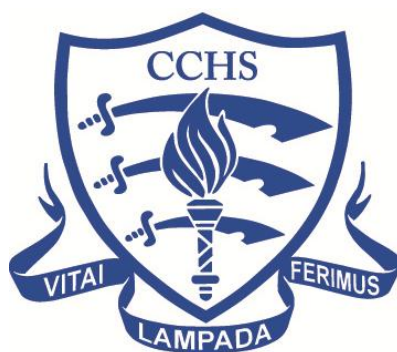


Chelmsford County High School for Girls



Administration of Medical Provision Policy

Approved by the Academy Board: 10th June 2026

Chelmsford County High School for Girls
Administration of Medical Provision Policy

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1. General

The Government guidance on medical conditions and medication in schools is set out in the document ***‘Supporting students at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England’ (February 2014)***

Some of this guidance is statutory and some non-statutory.

The guidance replaces previous guidance on managing medicines in schools and early years settings published in March 2005.

This guidance will be reviewed in June 2028.

The guidance is **statutory** for:

- governing bodies of maintained schools (excluding maintained nursery schools), management committees of PRUs, proprietors of academies, including alternative provision academies, and free schools (not including 16-19 academies).

The **non-statutory** advice is for:

- schools, academies, (including alternative provision academies), and PRUs,
- local authorities,
- clinical commissioning groups (CCGs) and NHS England,
- anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision,
- parents/carers¹ and students,
- health service providers.

2. Key points of the Guidance

- Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support students at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

3. Aims:

This policy aims to:

- Provide a clear policy and set of procedures which will be understood and accepted by staff, parents and students, and which provide a sound basis for ensuring that students with medical needs receive proper care and support at the school;
- Set out the necessary safety measures to support students with medical needs (including long term or complex needs.);
- Define individual responsibilities for students’ safety;
- Explain the procedures to ensure the safe management of any medications.

4. Responsibilities

4.1 The Governing Body will ensure:

- that arrangements are in place to support students with medical conditions and that such children can access and enjoy the same opportunities at school as any other child;
- that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- that their arrangements give parents confidence in the School's ability to support their child's medical needs effectively;
- that the arrangements do not place other students at risk or accept a child in school where it would be detrimental to the child and others to do so;
- that individual healthcare plans are implemented and reviewed;
- that the arrangements they put in place are sufficient to meet their statutory responsibilities;
- that policies, plans, procedures and systems are properly and effectively implemented;
- that the school considers advice from healthcare professionals and listens to and value the views of parents and students;
- that Deputy Headteacher (Pastoral) has overall responsibility for this policy, and the Principal First Aider has responsibility for the day-to-day implementation. Sufficient and appropriate staff are first aid trained;
- that there are effective procedures for managing medicines in school;
- that the School's equal opportunity policies are taken into account; and
- that appropriate insurance cover is provided.

4.2 The Head will:

- ensure that school policies and health care plans are effectively implemented;
- ensure that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation;
- ensure that arrangements are in place to enable all staff who need to know to be aware of a vulnerable child's condition;
- ensure that arrangements are in place to make staff aware of a child's medical condition;
- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- ensure that first aid and medical advice is available in the school and that arrangements are in place to brief staff on first aid and medical arrangements;
- ensure that arrangements are in place for safeguarding students during off-site activities;
- recruit an appropriate member of staff for this purpose if necessary;
- make sure that the school is appropriately insured and that staff are aware that they are insured to support students in this way;

- ensure that arrangements are in place to 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 Principal First Aider;
- ensure that all parents are aware of the School's Policy and Procedures for dealing with medical need; and
- report bi-annually to the Governing Body on the working of the policy.

4.3 School Staff

No members of school staff are obliged to give, or oversee the giving of, medication to students. Only the Principal First Aider (if appointed) or other school staff who are authorised and trained in the giving of medication (often school First Aiders), or trained volunteers working under arrangements supervised by the Principal First Aider, are authorised to give or oversee the taking of, medication.

However, any member of the school staff may volunteer or be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.

Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of students with medical conditions that they teach.

All staff are responsible for:

- knowing the arrangements and following the procedures; and
- reporting any problems to the Deputy Headteacher (Pastoral) or Principal First Aider or the person appointed to oversee the administration of medication; and
- setting appropriate work for students absent through ill health.

4.4 The School Nurse & Principal First Aider (or other qualified healthcare professional)

The Guidance says that every school should be allocated a School Nurse.

