent/carer.

CIT schools can only accept prescribed medicines if they are in the original pharmacy-dispensed container, with the pharmacy label showing the pupil's name, dosage instructions, and storage requirements.

The DfE guidance states that schools should only accept prescribed medicines that are:

- In date
- Labelled
- Provided in the original container as dispensed by a pharmacist
- Accompanied by instructions for administration, dosage and storage

Exceptions include:

- Insulin**,** which may be supplied in an insulin pen or pump rather than the original container.
- Emergency medicines such as inhalers and adrenaline auto-injectors, which are typically carried or stored in a form that allows immediate access

9.3 **Transfer of medication from home to school**

Where appropriate, schools will share relevant information (with appropriate consent) to support safe transport planning for pupils with significant medical needs.

If a pupil requires medication administration during transport, this must be planned and delivered through the LA's transport arrangements using appropriately trained personnel, in line with agreed responsibilities.

Staff should ensure that medication that is transported by school is signed over to and from transport. Procedures for individual schools are set out in Part 2 of this policy.

9.4 **Storage of medication**

9.4.1 **General/ non prescribed medication storage**

Pupils should not store medication on their person. Medication will normally be stored securely by the school unless a risk assessment and Individual Healthcare Plan identify that the pupil should carry and self-manage their medication.

All medication should be hand in for safe storage. Medication is stored in locked cabinets (or secure storage as required). Medication is stored in the original container with label,

instructions and expiry date. Temperature/storage requirements are followed, including refrigeration where required in a secure area.

Parents/carers supply medication clearly labelled with pupil name, dose and frequency. Arrangements are in place for end-of-year return/collection, where applicable.

9.4.2 **Emergency medication and its storage**

Emergency medication is medication prescribed or supplied for the immediate treatment of a potentially serious or life-threatening medical condition where delay in administration constitutes a serious incident because it could place a pupil at significant risk of harm.

Examples of emergency medication commonly covered include:

- Salbutamol reliever inhalers for asthma attacks.
- Adrenaline auto-injectors (AAIs) such as EpiPens for anaphylaxis. (see separate Allergy Policy).
- Rescue medication for epilepsy (for example, buccal midazolam where prescribed).
- Emergency diabetes treatments, such as fast-acting glucose treatments and other prescribed emergency interventions identified in a pupil's healthcare plan.
- Any other medication specifically identified in a pupil's Individual Healthcare Plan (IHP) as being required to manage a medical emergency.

Access arrangements must ensure controlled drugs remain secure whilst being immediately accessible in an emergency.

Depending on the developmental stage and age of the pupil it may be deemed appropriate for the pupil to have their emergency medication on their person to support them in developing independence, alternatively the emergency medication should be kept in an agreed location that can be accessed by adults. Details of this will be stated in a pupils IHP, and staff must be aware of the location of any emergency medication. Further details of school context will be contained in Part 2 of this guidance.

The specific medication care plan should remain with the emergency medication.

If an emergency medicine is a controlled drug, it must be stored in a secure, locked storage arrangement. The key must remain readily available and not held solely by one individual. It must be accessible in an emergency. Medication is stored securely or carried by staff outside the building, in line with risk assessment and the agreed school procedures set out in Part 2 of this guidance.

In accordance with the Trust Allergy Safety Policy, schools will maintain spare emergency medication where required by legislation or statutory guidance. This includes maintaining centrally accessible spare adrenaline auto-injectors for emergency use in line with national guidance and local arrangements. Storage, monitoring and replacement arrangements will be detailed within each school's Allergy Safety Policy and Part 2 procedures

9.5 **Administration of medication procedure**

When administering medication, staff must complete the ‘Six Checks’ procedure. All checks and administration are to be observed by a second staff member:

- Right pupil
- Right medication
- Right dose
- Right time
- Right route
- Right documentation

Staff must always ensure they administer the medication discreetly and with dignity.

9.6 **Medication Administration Record** (MAR)

The Trust expects that all schools have a record of medication administration. Schools will set out in Part 2 of this Policy their proforma for this form. The contents of this must match the statutory guidance and paragraph 14.4 in Part 1 of this policy.

Staff should ensure that as soon as medication has been administered, they must complete the MAR form and ensure this is counter signed.

9.7 **Medication Refusal**

If a pupil refuses medication, staff must:

- Not force administration
- Record the refusal
- Inform parents/carers as soon as possible

9.8 **Medication incident - serious incidents and 'near misses'**

The DfE Guidance on Supporting Pupils with Medical Conditions specifically reference the need for schools to learn from both **serious incidents and "near misses"** as part of their medical conditions arrangements.

The Trust defines the following:

Near miss – an error identified before medication is given. It meets the criteria if it could have resulted in harm to a pupil but was identified or corrected before harm occurred.

Serious Incidents - Under the 2026 statutory guidance on supporting children and young people with medical conditions, a serious incident is generally one where a pupil has suffered, or was at significant risk of suffering, serious harm because of a medical condition, allergy, medication issue, or failures in support arrangements.

Medication error – medication given incorrectly (wrong pupil, medicine, dose, time or route), or a missed dose.

A medication error becomes a serious incident if a pupil has been harmed or put at risk of harm. This might include:

- Wrong medication administered and the pupil suffers adverse effects.
- Incorrect dosage administered resulting in treatment, monitoring, or hospital attendance.
- Failure to administer essential medication leading to deterioration in the pupil's condition.

- Administration of medication to the wrong child

Adverse reaction – unexpected or harmful reaction following medication.

Please see Appendix 1 for examples of 'near misses' and serious incidents that require reporting.

If a medication incident or a serious incident is suspected or confirmed staff will immediately:

- Ensure the pupil's immediate safety
- Stay with the pupil
- Monitor their condition
- Call 999 if there is any immediate risk to life (continuously risk assess this for deterioration)
- Inform the Headteacher or delegated senior leader immediately
- Seek medical advice i.e. NHS 111, prescribing clinician, specialist nurse, or emergency services as appropriate
- Preserve evidence (e.g. retain Medication packaging and labels, Medication Administration Record (MAR), Any measuring devices or equipment
- Do not alter records retrospectively
- Complete the Medication Administration Record (MAR) and highlight the error.

A senior leader will inform parents/carers as soon as possible after immediate safety actions and provide clear, factual information and log the communication on CPOMs.

The Headteacher will assess if the case requires consultation with LADO, internal investigation or other escalation procedure and will inform the Trust. The Headteacher will assess if a RIDDOR report should be submitted.

All medical emergency incidents or near misses will be reported to the LSB and subject to investigation.

The Headteacher Report to the LSB board will include any lessons to be learned to inform future practice.

9.8.1 **Supporting Wellbeing Following Serious Incidents**

Following a serious medical incident, the Trust expects that all CIT schools consider the emotional wellbeing needs of the pupil involved, their family, staff members and other pupils who may have been affected.

The Headteacher will determine what support is required following a review of the incident and in consultation with relevant professionals where appropriate.

The Trust requires that Headteachers act within the 2026 Supporting Pupils with Medical Conditions Guidance 2026 which requires all responses to serious medical incident or a "near miss" that could have put a child or young person's life at risk to:

- Consider the impact on the child, their family, staff involved in the response, and any pupils who witnessed the event.

- Review the incident with the child and their parents, recognising that confidence in the school's ability to keep the child safe may have been affected.
- Involve the child and parents in reviewing arrangements such as the Individual Healthcare Plan (IHP) to ensure support remains robust and appropriate.
- Provide support to staff involved, including time to reflect constructively on what happened. The guidance explicitly notes that carelessness, inadvertence or simple mistakes do not automatically amount to serious or wilful misconduct.
- Consider carefully how incidents are communicated within the school community, using them as learning opportunities while protecting the privacy of the child involved.

Schools will set out in Part 2 how this will happen in the individual setting.

9.9 **Disposal**

Expired/unused medication is disposed of safely via agreed routes (e.g., pharmacy/school nurse). Each school will have a named person responsible for checking expiry dates at least three times per year, with checks documented. Sharps disposal arrangements will be in place where required.

10.1 **Over the counter medication** (OCM)

No CIT school is legally required to administer non-prescribed medication. Part 2 of this guidance will identify a school's individual response to OCM.

Non-prescribed medication will only be administered where it is in the pupil's best interests, and where all requirements of this procedure are met.

No pupil will be given non-prescribed medication without written parental consent.

Medication must be administered in line with the Administration of Medicines 'Six checks' procedure.

(Non-prescribed medication includes but is not limited to: Paracetamol products i.e. Calpol, Ibuprofen, Antihistamines (e.g. hay fever medication), Topical creams (e.g. eczema cream, barrier creams), Teething gel, Rehydration sachets etc.).

The Trust expects that CIT Schools may agree to administer non-prescribed medication only when all the following apply:

Written parental consent has been provided (signed and dated).

The medication is:

- In its original packaging
- Clearly labelled with the pupil's full name
- Within its expiry date
- Clear instructions are provided regarding, dose, timing, route of administration
- The medication is suitable for the child's age, weight and condition.
- The medication does not mask symptoms of a potentially serious illness.

The Headteacher (or delegated senior leader) has agreed that administration is appropriate.

School will not administer non-prescribed medication where:

- A pupil is unwell enough to require regular pain relief (parents will be asked to collect the pupil).
- The medication is requested:
  - To manage behaviour
  - To enable attendance when the pupil is too unwell for school
- The medication is:
  - Out of date
  - Not in original packaging
  - Not clearly labelled
- The parent requests a dose above the manufacturer's recommended guidance.
- The school has concerns about:
  - Frequency of use
  - Potential misuse
  - Masking symptoms of illness
- There is no written consent.

