



**The Governing Body of Croft Church of England Primary School  
adopted this policy on 17<sup>th</sup> January 2026\_\_\_\_\_**

Signed: \_\_\_\_\_ (Chair of Governors)

Signed: \_\_\_\_\_ (Head Teacher)

Review annually

*This policy document is required to be made site specific for your establishment and signed off by the Senior Management Team as current and valid. **An annual review by each school is required.***

*Please note additional information is available in the appendices listed on the school's website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk) relating to Individual Care Plans and specific medical needs/conditions.*

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## **Introduction**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions.

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire Partnership groups/healthcare professionals.

### **Croft CoE Primary School will:**

- be responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers
- administer prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs
- be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is not acceptable
- ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- ensure that written records are kept of all medicines administered to pupils

## **Responsibilities**

### **Governing Bodies**

- The Board of Governors and staff of Croft C of E Primary wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.

- Ensure arrangements are in place to support pupils with medical conditions in school, including making sure that this policy is implemented.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

### **Head Teacher**

- The head teacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day
- should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupils' conditions
- should ensure that sufficient professionally trained ([Template E](#) – templates open in downloads) numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- staff administering medicine should be provided with a clear health plan and support as required ([Templates](#))
- should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse ([School Nurse](#))
- should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
- confirm that school staff are appropriately insured and aware of their coverage when supporting pupils with medical needs

### **School Staff**

- When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. ([Template B](#) – click on link to download document).
- Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.
- Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary

- If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.
- Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.
- All staff should know what to do and respond appropriately when a pupil with a medical condition needs help

### **School Nursing System and Healthcare Professionals (including GPs, paediatricians, nurse specialists/community paediatric nurses)**

- should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g., asthma, diabetes, epilepsy)
- should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed
- should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

### **Pupils and Parents**

- Where possible, pupils will be encouraged to self-administer their own medication
- Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/setting, parent/carer meetings and/or prospectus/school website information
- On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. This information should be renewed annually
- An Individual Healthcare Plan ([Template A](#)) will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate),

parent/carer, designed named member of school staff, specialist nurse (where appropriate) and relevant healthcare services

- A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves.

## **Safeguarding and DBS Requirements**

To ensure the safety and wellbeing of pupils receiving medication support, all staff involved in administering or supervising medication must meet safeguarding standards, including appropriate vetting and training.

### **Disclosure and Barring Service (DBS) Checks**

All staff, volunteers, and agency personnel involved in medication administration or direct support of pupils with medical needs must hold a current enhanced DBS certificate, including a check against the children's barred list, where applicable.

DBS checks must be verified prior to undertaking any duties involving pupil care or medication handling.

The school must maintain a central record of DBS checks, and ensure these are updated in line with statutory guidance.

Where volunteers or temporary staff are involved, a risk assessment must be completed to determine the level of DBS clearance required.

### **Safeguarding Responsibilities**

Staff must be familiar with and adhere to the school's Safeguarding and Child Protection Policy.

Any concerns regarding pupil welfare must be reported to the Designated Safeguarding Lead (DSL) immediately.

Medication administration must be conducted in a manner that respects pupil dignity and privacy, particularly where intimate care may be involved. Intimate care guidance is available from the LCC website.

Staff must receive safeguarding training appropriate to their role, including how to recognise and respond to signs of abuse or neglect.

## **Refusal**

- If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet. ([Template D](#)) and on AssessNET where applicable
- Croft CoE Primary School will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.



## Medication

Template Forms for medication can be found [here](#)

- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality
- Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date
- Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line
- The school should not hold stocks of over-the-counter medications
- Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed
- Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term

## Controlled Drugs

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Croft CoE Primary School will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure that all legal requirements and best practice are adhered to.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
- Monitoring arrangements may be necessary. The school should have addressed misuse of drugs and have procedures in place. This may be covered in the school's health and safety policy. For example, where pupils pass their medication to other pupils.
- Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration



- A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours
- Additional training should be provided to the identified staff (template in Appendix F to assist)
- Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers
- Record keeping: A separate Controlled Drug administration register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. The Controlled Drug administration register is to be kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Head Teacher, and reported to the Community Pharmacy. Guidance on this should be sought from healthcare professionals.
- St Peter's CoE Primary School will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

Controlled Drug incidents must be reported via the online reporting tool at [www.cdreporting.co.uk](http://www.cdreporting.co.uk). Please remember to register via the web link if you have not done so already.

