Ormiston Academies Trust

Ormiston Bridge Academy
Supporting children with medical conditions policy

Policy version control

Policy type	Statutory
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Review	August 2027 This policy will be reviewed at least annually and following any serious incident or near miss involving a child's medical condition or allergy. It will be reviewed again when the Department for Education publishes the wider statutory guidance Supporting children and young people with medical conditions and allergy, which remain under review as of 1 September 2026.
Description of changes	Revisions - August 2026 – to achieve congruence with the academy's Allergy Safety Policy and with the statutory framework in

	force from 1 September 2026 (Children's Wellbeing and Schools Act 2026 s.34; DfE statutory guidance Allergy safety in schools, July 2026; KCSIE 2026). ▪ Section 1 – scope of policy added, definitions expanded; statutory framework and the separate Allergy Safety Policy referenced; annual review, incident-triggered review and publication added; associated policies list extended; clarity on the deliberate or malicious use of medication as a safeguarding concern ▪ Section 3 – IHCP renamed Individual Healthcare Plan (IHP) to align with Allergy Safety Policy terminology, single-plan rule adopted; new sub-sections on -identification and records, asthma, coeliac disease and food intolerance, wellbeing and bullying, delegated healthcare activities; allergy and anaphylaxis training requirements added; repetition between 3.1 and 3.14.1 removed; clarity for cover under Public Liability insurance for those administering medication added ▪ Section 4 – emergency override added to the consent, refusal and administration provisions; storage amended so that emergency medication is never locked away; new sub-section on emergency stock medicines (spare adrenaline devices and emergency inhalers); disposal amended for used and expired devices; trips provision amended so that no child is excluded; record keeping and data protection expanded; unacceptable practice list extended ▪ Section 6 – new section on serious incidents and near misses, ▪ Section 7 new section on safeguarding ▪ Appendix 1 IHP template link updated to align with Allergy Safety Policy template ▪ Key personnel table moved to form Appendix 2 and Medical Conditions Lead, Allergy Safety Lead and named governor for allergy safety added to key personnel ▪ Appendix 3 – examples of common controlled drugs administered in schools

Contents

1. Policy statement and principles 5
   1.1. Policy aims and principles 5
   1.2. Key definitions used within this policy: 5
   1.3. Complaints 6
   1.4. Monitoring and review 6
   1.5. Associated policies 7
2. Gillick Competence and Fraser Guidelines 7
3. Supporting children 8
   3.8 Long term or complex medical conditions 8
   3.9 Individual Healthcare Plan (IHP) 8
   3.10 Training 10
   3.11 Emergencies 10
   3.12 Defibrillators 11
   3.13 Insurance 11
   3.14 Identifying children with medical conditions and allergies 11
   3.15 Asthma 12
   3.16 Coeliac disease and food intolerance 12
   3.17 Wellbeing, inclusion and bullying 13
   3.18 Early years, special schools and alternative provision 13
   3.19 Delegated healthcare activities 14
4. Process for administering medication 14
   4.1 Medication administration within the academy 14
   4.2 Medication administration – off site 15
   4.3 Administering the medication 16
   4.4 Storage of medication 17
   4.5 Emergency stock medicines held by the academy 17
   4.6 Disposal of medication 18
   4.7 Record keeping 19
   4.8 Training 20
   4.9 Unacceptable Practice 20
5. Home Remedies 21
6. Serious incidents and near misses 22
7. Safeguarding 23

Appendix 1- Individual Healthcare Plan (IHP) template 24

Appendix 2 - Key personnel 24

Appendix 3 - Examples of controlled drugs that children may legally require during the school day 25

1. Policy statement and principles

1.1. Policy aims and principles

1.1.1. The academy aims to ensure that children with medical conditions and specific medication needs receive appropriate care and support at the academy. We also aim to ensure that children with medical conditions are able to participate fully in all aspects of academy life.

1.1.2. The academy aims to ensure that children are heard and that their wishes and feelings in relation to their own needs are acted upon wherever possible and practical.

1.1.3. The academy takes a holistic approach to supporting children with medical needs and recognises that physical, cognitive, social, emotional, and mental health needs may require support in addition to physiological needs.

1.1.4. The principal will accept responsibility in principle for members of the academy staff giving or supervising children taking prescribed medication during the academy day where those members of staff have volunteered to do so. This does not restrict the treatment of a life-threatening emergency: as set out in sections 4.3 and 4.5, any member of staff may take reasonable action to save a life, including administering adrenaline where anaphylaxis is suspected.