10.2 Paracetamol **and Ibuprofen**

Due to the risk of overdose, additional safeguarding procedures will apply with these medications and any products containing these medications.

As well as the conditions for medication administration in previous paragraphs, the following conditions must be in place:

- Parents must confirm the time and dose of the last administration before school.
- Schools will not administer paracetamol or ibuprofen:
  - If the pupil has already received the maximum daily dose
  - If the pupil appears significantly unwell
  - If it hasn't been provided by parents/carers

Repeated requests for pain relief may trigger a review with parents and consideration of an IHP.

10.3 **Asthma and Inhalers**

The Trust expects that in all CIT schools the appropriate staff must be aware of pupils who are asthmatic and what their IHP says about their medication plan.

Schools must ensure that asthma inhalers are readily available and not locked away. Pupils should be able to access their own inhalers immediately when needed.

Children with asthma should have their prescribed reliever inhaler available at school and must be allowed (or supported) to use them when necessary and as prescribed.

If a pupil is competent to manage their asthma, they should be allowed to carry their inhaler themselves.

Where a pupil cannot self-manage, the inhaler should be stored in a location that is known and quickly accessible to staff.

10.3.1 **Asthma and Individual Healthcare Plans (where appropriate)**

For some pupils, particularly those with severe or poorly controlled asthma, schools should have an Individual Healthcare Plan (IHP) setting out:

- Symptoms and triggers.
- Medication requirements.
- Emergency procedures.
- Contact details.
- Responsibilities of staff and parents.

10.3.2 **Emergency Inhaler.** The Trust is happy for schools to procure an emergency salbutamol inhaler prescription for use in emergencies.

The emergency inhaler may only be used for pupils:

- Who have been diagnosed with asthma (or prescribed a reliever inhaler); and
- For whom parental consent has been obtained in accordance with the school's own Part 2 of this policy

10.3.3 **Staff training**

The Trust expects that all CIT schools will ensure relevant staff can recognise signs of worsening asthma and know how to access inhalers quickly.

All staff must be trained to follow and understand the school's own emergency procedures.

That staff can access and use the emergency inhaler and spacer where applicable.

Part 2 of this policy will identify the school's own individual context and arrangements for the storage and use of inhalers.

All doses administered must be recorded on the Medication of Administration Record sheet.

Any problems arising from the use of inhalers should be referred to the Headteacher immediately who will consult with the parents/carers or health professionals for further advice.

11.1 **Planned hospital admission**

Where a pupil is due to undergo planned hospital treatment or admission, the Trust expects all CIT schools will work with parents, carers, healthcare professionals and the pupil to plan for absence, maintain educational access where possible, review healthcare arrangements and support a safe and successful return to school.
Any resulting changes to medication, emergency procedures or support needs will be reflected in the pupil's Individual Healthcare Plan.

Part 2 of this policy will set out how schools will plan and manage the absence and the return to school, including any work provided and how pupils will be kept in touch with school life and their peers.

School will liaise with the Local Authority and hospital education providers where the admission is expected to last 15 days or more (consecutively or cumulatively), to support suitable education provision.

The Trust expects that leaders monitor attendance records accurately to reflect medical absence and remain alert to safeguarding concerns, including the emotional wellbeing of the pupil and family.

11.2 **Transition and Reintegration Following Significant Illness or Absence**

Where a pupil returns to school following significant illness, injury, hospitalisation or a prolonged period of absence linked to a medical condition, schools will work with parents, carers, healthcare professionals and the pupil to support a successful reintegration.

Reintegration planning may include:

- review of the Individual Healthcare Plan
- staff briefing and awareness
- reasonable adjustments
- modified timetables where appropriate and regularly reviewed
- management of missed learning
- support for emotional wellbeing and social inclusion

The pupil's voice will be considered throughout the planning process.

12.1 **First Aid**

The Trust expects that all schools follow the Trust and school First Aid policy to manage injuries and record appropriately.

12.2 When **pupils with medical condition are feeling unwell**

The Trust expects all CIT schools should have clear arrangements for responding when a pupil with a medical condition feels unwell, including recognising symptoms, following the pupil's Individual Healthcare Plan (IHP), accessing medication promptly, and escalating concerns where necessary. The guidance emphasises emergency situations, staff training, communication, and ensuring children with medical conditions are supported safely and included in school life.

- Assess the pupil promptly
- Take concerns seriously, particularly where a pupil has a known medical condition.
- Check whether symptoms may be related to their condition or treatment.
- Refer to the Individual Healthcare Plan
- Follow any agreed actions, medication instructions, symptom thresholds and emergency procedures set out in the pupil's IHP.
- Provide access to medication
- Ensure emergency medication such as inhalers, adrenaline auto-injectors, epilepsy rescue medication or diabetes treatments is accessible without delay where required.
- Monitor and escalate

- If symptoms worsen, follow the emergency procedures in the IHP and seek medical assistance as required.
- Contact parents/carers where appropriate.
- Record the incident

Leaders must ensure that staff document symptoms, actions taken, medication administered and any communications with parents or healthcare services.

Schools must not:

- Ignore or dismiss a pupil's report that they are unwell.
- Delay access to prescribed medication.
- Send a pupil with a known medical condition unaccompanied to retrieve medication when this may be unsafe.
- Exclude a pupil from activities unnecessarily due to their condition

12.3 **Medical emergency**

The Trust defines a medical emergency is a situation where a pupil's condition has deteriorated or presents an immediate risk to their health and requires urgent intervention, such as emergency medication, medical assistance, or emergency services.

Examples include (but not limited to):

- An asthma attack causing significant breathing difficulty.
- Anaphylaxis requiring an adrenaline auto-injector.
- A prolonged seizure requiring rescue medication.
- Severe hypoglycaemia or hyperglycaemia in a pupil with diabetes.
- Any collapse, loss of consciousness, or situation requiring an ambulance.

Schools should:

- Act immediately and follow the pupil's Individual Healthcare Plan where one exists.
- Administer emergency medication where staff have been appropriately trained and authorised to do so.
- Call 999 where the situation is serious, life-threatening, or in accordance with the pupil's healthcare plan.
- Contact parents/carers as soon as practicable.
- Ensure the pupil is always supervised until responsibility is transferred to parents or healthcare professionals.
- Record and review the incident afterwards, identifying any lessons learned.

12.4 **Off site first aid procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils with medical conditions – IHPs and their relevant medication i.e. inhalers, AIIs etc.

- Access to parents' contact details
- Appropriate emergency medication

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current first aid certificate on school trips and visits. This will include a paediatric first aider for Early Years pupils.

13.0 **Where a child or young person dies**

The guidance describes such events as rare and tragic and directs schools to the statutory guidance Working Together to Safeguard Children and the Child Death Review: Statutory and Operational Guidance (England).

Schools should be aware that an unexplained death may be investigated by the police and subject to a Coroner's inquest. Evidence such as food residues or fluid samples may need to be preserved and seized.

Schools, colleges and early years settings should consider:

- how to support children and young people following the death;
- how to support members of staff;
- how to support the bereaved family, particularly any siblings attending the setting.

The guidance signposts schools to specialist bereavement support organisations including:

- Child Bereavement UK
- The Child Death Helpline.

14.0 **Reporting to the Health and Safety Executive (HSE)**

The Trust expects that all schools follow the CIT Health and Safety Policy Appendix 1 to report injury, disease, or dangerous occurrence as defined in the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 legislation.

15.1 **Record keeping for Pupils with Medical Conditions**

The Trust expects that all schools are compliant with the requirements of the 2026 guidance to maintain accurate records to ensure pupils with medical conditions are supported safely, staff are appropriately informed, and incidents can be reviewed and learned from.

The school will maintain accurate, up-to-date and confidential records relating to pupils with medical conditions. This will include Individual Healthcare Plans, parental consent forms, medication administration records, staff training records, incident and near-miss reports, and records relating to educational visits. Records will be stored securely and reviewed regularly to ensure pupils receive safe and effective support. Lessons learned from incidents and near misses will be used to improve practice and reduce future risk.

15.2 **Medical Conditions Register**

A central register of pupils with medical conditions, including:

- Nature of the medical condition.
- Emergency contact details.
- Medication requirements.
- Whether an Individual Healthcare Plan (IHP) is in place.
- Relevant allergies and emergency procedures.

15.3. **Individual Healthcare Plans (IHPs).**

These should contain the required information as set out in the statutory guidance. See para 8 in this policy.

Where required, schools should retain:

- The current IHP.
- Review dates.
- Evidence of parental and healthcare professional involvement.
- Records of amendments and updates.

15.4. **Parental Consent Forms**

Schools should keep records of:

- Consent to administer any medication.
- Consent for emergency medication where applicable.
- Information supplied by parents regarding dosage and administration.

15.5. **Medication Administration Records**

The Trust is happy for schools to keep their own MAR form to meet school need. This should record:

- Name of pupil.
- Medication administered.
- Dose given.
- Date and time.
- Name and signature/identifier of the staff member administering or supervising administration.
- Any side effects or concerns observed.

15.6. **Medication Storage Records**

Where appropriate:

- Receipt of medication into school.
- Expiry date checks.
- Controlled drug records.
- Return or disposal of medication

15.7. **Training Records**

Schools should maintain records of:

Staff training completed.

- Date of training.
- Trainer details.
- Competencies achieved.
- Refresher training requirements.