## Storage of Medication

- Medication should be kept in a known, safe, and secure location.
- A designated refrigerator in an appropriate location i.e., medical room (lockable is preferred) will be available for cold storage. This will be strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed. Temperature checks carried out daily and recorded (Appendix B, in this document)
- Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs
- Parents/carers are responsible for ensuring that the education setting has an adequate amount of medication for their child
- St Peter's CoE Primary School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.
- **Inhalers** will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP

## Emergency Medication

- In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.

- Croft CoE Primary School has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with **asthma** and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.
- Croft CoE Primary School has chosen to hold an emergency auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector.
- Written parental consent for emergency medication use will be obtained using the [Consent form](#) and a copy of this is kept with the emergency medication to establish which pupils have this in place and will form part of the child's IHCP.
- If there is an emergency situation whereby consent has not been received, either for a pupil with **diagnosed asthma**, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.
- Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.
- If a pupil is going into **anaphylactic shock**, the emergency services will be called **immediately**
- If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest **anaphylactic shock** is occurring, the emergency services will be called.
- If advised to do so by the emergency services, another pupil's autoinjector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded. Croft CoE Primary School should inform the emergency services that an emergency adrenaline auto-injector is in the school
- A medical emergency flow chart summarising the above is near the end in Appendix E.

**Remember:** An allergic reaction can occur within minutes of exposure to an allergen (OR can develop over a couple of hours - and therefore may be more difficult to associate with the consumption of food allergens).

## Return of Medication and or disposal, including Sharps Bins and Medication Errors

- Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per HSE Sharps Regulations - (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).
- Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be

sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist. (See example letter Appendix C, in this document)

- A medication error flow chart is noted in Appendix D near the end of this document. All errors should be documented and reviewed to ensure that sufficient training is in place, that there are clear emergency protocols and up-to-date IHCP in school.

## **Transport, School Trips, Visits and Sporting Events**

- Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Please refer back to your internal EVC policy.
- Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.
- For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

### **Drivers and Escorts – Medical Emergency and Medication Protocol**

- Drivers and escorts must be aware of what to do in the event of a medical emergency. They should not generally administer medication. However, where it is agreed that a driver or escort will administer medication (e.g. in an emergency), they must receive appropriate training and support in advance and fully understand the procedures and protocols to follow.
- Trained escorts should be available for the journey where deemed necessary, based on the pupil's medical needs. This may include drivers having appropriate first aid training as part of their role.
- These arrangements must be agreed and documented between the school, the parent/carer, and the transport provider/driver. This should be reflected in the pupil's Individual Healthcare Plan (IHCP) and any relevant risk assessments.

## **Record Keeping**

- Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should follow the template provided by the D for E ([Template B](#) – click on link to download document).

- The pupil's name, age, and class, contact details of the parent/carer and GP
- Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. (See Appendix A, in this document)
- Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school. ([Template C](#))
- Consider referencing electronic systems (e.g. AssessNET) for near miss and incident reporting

## Document Retention

Schools in the UK should retain pupil medical records, including medication administration logs and Individual Healthcare Plans (IHCPs), until the pupil's 25th birthday. This retention period aligns with best practice and statutory guidance under the Limitation Act 1980 and safeguarding regulations.

### Why Retain Until Age 25?

- Allows for potential legal claims related to medical treatment or safeguarding to be addressed.
- Ensures compliance with data protection and safeguarding legislation.
- Supports continuity of care and accurate record-keeping.

### What Should Be Retained?

- Individual Healthcare Plans (IHCPs)
- Medication administration records (prescribed and non-prescribed)
- Consent forms
- Emergency medication logs
- Correspondence with parents/carers and healthcare professionals

### Disposal After Retention

- Records must be securely disposed of (e.g. cross-shredding or certified digital destruction).
- Maintain a record of disposal including date, method, and responsible person.