The Principal First Aider is responsible for:

- notifying the staff when a child has been identified as having a medical condition who will require support in school;
- collating information provided by parents and professionals;
- drawing up any student healthcare plans;
- ensuring that students with medical conditions are properly supported in school; including supporting staff on implementing a child's health plan;
- liaising with lead clinicians on appropriate support for the child and associated staff training needs;
- liaising with staff, parents and professionals to provide suitable healthcare plans;
- administering all prescribed medication and any necessary non-prescription medicine, and ensuring safe storage in accordance with the Governing Body policy;
- working with the Deputy Headteacher - Pastoral to determine the training needs of school staff and agreeing with the Deputy Headteacher and the principal first aider, who would be best placed to provide the training;

- confirming to the Head that school staff are proficient to undertake healthcare procedures and administer medicines;
- ensuring that appropriate records are kept and are accessible;
- reporting as required to the Headteacher (or Head's representative).

The staff in charge of particular activities (whether on or off the school premises) are responsible for liaising with the Principal First Aider and ensuring that appropriate arrangements are made for students with medical needs during;

- Educational Visits/Learning Outside the Classroom, and
- Sporting activities.

4.5 Parents/Guardians

Parents/Guardians are ultimately responsible for the health of their children and making sure that their child is well enough to attend the school.

When a child is ill the parents should provide the school with sufficient and up-to-date information about their child's medical needs.

Normally any prescribed medication should be administered at home. The school accepts, however, that it may be necessary for some medication to be administered during school hours especially where it would be detrimental to a child's health if medicine were not administered during the school day;

Under arrangement made by the school, parents/guardians must provide the school with sufficient information about their child's medical condition and treatment or special care needed at the school

Parents/ Guardians are responsible for ensuring that these details are up to date. Paperwork is available on the School's website for parents to complete entitled *Parental Agreement for one-off medication*.

Parents are responsible for ensuring that any medicines that need to be administered during the school day are prescribed by a qualified medical practitioner, a doctor, dentist or nurse consultant. The medication must also be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Parents/guardians will be involved in drawing up a Healthcare Plan for their child. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4.6 Students' role in managing their own medical needs

The government guidance advises that students will often be best placed to provide information about how their medical condition affects them.

The school will, as far as is reasonably practicable, fully involve students in discussions about their medical support needs and their individual healthcare plan.

The school will, after discussion with parents, encourage children who are competent to take responsibility for managing their own medicines and procedures.

Under supervision arranged by the Principal First Aider children who are competent to do so will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication, quickly and easily.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. The parents will be informed.

The school will keep a record of students who may require such treatment.

The school expects all parents whose children may require medical treatment to ensure that appropriate medication has been lodged with the school together with clear guidance from the prescriber on the usage of the medication. The medication must be provided in the container as dispensed.

5. Prescribed Medicines

The school will only oversee the administration of medicines prescribed by a qualified medical practitioner or nurse consultant. The school will **never** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The Nurse, with the principal First Aider and the Deputy Headteacher (Pastoral) is responsible for requesting information concerning details of all students' medical conditions and treatment/care.

6. Policy on specific medical issues

The school welcomes all students and encourages them to participate fully in all activities.

The school will advise staff on the practical aspects of management of:

- i Asthma attacks
- ii Diabetes
- iii Eating disorders
- iv Epilepsy
- iv An Anaphylactic Reaction

Further, detailed information on the above is contained in the appendices to this document.

7. Procedures

The government guidance says that governing bodies should ensure that policies set out the procedures to be followed when a school is first notified that a student has a medical condition, and how long these should take.

For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks.

The Governing Body will ensure that the school has procedures in place for:

- Students starting school:
- Transitional arrangements between academies:
- Students' changing needs:
- Staff training:

8. Individual healthcare plans

The Principal First Aider and the Deputy Headteacher (Pastoral) is responsible for drawing up students' healthcare plans in liaison with parents, relevant professionals and relevant staff.

Individual healthcare plans may be initiated by a member of school staff, the Principal First Aider or another healthcare professional involved in providing care to the child.

The Government advice on making healthcare plans is at Annex A.

9. Managing Medicines at School

The Governing Body will ensure that policies are clear about the procedures to be followed for managing medicines. (*See Government guidance in Appendix B: Managing medicines in schools and Annex C: Storage of medicines in school*)

The plans drawn up by the Principal First Aider in liaison with the Deputy Headteacher (Pastoral) will reflect the advice in the Government guidance:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child 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 their right to confidentiality;
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to the school inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips, on such occasions students should be in possession of their own medication if they are competent to do so, but also advised that passing it to another child for use is an offence. Monitoring arrangements may be necessary.
- The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept for whom it has been prescribed providing they have received specialist training/instruction. Schools should keep a record of all medicines administered to individual students stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

10. Staff Training and Support

Any member of school staff providing support to a student with medical needs must have received suitable training.

The Principal First Aider will normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place.

The Principal First Aider will determine how training is provided and will liaise with those providing training and ensure that training remains up-to-date.

The training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

11. Record keeping

The Principal First Aider will ensure that written records are kept of all medicines administered to students.

The Head in liaison with the Deputy Headteacher (Pastoral) will determine who has access to the records.