15.8 **Incident and Near-Miss Records**

Schools should record:

- Medical emergencies.
- Medication errors.
- Allergic reactions.
- Failure to follow an IHP.
- Near misses and lessons learned.
- Actions taken to reduce future risk.

15.9. **Educational Visit Records**

Leaders should ensure staff refer to IHPs when undertaking educational visit risk assessments for pupils with medical conditions. These must include detail of:

- Availability of medication.
- Named responsible staff.
- Emergency arrangements

16 **Unacceptable Practice**

Statutory guidance requires that the Trust, those responsible for governance and school leaders ensure that the medical conditions and allergy safety policies are explicit about what practice is not acceptable. Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- Assuming that every child with the same condition requires the same support;
- Assuming that older children and young people do not require support related to their medical condition, even if they are able to take increasing responsibility for its management;
- Ignoring the views of the child or young person or their parents or carer;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;
- Assuming that a child or young person does not have a medical condition because they do not yet have a diagnosis, for example while medical investigation is under way;
- Unreasonably requesting further medical evidence (e.g. from specialists);
- Discriminating against children or young people with medical conditions by sending them home frequently for reasons associated with their medical condition or prevent

them from staying for normal school activities or extracurricular activities, including lunch;

- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- Setting lower attendance ambitions for children or young people with medical conditions, for example by implementing sustained part-time timetables without review;
- Preventing children and young people from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively;
- Preventing children and young people from resting or engaging in sustained physical activity where they have conditions which cause chronic pain or fatigue;
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child, including with toileting issues. Parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's medical needs
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

17. **Liability and indemnity**

CIT ensures appropriate insurance arrangements are in place to cover staff providing support, including administration of medication and healthcare procedures, subject to training and policy compliance.

All staff must have undertaken appropriate training relevant to their responsibilities.

18. **Complaints**

The Trust aims to resolve all complaints at the earliest possible stage and, where possible, informally, and is dedicated to continuing to provide the highest quality of education possible throughout the procedure.

Parents/carers and pupils wishing to raise concerns should follow the school's own complaints policy.

19. **Monitoring, evaluation and review**

CIT expects that all schools can demonstrate through policy, records, training and implementation that arrangements for supporting pupils with medical conditions are effective

This policy will be reviewed annually by the Director of Safeguarding or sooner where:

- There are changes to legislation, statutory guidance or Trust arrangements
- A serious incident or pattern of near misses indicates the need for review
- Learning from complaints identifies improvement opportunities
- Audit findings identify areas requiring development

Trust schools will contribute to evaluation through local feedback from pupils, parents, carers, staff, governors and healthcare partners. Reviews will specifically consider incident trends, accessibility of support arrangements, training compliance, inclusion outcomes and equality impacts.

Appendix 1

Near Misses that require reporting: Examples – this list is a set of examples, not exhaustive.

Medication administration

- Wrong medication prepared but error identified before administration.
- Wrong dose drawn up but checked and corrected.
- Medication nearly given to the wrong pupil.
- Expired medication discovered during pre-administration checks.
- Parent supplies medication without pharmacy label and staff identify the issue before administering it.
- Controlled drug count discrepancy identified and resolved before administration.

Asthma

- Pupil's inhaler unavailable in classroom but found before symptoms escalated.
- Inhaler expired but replacement obtained before use was required.
- Staff escorting a pupil on a trip realise no emergency inhaler is available and rectify before departure.

Allergies and anaphylaxis

- Pupil almost given food containing a known allergen.
- Adrenaline auto-injector (AAI) not taken to PE or a trip, but omission identified before activity begins.
- Staff member discovers an AAI has expired during routine checking.
- Temporary catering error identified before food is served.

Diabetes

- Incorrect carbohydrate calculation identified before insulin administration.
- Blood glucose monitoring missed but detected before symptoms develop.
- Diabetes supplies not taken on an educational visit but identified during pre-departure checks.
- Epilepsy
- Rescue medication unavailable in planned location but located before it is needed.
- New staff member assigned responsibility without training, identified during handover.

Healthcare plans and communication

- New diagnosis not transferred onto the school's central medical register.
- Supply teacher not informed of a pupil's emergency healthcare plan, but issue identified before an incident.
- Healthcare plans review overdue but detected through audit.
- Educational visits

- Emergency medication omitted from trip bag and identified during departure checks.
- Transport provider not informed of a significant medical condition, but oversight discovered before travel.

Risk Rating	Example
Low	Medication form missing signature but identified before administration
Medium	Pupil's inhaler unavailable for part of a lesson
High	Wrong medication almost administered to a pupil
Critical	Adrenaline auto-injector unavailable for a pupil with severe allergy but discovered before an allergic reaction occurred

Serious Incidents:

If an incident resulted in, or could reasonably have resulted in, significant injury, life-threatening harm, emergency medical treatment, hospitalisation, or raises safeguarding concerns about the school's systems and practice, it should be treated as a serious incident and investigated formally.

Examples that would typically be considered serious incidents include:

- Medical emergencies
- Anaphylaxis requiring the use of an adrenaline auto-injector (AAI).
- Severe asthma attack requiring emergency treatment or hospital admission.
- Prolonged seizure requiring rescue medication or emergency services.
- Diabetic emergency resulting in hospital treatment.
- Any medical event leading to an ambulance call-out, emergency department attendance, or hospital admission. [assets.pub...ice.gov.uk]
- Medication incidents causing actual harm
- Wrong medication administered and the pupil suffers adverse effects.
- Incorrect dosage administered resulting in treatment, monitoring, or hospital attendance.
- Failure to administer essential medication leading to deterioration in the pupil's condition.
- Administration of medication to the wrong child.
- Allergy-related incidents
- Exposure to a known allergen causing a significant allergic reaction.
- Failure to follow an allergy management plan resulting in anaphylaxis or medical treatment.
- Catering or food safety failures causing serious allergic reactions.
- Safeguarding-related concerns
- Repeated failures to implement an Individual Healthcare Plan (IHP).
- Failure to make reasonable arrangements for a pupil with a medical condition, placing them at significant risk.

- Systemic failures in training, supervision, communication, or emergency response that create a substantial risk of harm.
- Fatality or life-threatening event
- Any death of a pupil linked to a medical condition, allergy, or failures in support arrangements.
- Any incident where there was a credible risk to life

Part 2

1. School Context & Scope

Billingborough Primary School is an inclusive mainstream setting committed to ensuring that all pupils with medical conditions—both short-term and long-term—are supported effectively so they can fully access education, extra-curricular activities, and school life.

We recognize that pupils' health needs vary significantly in complexity, duration, and required intervention. Our approach is designed to provide responsive, safe, and tailored support across the full spectrum of medical needs within our school community.

1.1 Short-Term Medical Conditions

- **Administration of Medicines:** Short-term conditions (e.g., courses of antibiotics or temporary pain relief) are managed through close collaboration with parents/carers.
- **Prescribed Medication:** Where possible, parents are encouraged to request doses that can be administered outside school hours. When medication is required during the school day, it must be prescribed, in its original container, and administered in accordance with our formal administration procedures and parental consent agreements.

1.2 Long-Term & Complex Medical Conditions

- **Individual Health Care Plans (IHCPs):** Children with long-term, chronic, or complex conditions have a personalized care plan established prior to or upon admission (or immediately following a diagnosis).
- **Multi-Agency Support:** We work in close partnership with healthcare professionals, local authority teams, NHS specialist nurses, and pediatricians to ensure plans are accurate, regularly reviewed, and fully implemented.

1.3 Physical Needs, Occupational Therapy & Accessibility

- **Physical Accessibility:** We adapt our learning environment, resources, and routines to remove barriers for pupils with physical impairments or mobility challenges.
- **Therapy Integration:** Staff actively implement and facilitate individualized physiotherapy and occupational therapy (OT) programs prescribed by external specialists, ensuring these routines are safely integrated into the child's day.
- **Equal Opportunity:** Reasonable adjustments are made to ensure these pupils have full access to physical education, school trips, outdoor learning, and extra-curricular opportunities.

1.4 Allergies & Anaphylaxis Management

- **Specific Care Plans:** Every pupil with a known severe allergy has a clear Allergy Action Plan maintained on site.

- **Staff Awareness & Training:** Relevant staff undergo regular training in recognizing the signs of allergic reactions and anaphylaxis, including the safe administration of Adrenaline Auto-Injectors (AAIs).
- **Environment & Risk Reduction:** We maintain proactive strategies across classrooms and dining areas to reduce risk and raise allergen awareness across the whole school community.

1.5 Induction, Transition & Onboarding

- **Early Identification:** When a child with medical needs joins our school, a comprehensive induction process ensures all necessary Individual Health Care Plans, risk assessments, and staff training are fully in place before or on their first day of attendance.
- **Agreed Approaches:** Care plans are co-produced with parents, healthcare professionals, and relevant school staff to ensure consistency, safety, and mutual understanding from day one.

2. Inclusion, Accessibility, and Full Integration

At Billingborough Primary School, we believe that having a medical condition should never be a barrier to a full, rich primary education. We are dedicated to removing physical, social, and academic barriers so that every child can participate fully in all aspects of school life alongside their peers.

2.1 Accessibility Planning & Continuous Reflection

- **School Accessibility Plan:** In line with the Equality Act 2010, the school maintains and regularly reviews a formal Accessibility Plan. This covers physical access to the premises, curriculum access, and access to information.
- **Reflective Practice:** Senior leaders and staff regularly reflect on daily practices, routines, and physical environments to identify and resolve potential barriers before they impact a child's participation.
- **Reasonable Adjustments:** We proactively make reasonable adjustments to classroom setups, teaching methods, equipment, and daily timetables to accommodate pupils' medical, physical, or sensory needs.