Schools often manage document retention through their management information system to keep all records associated with a pupil in one place.

## Complaints Procedure

St Peter's CoE Primary School will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether Croft CoE Primary School has breached the terms of its Funding Agreement (the contractual relationship between the academy and the Department for Education) or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## Documents and support links can be found here:

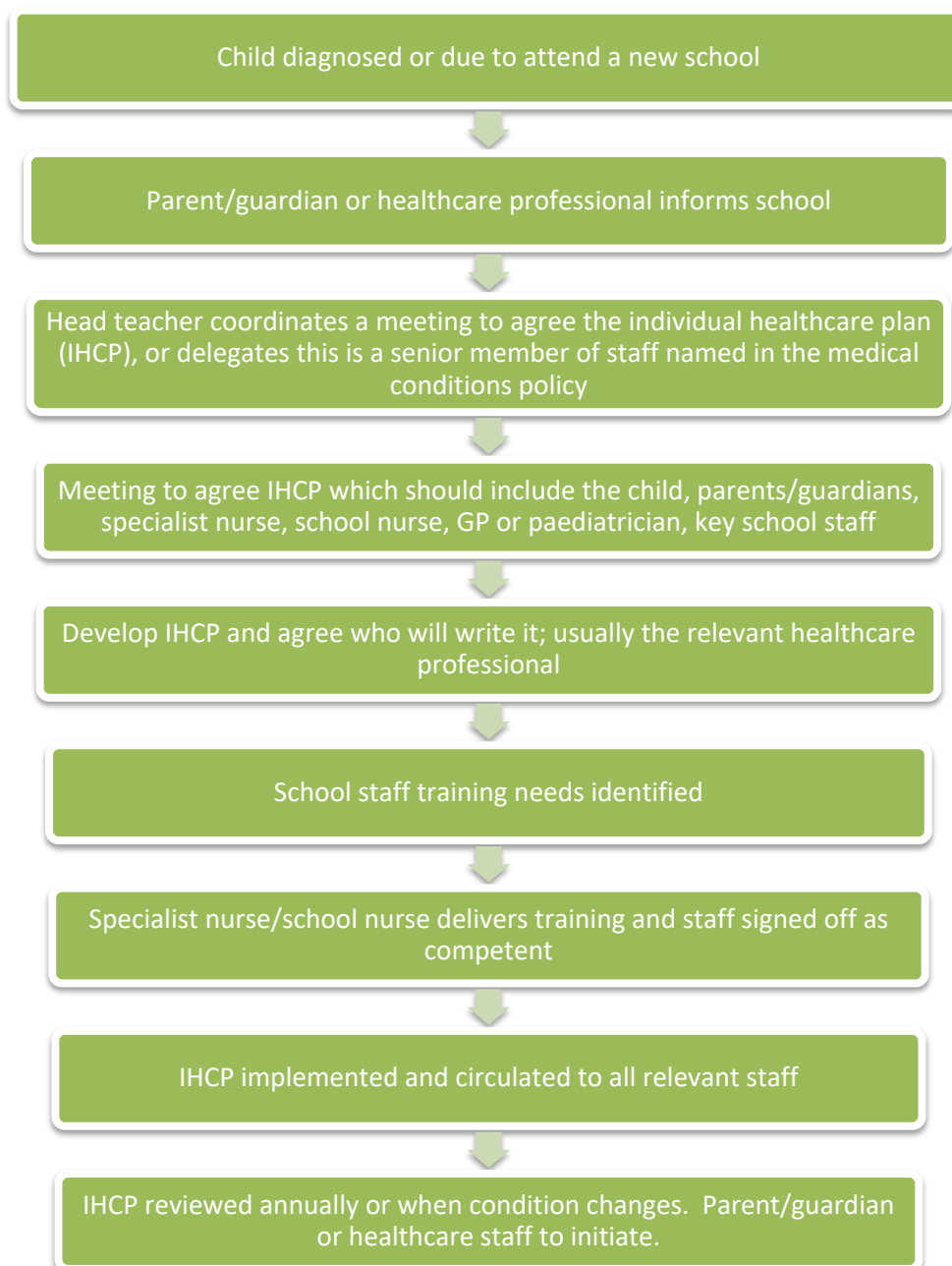
Department of Education Guidance (v 2015 remains active)	<a href="#">Supporting Pupils with Medical Conditions</a>
<p>D for E Templates include (v2014 remains active):</p> <ul style="list-style-type: none"> <li>- <b>Template A:</b> Template A: individual healthcare plan (where did our template A and B come from)</li> <li>- <b>Template B:</b> parental agreement for setting to administer medicine</li> <li>- <b>Template C:</b> record of medicine administered to an individual child</li> <li>- <b>Template D:</b> record of medicine administered to all children</li> <li>- <b>Template E:</b> staff training record – administration of medicines</li> <li>- <b>Template F:</b> contacting emergency services</li> <li>- <b>Template G:</b> model letter inviting parents to contribute to individual healthcare plan development</li> </ul>	<a href="#">Templates: Supporting pupil with medical conditions</a>
Government Commonly encountered controlled drugs	<a href="#">Commonly encountered controlled drugs</a>
Controlled Drugs Incidents & Reporting – Accountable Officer Various contacts in the Community Pharmacy link	<a href="mailto:england.midlandscd@nhs.net">england.midlandscd@nhs.net</a> - 0113 825 4717 <a href="#">Community Pharmacy Leicestershire &amp; Rutland</a>
Asthma General Information	<a href="https://www.asthmaandlung.org.uk/">https://www.asthmaandlung.org.uk/</a>
Epilepsy	<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a>
Haemophilia	<a href="http://www.haemophilia.org.uk">www.haemophilia.org.uk</a>
Anaphylaxis	<a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a>  See separate LCC Allergy and Anaphylaxis Guidance Document: 'Emergency Action Plan' forms for Epipen/Jext Pens. <b>If administered please report this to:</b> Bridge Park Plaza, Fax: 0116 258 6694 and email to <a href="mailto:childrensallergy@uhl-tr.nhs.uk">childrensallergy@uhl-tr.nhs.uk</a>
Thalassaemia	<a href="https://ukts.org/">https://ukts.org/</a>
Sickle Cell Disease	<a href="http://www.sicklecellsociety.org">www.sicklecellsociety.org</a>
Cystic Fibrosis	<a href="https://www.cysticfibrosis.org.uk/">https://www.cysticfibrosis.org.uk/</a>
Diabetes	<a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a>