The Head will take into account the requirements and provisions of the Data Protection legislation.

12. Emergency Procedures

The Governing Body and Head will ensure that policies set out what should happen in an emergency situation.

Where a student has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Where a student needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a student taken to hospital by ambulance. Staff should avoid taking students to hospital in their own car. The school need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

These emergency procedures are separate to the individual healthcare plans referred to throughout this document

13. Unacceptable practice

The Governing Body will ensure that school policies are explicit about what practice is not acceptable.

Although school staff should use their discretion and judge each case on its merits, it is not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents;
- send students with medical conditions home frequently or prevent them from staying for normal school activities including lunch;

- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents (or otherwise make them feel obliged) to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

14. Educational Visits, Off-site activities and sporting activities

The Head will ensure that the School's arrangements are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

School staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all students to participate according to their own abilities.

14.1 Reasonable Adjustments:

The Governing Body in liaison with the Head and appropriate staff will consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on visits and other Learning Outside the Classroom.

The school will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the Principal First Aider or other healthcare professional who are responsible for ensuring that students can participate.

15. Insurance

The Governing Body will ensure:

- that the appropriate level of insurance is in place. It is important that policies set out the details of the School's insurance arrangements;
- that individual cover is arranged for health care procedures associated with more complex conditions.

16. Complaints

If parents are dissatisfied with the support provided to their child they should discuss their concerns directly with the School.

If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the School's complaints procedure. (See the School's Complaints policy)

17. Equal Opportunities

In making, reviewing and implementing of this policy the school will have regard to its equal opportunities policies, and in particular will have regard to the needs of any student with disabilities.

For disabled students the Governing Body will comply with its duties under the Equality Act 2010 (set out in the School's Equality Policy).

Some students may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

18. Monitoring and Review

The Deputy Headteacher (Pastoral) in conjunction with the Principal First Aider will determine the monitoring and review arrangements in the school.

The School Health and Safety Committee will consider the working of the policy and make any relevant recommendations to the Head via the Deputy Headteacher (Pastoral).

The Head will report on the management and progress of the policy to the Governing Body annually.

The Governing Body will review the policy at least every two years, or after the revision of the Government guidance, or when it considers it appropriate.

19. Date of the next review: June 2028

Signed: _____ Date: _____

SARAH de SOUZA-INGLE - Chair of the Governors' Staff & Student Matters Committee

Signed: _____ Date: _____

STEPHEN LAWLOR - Headteacher

Appendices:

- A. Healthcare Plans
- B. Managing Medicines on School Premises
- C. Safe Storage of Medicines in the School

Appendix A: Healthcare Plans

The government guidance says that the Governing Body should ensure that plans are reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

The Government guidance says that when identifying what information plans should record, the Governing Body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual students during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements.

Appendix B: Managing Medicines on School Premises

The DFE Guidance 2014 says that the Governing Body should ensure that policies are clear about the procedures to be followed for managing medicines.

Although schools may already have such procedures in place, they should reflect the following details:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child 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 their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips.
- 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. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept.
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Academies should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Appendix C: Safe Storage of Medicines in the School

DfE/DH guidance gives the following advice in relation to storage of medication.

- The school must ensure that health risks arising from medicines are properly controlled, in line with the Control of Substances Hazardous to Health Regulations(COSHH). The Head is responsible for ensuring the safe storage of medicines.
- Only prescribed medicines should be brought into school.
- The school should not store large volumes of medication. As far as is practicable, the smallest possible dose of medicine should be brought into school. Doses of liquid medicines should not, however, be transferred from the original bottle as this would result in the loss of some of the medicine on the sides of the bottle. Medication should be stored strictly in accordance with product instructions, taking particular account of the correct storage temperature.
- Students should know where their own medication is stored and how to obtain it.
- Medicines should be stored in their original containers, clearly labelled with the name of the student, the name and dose of the drug, the frequency of administration, any likely side effects, and the expiry date. Parents are responsible for ensuring that this information is provided.
- Medicines should - subject to the exceptions below - be stored in a secure place such as a locked cupboard or a labelled airtight box in a refrigerator with restricted access.
- Some medicines, such as asthma inhalers and Adrenaline Auto-Injectors (AAI), must be readily available to students and must not be locked away. Children who are capable of carrying their own inhalers should be allowed to do so, following consultation between parents and the headteacher. Generally, it is helpful if the school keeps a spare inhaler for that particular child, in case the original is mislaid by the child.
- Schools should not continue to store surplus or out-of-date medicines. Parents should be asked to collect the containers for delivery back to the chemist. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.
- Sharps boxes (obtained by parents on prescription) should always be used for the disposal of needles.
- Local pharmacists can give advice about storing medicines.

Teachers may need to bring their own medication into school. All such medication should be safely locked away in a staff-only area. It does not need to be stored with students' medicines.