2.2 Access to the Full Curriculum & PE

- **Adapted Learning Environments:** Classrooms and specialist spaces are organized to allow easy mobility and safe storage for personal equipment or medical supplies.
- **Inclusive Physical Education:** PE lessons and sporting activities are adapted in consultation with specialists (e.g., physiotherapists or occupational therapists) so that

children with medical or physical conditions can safely take part, build confidence, and stay active.

- **Flexible Learning Support:** Where medical needs cause fatigue or require breaks, individual timetables and rest periods are integrated seamlessly into the school day.

2.3 Educational Visits, Trips & Residential Experiences

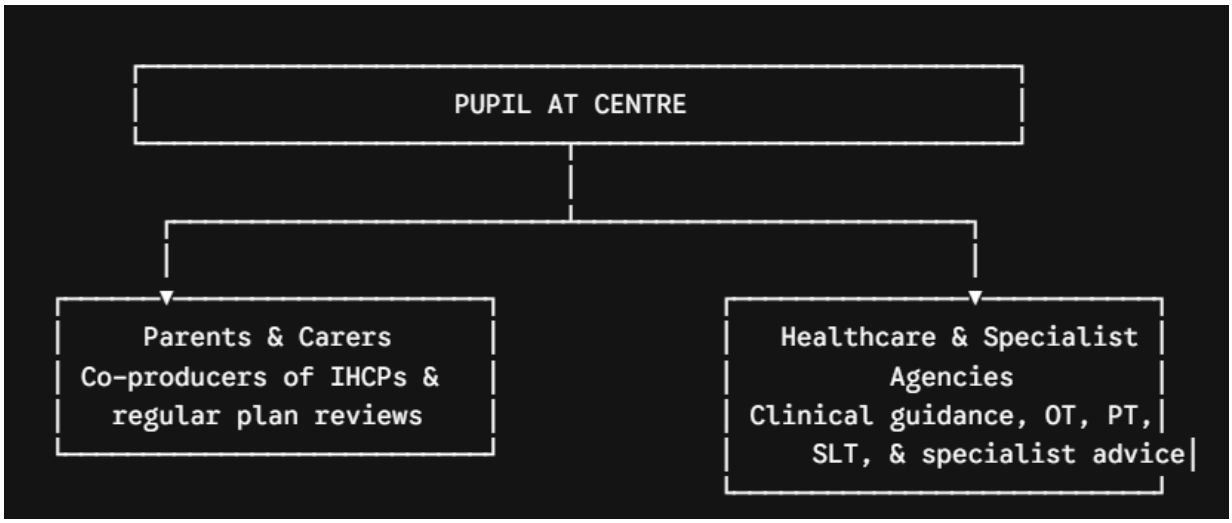
- **Full Inclusion Default:** No pupil will be excluded from participating in school trips, day visits, residential stays, or extra-curricular clubs simply because of a medical condition, unless explicitly advised by a healthcare professional on safety grounds.
- **Collaborative Risk Assessments:** Prior to any visit, staff complete a thorough risk assessment in consultation with parents/carers and relevant healthcare teams to identify adjustments, transport needs, and emergency procedures.
- **Medication & Care on the Go:** Designated, trained staff accompany visits to administer medication and carry out care plans (including emergency anaphylaxis or first-aid support) away from the school site.

2.4 Social Integration & Emotional Well-being

- **Peer Understanding & Respect:** We foster an empathetic, inclusive school culture where differences are normalized. Age-appropriate awareness is promoted so peers understand medical equipment or conditions without stigmatizing the pupil.
- **Minimizing Disruption:** Medical interventions, therapy sessions, and medication administration are carried out discreetly to protect the child's dignity and minimize interruption to their learning and social interactions.
- **Support During Absence:** For children who miss school due to medical appointments or hospital admissions, we provide tailored home learning support and structured transition back into class to maintain social connection with peers.

3. Collaborative Working with Partners, Agencies, and Families

Supporting pupils with medical conditions effectively requires an integrated, multi-agency approach. Billingborough Primary School works in active partnership with parents, carers, healthcare professionals, and local authority services to establish clear communication, shared responsibility, and consistent care.



3.1 Working with Parents and Carers

Parents and carers hold key information and experiential knowledge regarding their child's health needs. We view parents as essential partners in all medical planning.

- **Co-Production of Care Plans:** Individual Health Care Plans (IHCPs) and allergy plans are developed jointly with parents/carers before a child starts at school or immediately following a new diagnosis.
- **Structured Reviews:** We meet regularly with parents to review provision, assess what is working well, and update documentation. These reviews take place through:
    - **IHCP Review Meetings:** Conducted at least annually (or sooner if a child's health needs change).
    - **SEND Reviews & Termly Progression Meetings:** Aligning medical support with Special Educational Needs provision where needs overlap.
- **Daily Communication:** Clear lines of daily communication are established for updates regarding medication changes, physical wellbeing, or incidents during the school day.

3.2 External Healthcare & Specialist Agencies

The school collaborates with a wide network of health and therapeutic professionals to ensure our practices reflect up-to-date clinical guidance.

Agency / Professional	**Role & Nature of Support**
Occupational Therapists (OT)	Provide specialized assessments, recommend specialized classroom seating/equipment, and design individual sensory or fine-motor programs for school staff to implement.

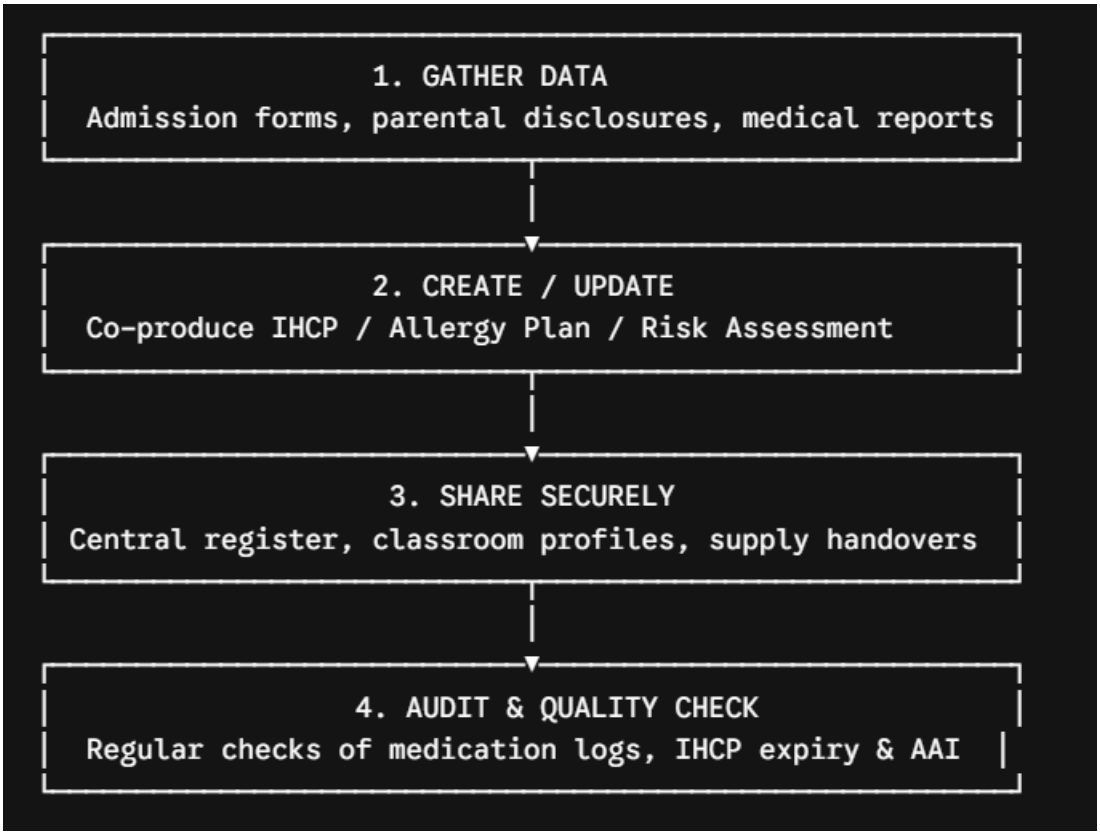
Agency / Professional	Role & Nature of Support
Physiotherapists (PT)	Design movement and posture programs, guide staff on safe manual handling, and supply specific exercise routines to maintain mobility during the school day.
Speech & Language Therapists (SLT)	Assist pupils with communication needs or safe swallowing/eating plans (dysphagia), training staff on specific strategies or assistive technology.
School Nursing Team & Specialist NHS Nurses	Provide clinical oversight, advise on complex IHCPs, and deliver accredited staff training for conditions such as diabetes, epilepsy, and severe anaphylaxis.
Pediatricians & Medical Consultants	Supply formal diagnostic information, clinical advice, and medical guidance to inform risk assessments and educational adjustments.
Local Authority Specialist Advisory Teachers	Offer guidance on physical disability adaptations, visual/hearing impairment resources, and curriculum access strategies.

3.3 Staff Training and Advice

- **Expert-Led Input:** Where a pupil requires specific medical procedures, therapy routines, or emergency medication, the school ensures designated staff receive formal training directly from the relevant NHS or agency specialists.
- **Information Sharing:** Recommendations from external reports (e.g., OT/PT assessment outcomes) are systematically translated into classroom adjustments and shared with all staff teaching or supervising the pupil.