	<p>Paediatric Diabetes Specialist Nurse: 0116 258 6786</p> <p>Consultant Paediatrician: 0116 258 7737</p> <p>Diabetes Care line services: 0345 123 2399</p>
LCC Insurance Section	James Colford, Tel: 0116 305 6516 (for insurance concerns)
LCC LTS Infection Control and BBV and Needle stick guidance	Available from the LTS website highlighting NHS protocols and the importance of preventing infection
Health, Safety & Wellbeing, LCC, County Hall,	<p>Tel: 0116 305 5515</p> <p>Email: <a href="mailto:healthandsafety@leics.gov.uk">healthandsafety@leics.gov.uk</a></p>
Public Health	<a href="mailto:PublicHealth@leics.gov.uk">PublicHealth@leics.gov.uk</a>
Diana Children's Community Service	<p>Bridge Park Plaza, Thurmaston, Leicester LE4 8PQ</p> <p><b>Telephone:</b> 0116 2955080</p>
Public Health (school) Nurses	<a href="https://www.healthforkids.co.uk/leicestershire/school-nurses/">https://www.healthforkids.co.uk/leicestershire/school-nurses/</a>

## Appendix A: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded, and reviewed at regular intervals.

The procedure for development of an IHCP is given below:





**Year: 202.....**

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## **Appendix C: Helping us to manage your child's medications**

### ***Letter to parents (Example)***

**Dated:**

Dear Parent / Carer / Guardian,

We are still in possession of your child's medication; which has now either; exceeded its expiry date or are no longer required. Could we therefore request that you collect the medication, within the next week.

