

Non- Statutory Policy	
Agreed by	Head
Website	Y
Email	Y



Medication and Management Procedures and Policy

Date approved	26/03/2026
Approved by and position	Lisa Mathie – Head Teacher
Review Date	Spring 2027

Policy Updates

Date	Update
May 2025	No Updates
March 2026	Page 5 – Controlled drugs: Point 3 - Storage updated. Note regarding medication kept in fridge not applicable so removed. Point 8 – Record keeping removed see administration point 4. Page 6 - Record Keeping: Point 4 – relating to records kept removed. Page 7 – Emergency Medication Point 4 – New information relating to holding of AAI's in school. Points slightly re-ordered.
May 2026	Inclusion of Allergy Awareness and Anaphylaxis – Appendix D
July 2026	Removal of Appendix D – Stand alone policy required

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.

Battling Brook 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

Trust Board

- The Board of Trustees and staff of Battling Brook Primary School 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.

- Should 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 pupil's conditions.
- should ensure that sufficient professionally trained 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, if applicable, and support as required
- 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.
- 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.
- Controlled drugs – 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 Police/Local Intelligence Network. Guidance on this should be sought from healthcare professionals.

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. See Appendix C for Battling Brook Template consent form.

- 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.

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, or if there is any change of medical guidance.
- An Individual Healthcare Plan 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.

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. (appendix c), notify parents and on AssessNET where applicable.
- Battling Brook Primary School will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

Medication

Forms for medication can be found in the first aid room and in the school office.

- 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.
- The school has stock of infant paracetamol and Calpol 6+.
- 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, Battling Brook Primary 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.

- Parents must complete medicine consent form for controlled drug, which will be stored in a locked black box in a locked blue cabinet in the 1st aid room.
- 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.
- Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. Prescribed medication will be taken by 1st aider/office staff for medical emergency or school evacuation.
- 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.
- Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.
- Battling Brook 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.

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 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.
- Battling Brook 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.

Record Keeping

- Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. See appendix C for Battling Brook's template consent form.
- The pupil's name, age, and class, contact details of the parent/carer and GP.
- Individual care plans must be developed and reviewed for 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).

Medical Emergencies

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

If a pupil needs to be taken to hospital, a member of staff should stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance. Schools need to ensure that they, understand the local emergency services cover arrangements.

- Emergency number to call (including additional number to reach an outside line-if applicable).
- 999 or 112
- Navigational instruction, if different from the school or postcode.

If a pupil does become ill at school, a member of staff must accompany them to the school office or medical room. Wherever possible a qualified first aider should attend the location in which the pupil has become ill, this should be without delay.

Emergency Medication

- In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- Battling Brook 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.
- Battling Brook Primary School has chosen to hold **2** emergency adrenaline auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector.
- The school holds 1 x 0.15g and 1 0.3g adrenaline auto injectors. One will accompany any trip external to school, the Aat will be the same dosage as the anaphylactic the pupil has been prescribed.
- 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 doing so by the emergency services, another pupil's auto-injector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded. Battling Brook Primary School will inform the emergency services that an emergency adrenaline auto-injector is in the school.
- A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example epi-pens or asthma inhalers).
- 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 doing 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.

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 'sharps guidelines (<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).
- Medication will be returned with the child at the end of each day, term or end of the academic year dependant on medication. Controlled drugs must be collected by parents/carers.

EPILEPSY

<http://www.youngpilepsy.org.uk/for-professionals/education-professionals>

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons.

Epilepsy is a very individual condition, and every pupil with the condition will display different patterns and types of symptoms. In fact, the majority of children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed individual health care plan is drawn up for every pupil with the condition. This plan should be written by the child's consultant or lead specialist and must have been written within the last year for it to be valid.

Consulting with Parents: and medical staff, and should set out the particular pattern of the child's epilepsy

- what type of seizures the child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- common triggers for the child's seizures
- how often is medication taken, and what the likely side effects are
- whether there is any warning prior to the seizure, and if so, what form it takes
- what activities might the parents or doctor place limits on
- whether the child has any other medical conditions
- to what extent the child understands their condition and its treatment.

If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Any emergency medications may require appropriate training, parental and GP consent and specific written guidance. Please seek advice from health professionals and the individual's GP.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure, the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course.

Complaints Procedure

Battling Brook 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. Please refer to Complaints Policy.
- 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 Battling Brook 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.

Transport, School Trips and Visits

- 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.
- 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.

Documents and support links can be found here:

Department of Education Guidance	Supporting Pupils with Medical Conditions
D of E Templates include: • Template A: Template A: individual healthcare plan • Template B: parental agreement for setting to administer medicine • Template C: record of medicine administered to an individual child • Template D: record of medicine administered to all children • Template E: staff training record – administration of medicines • Template F: contacting emergency services • Template G: model letter inviting parents to contribute to individual healthcare plan development	Templates: Supporting pupil with medical conditions
Government Commonly encountered controlled drugs	Commonly encountered controlled drugs
Government Controlled drugs	Policy drug misuse
Asthma General Information	www.asthma.org.uk
Epilepsy	www.epilepsy.org.uk
Haemophilia	www.haemophilia.org.uk
Anaphylaxis	www.anaphylaxis.org.uk See separate LCC Allergy and Anaphylaxis Guidance Document: 'Emergency Action Plan' forms for Epipen/Jext Pens. If administered please report this to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk

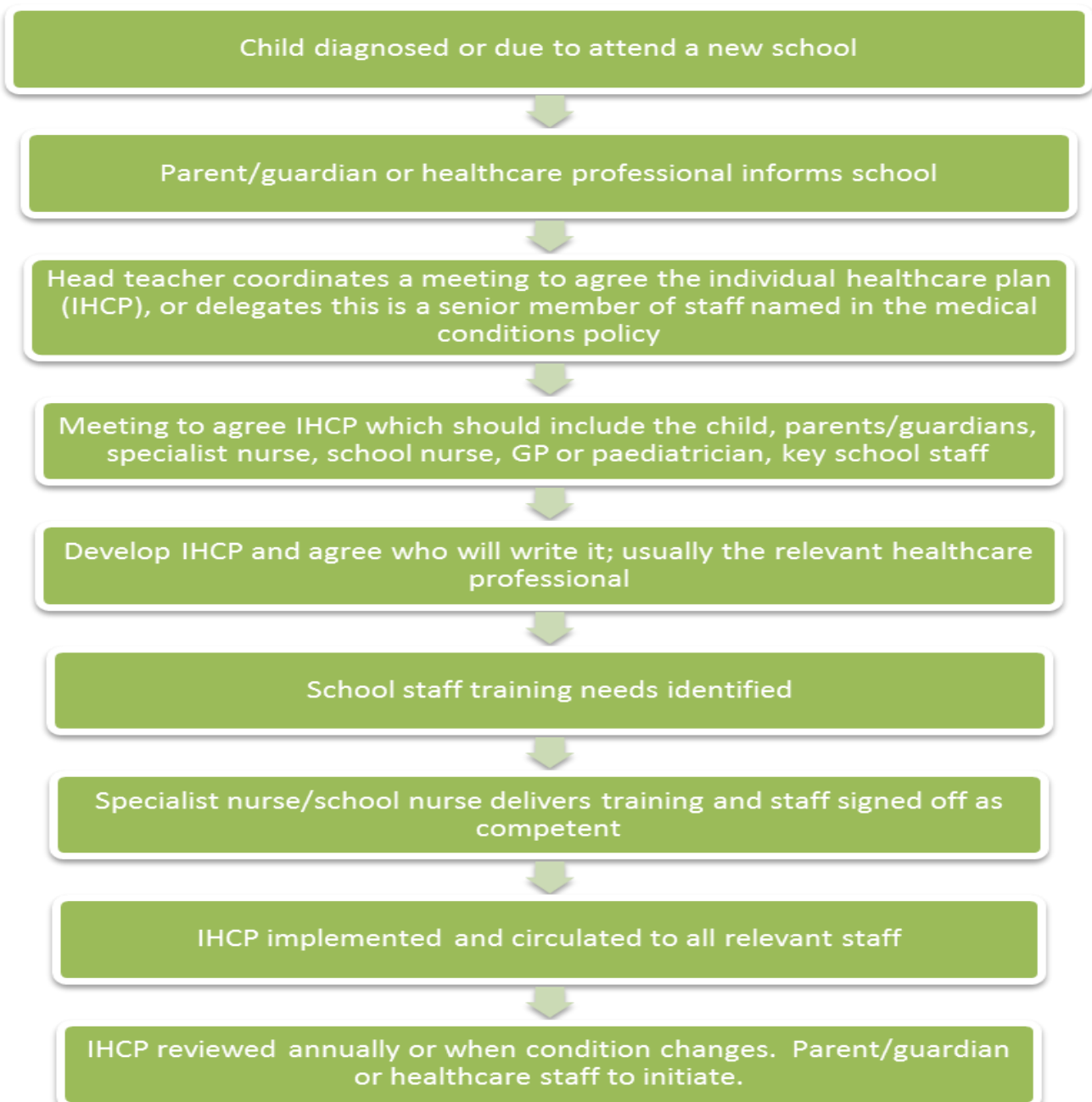
Thalassaemia	https://ukts.org/
Sickle Cell Disease	www.sicklecellsociety.org
Cystic Fibrosis	www.cftrust.org.uk
Diabetes	www.diabetes.org.uk Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Insurance Section LCC	James Colford, Tel: 0116 305 6516 (for insurance concerns)
Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Public Health	PublicHealth@leics.gov.uk
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, Leicester LE4 8PQ Telephone: 0116 2955080
Public Health (school) Nurses	https://www.healthforkids.co.uk/leicestershire/school-nurses/

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:

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Year: 202

[illegible]

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturers advice, where appropriate. If stock is likely to have been compromised the child's parents should be informed.

Appendix C Medicine Consent Form

Short Term / Long Term / Non-Prescribed / Prescribed (please indicate)

Please note we may request information that medication has been prescribed by a health professional. The school will not administer medicine to your child unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Dosage	
Time/s of dosage	
Effect from / until dates	Start date / / End Date / /
Self-administration	Yes / No
Requires refrigeration	Yes / No

NB: Medicines must be in the original container as dispensed by the pharmacy

By signing this form I confirm the following statements:
• That my child has taken at least two doses of this medication before and has not suffered any adverse reactions. • That I will update the school with any change in medication routine use or dosage • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of / or damage to any medication. • That I understand the school will keep a record of medication given. • That I understand staff will be acting in the best interests of my child whilst administering medication.

Contact Details

Signature	
Name (please print)	
Date	
Daytime telephone no.	
Relationship to child	

Staff Member signature	
Name (please print)	
Date	

Battling Brook Primary School – Record of medicine administered to individual child

[illegible]