4. Record Keeping, Information Sharing, and Monitoring

Accurate, secure, and up-to-date record keeping is vital for safeguarding pupils with medical conditions. Billingborough Primary School maintains clear systems for gathering health information, translating it into actionable care plans, sharing it securely with relevant staff, and logging all medical interventions and incidents.



4.1 Gathering Initial Information

Information about a pupil's medical condition is gathered through several entry points:

- **Admissions & Onboarding:** All parents/carers complete a confidential Medical Information Form upon entry to the school (at EYFS intake or mid-term transfer).
- **New Diagnoses:** Parents/carers are required to notify the school office immediately if a child receives a new medical diagnosis or if an existing condition changes.
- **Specialist Documentation:** Reports, letters, or care guidelines provided by pediatricians, OT/PT therapists, or NHS specialist nurses are collated by the school to inform provision.

4.2 Translating Information into Care Plans (IHCPs)

When a child is identified as having a long-term, complex, or acute condition:

1. **Information Synthesis:** The Designated Lead for Medical Conditions (or SENCO) reviews the medical evidence and meets with parents/carers.
2. **Co-Production:** An Individual Health Care Plan (IHCP) or Allergy Action Plan is drafted, detailing triggers, daily management routines, emergency contacts, and step-by-step emergency procedures.
3. **Formal Sign-Off:** The plan is formally agreed and signed by the Headteacher (or Designated Lead), parent/carer, and, where appropriate, the relevant healthcare professional.

4.3 Secure Information Sharing & Staff Awareness

To ensure pupils are safe across all school contexts without compromising confidentiality:

- **Central Medical Register:** A master register of all pupils with medical conditions, allergies, and IHCPs is securely maintained electronically (with restricted staff access) and updated in real time.

- **Classroom & Staff Briefings:** Key information, dietary needs, and emergency protocols are shared with class teachers, higher-level teaching assistants (HLTAs), support staff, and midday supervisory assistants (MDSAs).
- **Supply Teacher & Cover Handovers:** Class supply folders contain visual medical alerts and summaries of IHCPs so cover staff are immediately aware of high-risk conditions (e.g., severe anaphylaxis, epilepsy, or diabetes).
- **Educational Visits:** Trip leads are provided with copies of relevant IHCPs, emergency contact details, and risk assessments for all participating pupils prior to leaving the school premises.

4.4 Recording Incidents, Medication, and Care Delivered

All medical events and interventions are recorded promptly and stored securely in line with data protection (GDPR) guidelines:

Record Type	Documentation Method	Storage & Retention
Administration of Medicines	Logged on the **Individual Medication Administration Record** (recording date, time, dosage, medicine name, and administering staff signature).	Kept in the main school office alongside stored medication. Archived at end of academic year.
Refusal of Medication	Recorded on the administration log and reported to parents/carers on the same day.	Office medical binder / Electronic pupil record.
Accidents & First Aid Incidents	Logged on the school's **First Aid Incident Form / Log** detailing treatment given and notifications sent to parents.	Central First Aid Record System.
Emergency Incidents (e.g., AAI / Seizure)	Detailed **Critical Medical Incident Form** completed immediately following emergency response, triggering a formal review of the IHCP.	Pupil's permanent safeguarding and medical file.

4.5 Responsibilities for Monitoring and Quality Assurance

To ensure compliance with DfE guidance and safeguard pupils, clear roles are assigned for monitoring records, expiring care plans, and medical supplies:

1. Headteacher / Senior Leadership Team (SLT)

- **Overall Accountability:** Holds ultimate legal responsibility for ensuring the policy is implemented effectively and that staff are appropriately trained.

- **Policy Audit:** Formally reviews the central medical register and incident records annually.

2. Designated Medical Lead / SENCO

- **IHCP Renewal:** Responsible for ensuring every IHCP and Allergy Plan is formally reviewed **at least annually** (or sooner if medical needs change).
- **Information Integrity:** Ensures all medical documentation provided by external agencies (OT, PT, SLT) is accurately embedded into care plans.

3. School Office Manager / Designated Medical Administrator

- **Weekly/Monthly Checks:** Responsible for auditing medication cabinets, checking expiry dates on prescribed medicines and emergency Adrenaline Auto-Injectors (AAIs), and notifying parents 30 days prior to medicine expiration.
- **Daily Log Verification:** Checks daily administration logs for completeness, ensuring no unsigned entries or missed doses remain unverified.

4. All Teaching & Support Staff

- **Immediate Reporting:** Responsible for recording any administration, refusal, or first-aid event at the time of occurrence and raising concerns immediately if a child's health presentation changes.

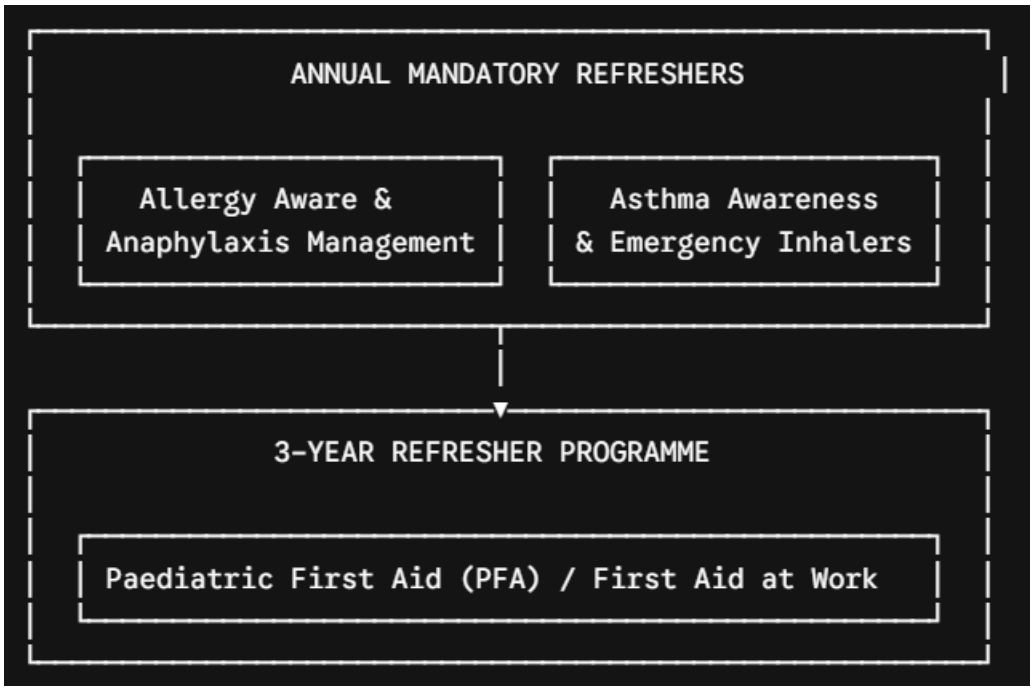
5. Staff Training, Development, and Support

Billingborough Primary School is committed to ensuring that all teaching, support, and administrative staff are appropriately trained, confident, and supported to manage both routine and emergency medical needs.

No member of staff is required or expected to administer medication or undertake healthcare procedures without having received appropriate, up-to-date training.

5.1 Universal Core Training (All Staff)

To maintain high levels of vigilance and baseline safety across the entire school site, all staff undergo regular mandatory refresher training:



- **Annual Allergy & Anaphylaxis Training:** All staff complete accredited allergy and anaphylaxis training annually. This covers allergen avoidance, recognizing early signs of mild-to-severe allergic reactions, and practical instruction on the safe administration of Adrenaline Auto-Injectors (AAIs) such as EpiPens or Jext devices.
- **Annual Asthma Awareness Training:** All staff complete annual training on asthma management. This includes identifying asthma triggers, recognizing signs of distress or an acute asthma attack, and administering emergency reliever inhalers (including the correct use of spacer devices).
- **3-Year Paediatric First Aid (PFA):** Support staff (including Teaching Assistants and Early Years practitioners) complete full Paediatric First Aid certification or refresher courses on a **3-year cycle**. This ensures a high density of qualified first aiders across classrooms, communal spaces, and outdoor play areas at all times.

5.2 Pupil-Specific & Complex Medical Care Training

Where pupils present with complex, high-dependency, or specific long-term medical conditions (e.g., epilepsy, diabetes, physical impairments requiring manual handling, or complex therapy plans):

- **Specialist-Led Instruction:** Designated staff supporting these pupils receive bespoke, hands-on clinical training directly from specialist healthcare professionals (such as NHS specialist nurses, Occupational Therapists, or Physiotherapists).
- **Competency Validation:** Staff are formally assessed and signed off as competent by the relevant medical specialist before undertaking specific medical tasks or physical therapy routines independently.
- **Cover & Contingency:** Training is provided to a primary key worker and at least two back-up members of staff to ensure seamless support during staff absence or staff turn-over.

5.3 Induction for New Staff and Supply Personnel

- **New Staff Onboarding:** As part of their induction process, all new teaching, support, and catering personnel are briefed on the school's medical conditions policy, the master medical register, and specific pupils in their care who hold IHCPs or Allergy Plans.

- **Supply & Temporary Staff:** Supply teachers and temporary support personnel receive a verbal briefing upon arrival and are provided with class-specific medical alert sheets detailing high-risk medical conditions, emergency protocols, and designated first aid contacts.