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

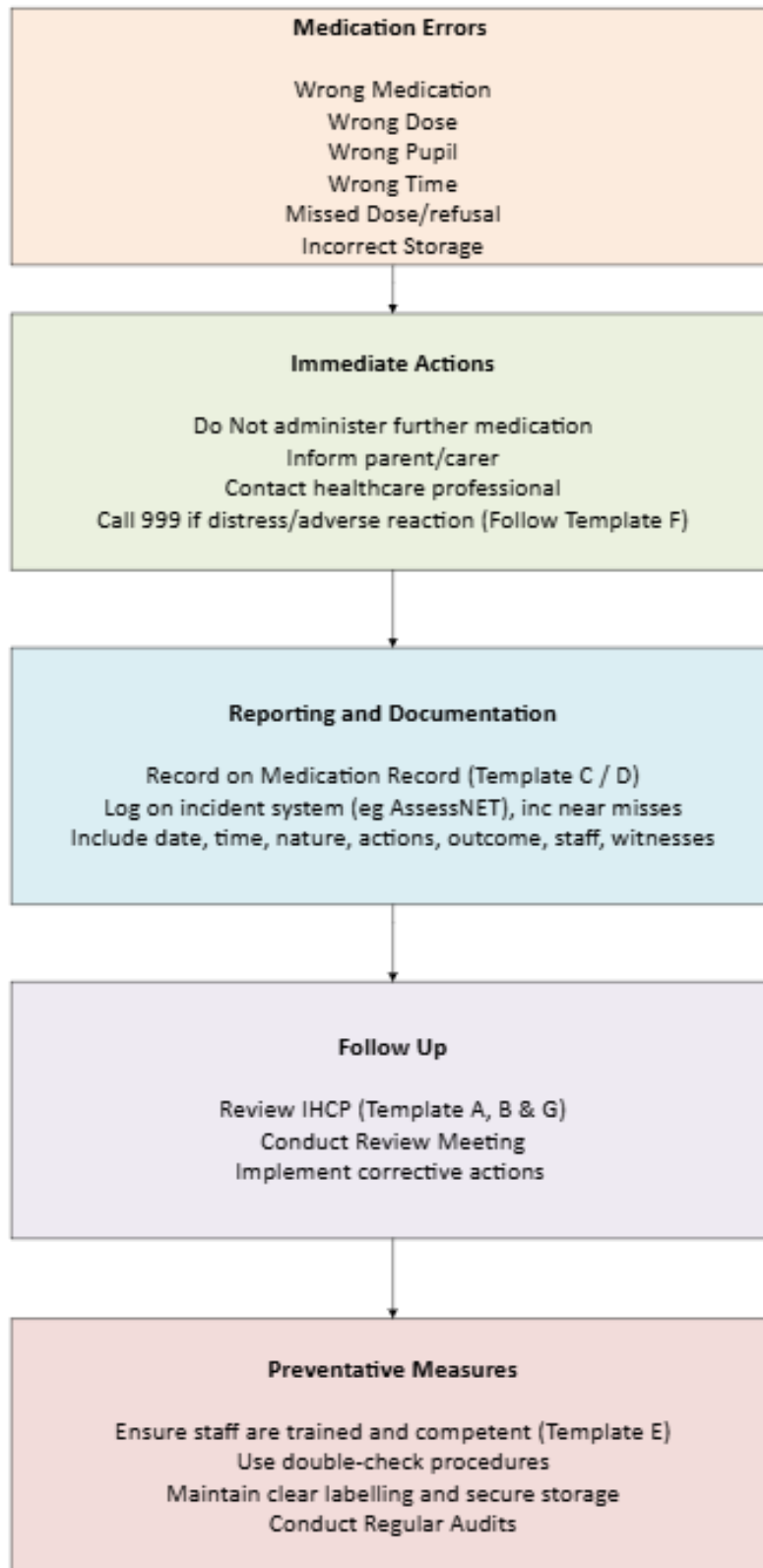
Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your co-operation, in this matter,

With kind regards,

Head Teacher / Health Care Professional

## Appendix D: Dealing with a Medication Error flow chart



## Appendix E: Medical Emergency flow chart

Example