5.4 Training Records and Governance

- **Central Register:** The School Office Manager / Medical Lead maintains a centralized training log recording course dates, provider details, expiry dates, and certificates for all staff members.
- **Needs Assessment:** The Headteacher and SENCO review the medical register termly to identify any upcoming training refreshers or new specialist training required due to newly enrolled pupils or new medical diagnoses.

6. Procedures for the Administration of Medication

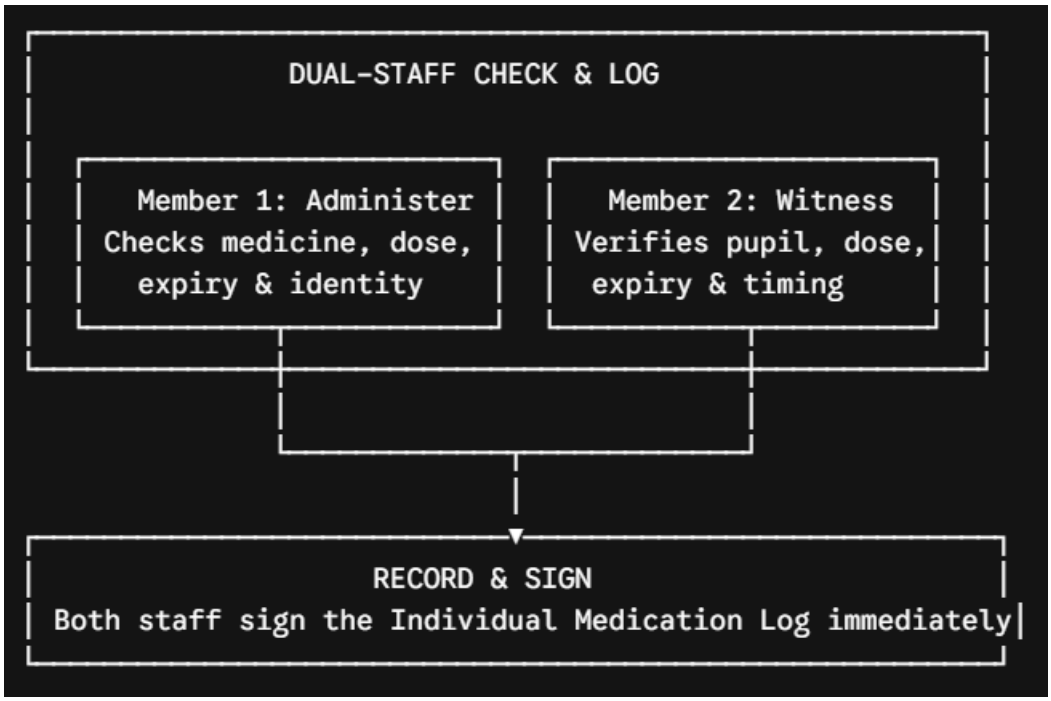
Billingborough Primary School has strict procedures in place to ensure that medication is administered safely, accurately, and transparently. Medication will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.

6.1 Parental Consent and Authorization

- **Parental Request Form:** Before any medicine (prescribed or non-prescribed) can be administered in school, a parent/carer must complete and sign the formal **Medication Permission Form** available from the main school office.
- **Prescribed Medication:** Medication must be in its original container as dispensed by a pharmacist, complete with the original pharmacy label showing:
    - The pupil's full name.
    - Clear instructions for administration, dosage, and storage.
    - Prescribing doctor/pharmacy details and current expiry date.
- **Changes to Medication:** Any change in dosage, timing, or administration instructions must be provided in writing by the prescribing doctor or parent/carer, requiring an updated permission form.

6.2 Dual-Staff Administration & Logging System

To eliminate errors and safeguard both pupils and personnel, the school strictly enforces a **dual-signature protocol** for all medication events:



1. **Two-Person Verification: Two members of staff must be present** every time medication is administered.
2. **Pre-Administration Checks:** Prior to administering, both members of staff must together verify:
    - Pupil identity.
    - Written parental consent and IHCP/Allergy Plan (where applicable).
    - Medicine name, expiry date, and original pharmacy label.
    - Required dosage and time interval since any previous dose.
3. **Immediate Recording:** Immediately after administration, both members of staff must sign and date the pupil's **Individual Medication Administration Log**, recording:
    - Date and exact time given.
    - Name of medicine and dose administered.
    - Any observed side effects or refusal.
    - Signatures of both the administering staff member and the witness.

6.3 Rules of Compliance: Dos and Don'ts

To ensure legal compliance and safe practice across all year groups, staff must adhere to the following baseline rules:

DO ✔	**DON'T** ❌
DO ensure two trained/authorized staff members are present for every administration.	**DON'T** administer *any* medication without a fully completed, signed parental consent form on file.
DO check that prescribed medication is in its original container with the intact pharmacy label.	**DON'T** accept medication that has been transferred out of its original container (e.g., loose tablets in a pot).

DO ✔	DON'T ❌
DO sign and record the dose on the administration log *immediately* at the time of giving it.	**DON'T** rely on memory or delay signing the medication administration log until later in the day.
DO verify the expiry date on medicines, spacer devices, and Adrenaline Auto-Injectors (AAIs) prior to use.	**DON'T** administer expired medication under any circumstances.
DO inform parents/carers on the same day if a pupil refuses medication or if a dose is missed.	**DON'T** force a child to take medication if they refuse; log the refusal and contact the parent immediately.
DO keep emergency medication (inhalers, AAIs) easily accessible to staff, never locked in drawers.	**DON'T** store emergency medicines out of reach or in locked containers that delay immediate access.

6.4 Oversight and Verification

- **Spot Checks & Audits:** The School Office Manager / Designated Medical Administrator conducts weekly spot checks of the administration logs and stored medication to verify signatures and compliance.
- **Discrepancy Reporting:** Any discrepancy in dosage logs, missing signatures, or administration errors must be reported immediately to the Headteacher and logged as a medical incident.

Here is the draft section for **Use and Storage of Emergency and Prescribed Medication**, tailored precisely to your school's physical setup and room locations while maintaining compliance with UK DfE guidance.

7. Storage, Access, and Emergency Medication

The safe storage and rapid accessibility of medicines are critical to safeguarding pupils at Billingborough Primary School. Emergency medication must always be readily available to authorized staff and never locked away in a manner that delays emergency intervention.

7.1 Location and Storage Matrix

All medicines are stored in designated, secure locations depending on their nature, urgency, and temperature requirements:

Medicine Type	Storage Location	Access Arrangements & Protocol
Asthma Reliever Inhalers	**Classroom First Aid Kit**	Kept inside the designated, clearly labeled first aid kit in the pupil's main classroom. Readily accessible to staff at all times (including during outdoor play and PE).
Adrenaline Auto-Injectors (AAIs / EpiPens)	**Mobile / Carried with Child**	**Taken everywhere the child goes.** The AAI kit travels with the pupil between classrooms, hall, playground, and off-site visits, carried by trained staff/key workers.

Medicine Type	Storage Location	Access Arrangements & Protocol
Prescribed Cold-Storage Medicines	**Locked Caretaker's Room** (Fridge)	Stored in the dedicated medical refrigerator inside the Caretaker's Room. Room remains locked when unoccupied to prevent unauthorized access.
Other Prescribed / Standard Medicines	**Locked Staffroom Cabinet**	Stored securely inside the locked medicine cabinet located in the Staffroom. Keys are held by designated medical administrators.
Controlled Drugs (CDs)	**Secure Non-Portable Cabinet**	Kept in a locked, non-portable storage container with restricted key access, ensuring security while allowing immediate access by named staff in an emergency.

7.2 Storage Protocols

1. Temperature-Controlled Medication (Refrigeration)

- Prescribed medicines requiring cold storage (e.g., specific liquid antibiotics or insulin) are kept in the dedicated fridge located in the **Caretaker's Room**.
- The Caretaker's Room is kept locked when not in use to ensure safety.
- The fridge temperature is monitored regularly to maintain a standard range of **2°C to 8°C**.

2. General Prescribed Medication

- Non-refrigerated prescribed medicines are kept in the **locked medicine cabinet in the Staffroom**.
- All items must remain in their original pharmacy packaging, clearly labeled with the child's name, required dosage, and expiry date.

3. Controlled Drugs (CDs)

- Controlled drugs (such as certain pain management or ADHD medications) are securely stored in a locked, non-portable container in accordance with DfE guidelines.
- Access is restricted strictly to named, trained staff.
- **Emergency Access:** Arrangements ensure that while Controlled Drugs are legally secured, named staff can access them without delay during a medical emergency.
- A specific Controlled Drug register is maintained to record every dose administered and to track remaining stock levels.

7.3 Emergency Medication Protocols

- **Immediate Access:** Emergency medicines (inhalers and AAIs) are **never locked away in cupboards or safes**. All staff in the child's proximity know exactly where the kit is positioned.
- **Classroom Asthma Inhalers:** Kept in the primary classroom's First Aid Kit, ensuring fast access during physical exertion or acute triggers.
- **Mobile Allergy/EpiPen Kits:** Because severe anaphylaxis can occur anywhere, the pupil's designated AAI kit **follows the child at all times**—including trips to the assembly hall, lunchroom, playground, sports field, and educational visits.
- **Emergency Spare Kits:** The school maintains centrally stored emergency spare asthma inhalers and AAI devices (for pupils where parental consent has been granted) in the main office area for backup purposes.

7.4 Waste and Disposal

- **Parent Responsibility:** Parents/carers are responsible for collecting out-of-date medication or unused courses of treatment at the end of each term.
- **Safe Disposal:** Medication that has passed its expiry date or is no longer required will not be disposed of in school waste. Parents are requested to collect it for return to a pharmacy.
- **Sharps Bins:** Any clinical waste or used auto-injectors/needles are disposed of immediately in a designated yellow Sharps box kept securely in the medical area.

Here is the policy section covering **Over-the-Counter (OTC) Medication**, customized to clearly set out your strict "prescribed medicine only" baseline and the exact escalation protocol required for exceptional OTC approval.

8. Over-the-Counter (OTC) Medication Procedure

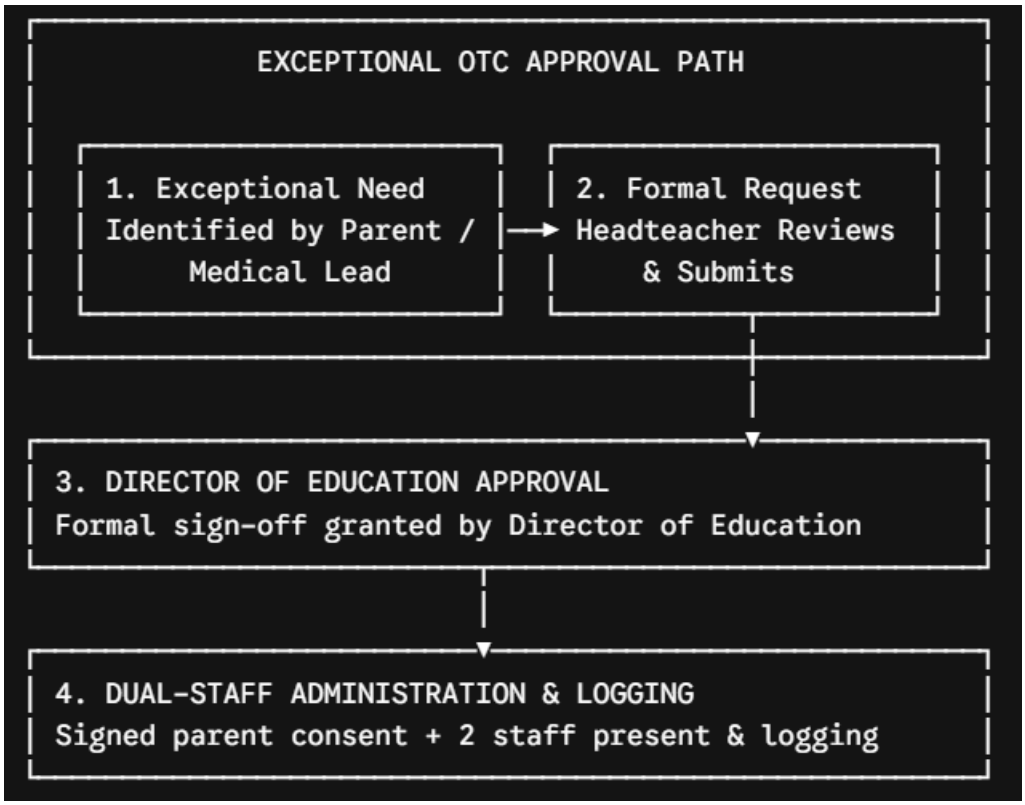
Billingborough Primary School operates a strict policy regarding non-prescribed, over-the-counter (OTC) medications—including mild analgesics such as paracetamol, ibuprofen, cough syrups, or antihistamines.

8.1 Baseline Rule: Prescribed Medication Only

As a standard practice, **the school will only administer medicines that have been prescribed by a doctor, dentist, nurse, or pharmacist**, supplied in their original packaging with an official pharmacy dispensing label attached.

- Staff **will not** administer over-the-counter paracetamol, ibuprofen, or other non-prescription remedies for routine complaints (such as mild headaches, toothache, or minor colds) during the school day.
- Parents/carers are advised that if a child is unwell enough to require unprescribed pain relief or routine medication to function throughout the day, they should generally be recovering at home or evaluated by a healthcare professional.

8.2 Exceptional Circumstances & Escalation Protocol



In rare and exceptional circumstances (e.g., specific long-term pain management recommended by a specialist, acute flare-ups during a residential trip where prescription access is delayed, or individual complex medical arrangements):

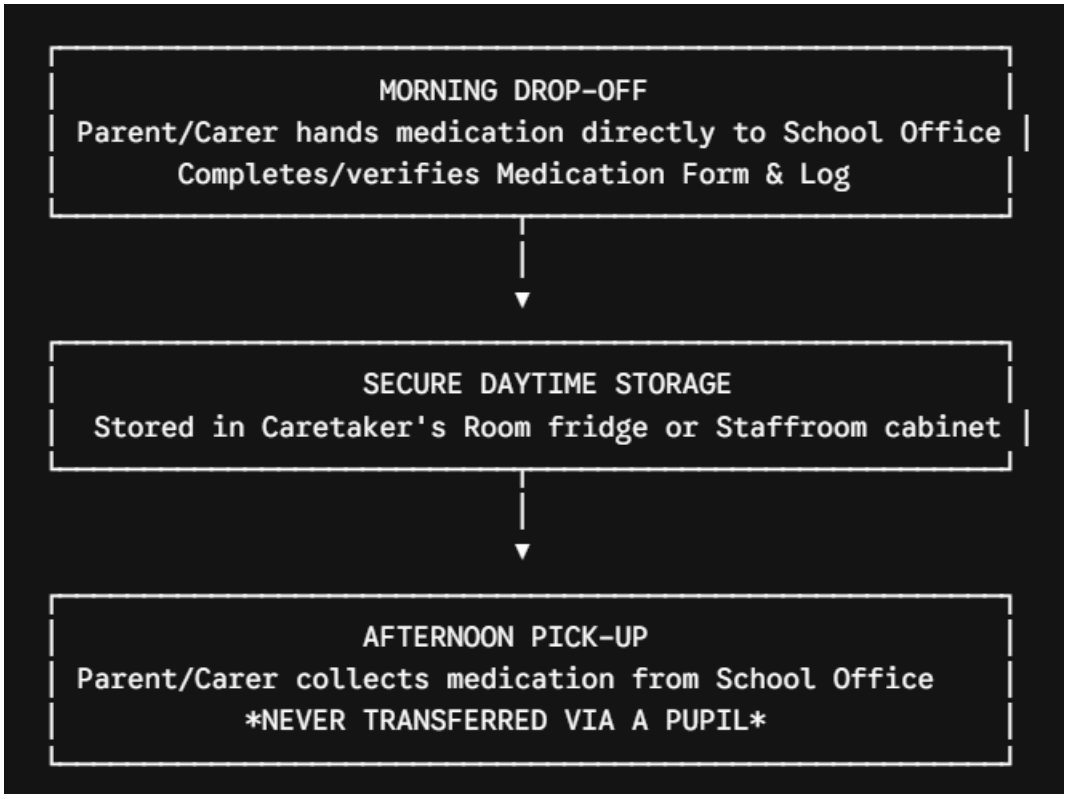
1. **Formal Request & Review:** The Headteacher evaluates the specific context and medical rationale in discussion with the parent/carer.
2. **Director of Education Approval:** Over-the-counter medication (including paracetamol or ibuprofen) **can only be administered following formal approval from the Director of Education**.
3. **Documentation:** If authorization is granted by the Director of Education:
    - A bespoke **OTC Medication Permission Form** must be completed and signed by the parent/carer.
    - The medication must be provided by the parent in its original, unopened packaging.
4. **Administration Protocol:** Administration follows the standard mandatory **dual-staff verification and logging process** (two staff present, verifying dose and timing, and signing the administration log immediately).

8.3 Summary Table: OTC Compliance

Medication Type	**School Policy Status**	**Approval Required**
Prescribed Medicines (e.g., Antibiotics, Inhalers)	**Permitted**	Signed Parental Consent + Original Pharmacy Label
Standard OTC Items (e.g., routine Calpol, Nurofen, throat lozenges)	**Prohibited**	N/A (Parents may attend school to give dose if essential)
Exceptional OTC Items (e.g., approved pain protocol)	**Strictly Exception-Based**	**Formal Authorization from Director of Education** + Signed Consent

9. Transfer of Medication Between Home and School

To maintain absolute chain of custody, guarantee child safety, and prevent unauthorized handling of drugs on school grounds, Billingborough Primary School enforces strict hand-to-hand procedures for transporting all medications between home and school.



9.1 Drop-Off and Handover Protocol

- **Parent/Carer Responsibility:** All medications—whether prescribed treatments, short-term courses, or emergency kits—must be brought onto the school site and handed directly to the main school office by an adult parent or carer.
- **Prohibition on Pupil Transport:** Medication **must never be sent to school in a child's bag, coat pocket, or book bag**, nor handed to a child to bring into the building.
- **Verification at Receipt:** Upon receipt, office staff will verify that:
    - The medication is in its original container with the pharmacist's dispensing label intact.
    - The **Medication Permission Form** has been fully completed and signed by the parent/carer.
    - The medicine is within its expiration date.

9.2 End-of-Day Collection Protocol

- **Adult Collection Only:** At the end of the school day (or designated collection time), all medication must be collected directly from the main school office by a parent, carer, or named authorized adult.
- **Strict Non-Release to Children:** Medication will **never be given to a child** to carry home under any circumstances at the end of the day or prior to a weekend/holiday.
- **Uncollected Medication:** If a parent/carer fails to collect medication at the end of the day, it will remain safely locked in the appropriate storage facility (Staffroom cabinet or Caretaker's Room fridge) until an authorized adult collects it.

9.3 End-of-Term and Expired Medication

- **Holiday Clear-Out:** At the end of each term/academic year, parents/carers must collect all temporary medications and remaining courses.
- **Emergency Medicine Checks:** While emergency asthma inhalers and EpiPens remain on site for the full duration required, parents are notified to replace any devices

approaching their expiration dates. Uncollected or expired medicines will not be sent home with pupils and must be collected by an adult for safe pharmacy disposal.

Here is the policy section covering **Emergency Medication on Out-of-School Activities**, focusing on pupil-specific risk assessments, safe transport, and off-site administration protocols.

10. Emergency Medication on Out-of-School Activities and Educational Visits

Billingborough Primary School is committed to ensuring that pupils with medical conditions can participate fully and safely in all educational visits, day trips, residential stays, and out-of-school sporting activities.

10.1 Pupil-Specific Risk Assessments

Prior to any off-site activity, trip leaders must ensure that medical needs are proactively planned for through a detailed, pupil-specific risk assessment:

- **Individual Context:** The risk assessment considers the specific parameters, environment, and itinerary of the trip (e.g., distance from emergency services, outdoor weather conditions, travel time, and physical demands).
- **Storage & Access Considerations:** The risk assessment explicitly sets out how medication will be stored, transported, and kept immediately accessible during transit and throughout all scheduled activities.
- **Consultation:** Risk assessments are completed in collaboration with parents/carers and, where appropriate, relevant healthcare professionals or the SENCO/Designated Medical Lead.

10.2 Transport, Storage, and Immediate Accessibility Off-Site

- **Immediate Access (Inhalers & AAIs):** Emergency medication (such as asthma reliever inhalers and Adrenaline Auto-Injectors/EpiPens) must remain in the immediate possession of a designated, trained staff member who is co-located with the pupil at all times. They must **never** be stored in under-bus luggage holds, locked away in vehicles, or kept in distant bags.
- **Temperature Control:** Where medication requires specific temperature ranges (e.g., heat-sensitive emergency drugs or refrigerated medicines for residential stays), suitable insulated bags or portable cool packs must be used as specified in the risk assessment.
- **Grab-and-Go Emergency Packs:** Trip leads carry dedicated off-site medical packs containing:
    - The pupil's prescribed emergency medication and spare devices.
    - A copy of the child's Individual Health Care Plan (IHCP) or Allergy Action Plan.
    - Emergency contact numbers for parents/carers and key school leaders.
    - Mobile communications for contacting emergency services off-site.

10.3 Off-Site Administration and Compliance

- **Trained Personnel:** At least one staff member attending the trip must be fully trained in the administration of the specific emergency medication (e.g., annual anaphylaxis and asthma training, or specialized clinical training for complex care).
- **Dual-Staff Protocol:** The school's mandatory **two-staff verification and logging process** applies during out-of-school activities just as it does on school premises. Two members of staff must verify the pupil, dosage, and expiry date, recording the administration on mobile documentation at the time of delivery.
- **Emergency Services Coordination:** In the event of a severe emergency off-site (e.g., administering an AAI or severe asthma attack), staff will call 999 immediately, notify the emergency service of the exact location, follow the IHCP steps, and contact the parents/carers and Headteacher without delay.

11. Pupil Voice and Active Participation in Medical Care

At Billingborough Primary School, we recognize that enabling pupils to understand, manage, and communicate about their health needs fosters confidence, independence, and personal safety. In an age- and stage-appropriate manner, pupils are encouraged and supported to become active partners in their own medical care.

11.1 Key Principles of Pupil Participation

We support pupils to build self-advocacy and independence through four primary expectations:

- **1. Participating in Discussions About Support Needs:**
  - Where appropriate to their developmental stage, pupils are invited to share their views, preferences, and feelings during the creation and review of their Individual Health Care Plans (IHCPs).
  - Staff listen to pupils regarding how their condition feels in the classroom, what helps them feel safe, and how they prefer interventions to take place (e.g., preserving dignity during routine care).
- **2. Communicating When Unwell (Self & Peers):**
  - Children are taught body awareness and empowered to tell a trusted adult immediately if they feel unwell, tired, or experience symptoms related to their condition (e.g., feeling "wheezy", dizzy, or recognizing early signs of an allergic reaction).
  - Pupils are actively encouraged to look out for one another and inform a staff member immediately if they notice that a classmate appears unwell, distressed, or in need of help.
- **3. Treating Medication and Equipment with Respect:**
  - Pupils are taught that medicines, inhalers, and medical devices (such as AAIs, blood glucose monitors, or mobility equipment) are essential safety tools that must be treated with care and respect.
  - Children are educated on the importance of never sharing inhalers, medication, or specialized food/dietary items with peers.
- **4. Accessing Support Quickly in an Emergency:**
  - Pupils with conditions such as severe asthma or allergies are helped to understand where their emergency medication is located in the classroom and who their designated first aiders/key workers are.
  - Children are reassured that seeking help during a medical emergency is always a top priority and that they will be supported calmly and swiftly by school staff.

11.2 Age and Stage Progression

Phase / Stage	**Expectations & Support Focus**
Early Years & Key Stage 1	• Learn to identify and name basic body feelings (e.g., "my chest feels tight", "my tummy hurts"). • Know who their trusted adults are in the classroom and playground.

Phase / Stage	Expectations & Support Focus
	• Understand that medical kits are strictly for adult handling and personal health use.
Key Stage 2	• Contribute personal feedback to annual IHCP reviews (e.g., what adaptations work best in PE or on trips). • Recognize specific triggers for their condition (e.g., asthma triggers during exercise or cold weather). • Demonstrate growing independence in reminding staff when it is time for routine treatments or taking responsibility for carrying personal spacer devices under supervision.

Here is the policy section covering **Managing and Reviewing Serious Incidents and Near Misses**, outlining reporting lines to the Local School Board (LSB), formal investigation protocols, and embedding lessons learned across the school and wider trust/governance structures.

12. Management, Reporting, and Review of Serious Incidents and Near Misses

Billingborough Primary School promotes an open, transparent safety culture. While preventative measures, Individual Health Care Plans (IHCPs), and staff training minimize risk, the school maintains robust procedures to respond to, record, investigate, and learn from any medical incidents or "near misses."

12.1 Definitions

- **Medical Incident:** An event where a pupil experiences a medical emergency, adverse reaction, medication administration error (e.g., wrong dose, wrong route, or missed dose), or an injury requiring emergency healthcare intervention (e.g., calling 999 or administering an AAI/inhaler).
- **Near Miss:** An event or situation that did not cause harm or misadministration on this occasion, but had the clear potential to do so if uncorrected (e.g., medication stored in the wrong location, an expired inhaler found during routine checks, a missed signature on a log discovered before dose due time, or incomplete handover documentation for cover staff).

12.3 Reporting to the Local School Board (LSB)

The Local School Board (LSB) provides critical oversight to hold school leadership to account for health, safety, and medical compliance:

- **Immediate Escalation (Critical Incidents):** The Chair of the LSB must be notified **within 24 hours** in the event of a critical incident, defined as:
    - Any emergency hospital admission or 999 dispatch arising from a medical condition or severe allergic reaction on school grounds or on an educational visit.
    - A significant medication administration error (e.g., incorrect drug or dosage given).
    - A near miss with severe potential consequences.

- **Termly Governance Reporting:** A anonymized **Medical Incidents & Near Misses Summary Report** is submitted to the LSB at each termly meeting by the Headteacher/SENCO. This report outlines:
    - Total number of first aid interventions, medication log audits, and near-miss entries.
    - Trends or common factors (e.g., timing of incidents, specific activities, or supply cover issues).
    - Outcome of internal investigations and status of corrective actions.

12.4 Investigation Protocol

Every medical incident or reported near miss triggers a formal, objective investigation led by the Headteacher, SENCO, or Designated Medical Lead:

1. **Fact-Finding & Evidence Gathering:** Secure medication logs, statement forms, CCTV (where relevant), and the pupil's IHCP/Risk Assessment. Interview involved staff members promptly.
2. **Root Cause Analysis (RCA):** Determine *why* the incident or near miss occurred. Was it due to:

- **System Failure:** Ambiguous handover notes, incorrect storage layout, or flawed documentation.
- **Training Deficit:** Lack of confidence or refresher needed in administering specific devices.
- **Communication Gap:** Incomplete message transfer between parents, office, and classroom staff.
- **Environmental Factors:** Distractions during administration or physical access delays.

3. **Parental & Agency Engagement:** Debrief parents/carers fully and, where relevant, consult NHS specialist nurses or local authority advisers to review clinical aspects of the incident.

12.5 Action Planning and Lessons Learned

Investigations must directly result in concrete, documented improvements to prevent recurrence:

- **IHCP & Risk Assessment Review:** The pupil’s individual care plan and activity risk assessments are immediately reviewed and updated to reflect newly identified triggers or procedural adjustments.
- **System & Policy Adjustments:** Storage layouts, handover forms, or administration schedules are modified where system failures contributed to the event.
- **Targeted Staff Debrief & Retraining:** Immediate debriefs are held with involved personnel to provide support and address learning points. Where broader training needs are identified, whole-school or targeted refresher training is scheduled promptly.
- **Closing the Feedback Loop:** Lessons learned are shared transparently with all school staff during staff briefings (preserving pupil anonymity) and recorded in the LSB monitoring log.