1.1.5. The academy will treat any medical information about a child as confidential and it will only be shared on a need-to-know basis, in line with UK GDPR and The Data Protection Act 2018, to ensure that the child receives the most appropriate care and support during their time at the academy. Information about a child's medical condition or allergy is special category data under UK GDPR; see section 4.7.

1.1.6. This policy applies to all provision at the academy, including any registered early years and nursery provision, and to all academy-led activities including off-site visits, residential trips, sports fixtures and before- and after-school, breakfast, and holiday provision. It applies to all employees and to agency, supply and peripatetic staff, contractors, volunteers, and visitors while on site or on academy-led activities.

1.1.7. Deliberate and/or malicious misuse of medication is a safeguarding concern and will be addressed using a multi-agency approach.

1.1.8. ***Please note that parents should keep their children at home if acutely unwell or infectious.***

1.2. Key definitions used within this policy:

- 'Medication' is defined as any prescribed or over the counter medicine.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, nurse, pharmacist, or other qualified prescriber.
- 'Home remedies' is defined to mean any medication that can be purchased over the counter in a pharmacy or herbal supplier that is designed to alleviate discomfort from illness. [1]

[1] *Home remedies, also known as non-prescription or over the counter (OTC) medicines, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale*

- ‘Adrenaline device’ means an adrenaline auto-injector (AAI) or nasal adrenaline device used to treat anaphylaxis.
- ‘Spare adrenaline device’ means an adrenaline auto-injector purchased by the academy without a prescription under the Human Medicines (Amendment) Regulations 2017 for use in an emergency. It is not prescribed to any individual child.
- ‘Allergy Action Plan’ and ‘Asthma Action Plan’ mean emergency plans issued by a healthcare professional, which are attached to a child’s Individual Healthcare Plan.
- ‘Individual Healthcare Plan (IHP)’ means the single written plan, agreed with the child and their parents, setting out the arrangements the academy will put in place to support that child’s medical conditions, including any allergy.
- ‘Serious incident’ includes any anaphylactic reaction, any use of an adrenaline device or emergency inhaler, and any occasion on which a child’s condition was not managed as their plan requires.
- A ‘near miss’ is any exposure or near-exposure to a known trigger, or failure to follow a plan, which has the potential to cause harm.
- Parents include carers and anyone with parental responsibility for the child.

1.2.1. This policy is consistent with all other policies adopted by OAT / the academy and is written in line with current legislation and guidance. This includes section 100 of the Children and Families Act 2014 and the DfE statutory guidance Supporting pupils at school with medical conditions (2015), and, in respect of allergy, section 34 of the Children’s Wellbeing and Schools Act 2026 (“Benedict’s Law”) and the DfE statutory guidance Allergy safety in schools (July 2026), which applies from 1 September 2026. Allergy is dealt with in the academy’s separate published Allergy Safety Policy; this policy is read alongside it.

1.3. Complaints

1.3.1. All complaints are dealt with under the OAT Complaints Policy.

1.3.2. Complaints should be made in writing and follow the OAT complaint procedures and set timescales. The handling of complaints may be delegated to an appropriate person.

1.4. Monitoring and review

1.4.1. This policy will be reviewed in line with OAT’s internal policy schedule or where there are:

- changes in legislation and / or government guidance
- as a result of any other significant change or event
- in the event that the policy is determined not to be effective

1.4.2. If there are urgent concerns these should be raised to the principal in the first instance for them to determine whether a review of the policy is required in advance of the review date

through retailers such as garages and supermarkets (GSL medications). Medications are classified as OTC (P or GSL), based on their safety profiles. Any medication/remedies which a school allows on its premises must have reached UK safety standards.

1.4.3. This policy will be reviewed at least annually and additionally following any serious incident or near miss.

1.4.4. It is published on the academy website and is available in hard copy on request.

1.5. Associated policies

1.5.1. It is important that this policy is read in conjunction with:

- Safeguarding and Child Protection Policy
- SEND Policy
- Attendance Policy
- Behaviour Policy
- Allergy Safety Policy
- Anti-bullying Policy
- Health and Safety – roles and responsibilities, organisation and arrangements policy
- Catering Policy
- Management of off-site visits and related activities policy
- Data protection and freedom of information policy
- First Aid Policy

1.5.2. Allergy is dealt with in the academy's separate published Allergy Safety Policy, as required by section 34 of the Children's Wellbeing and Schools Act 2026. Where a child has an allergy, that policy applies alongside this one. Coeliac disease, food intolerance, asthma and all other medical conditions are dealt with in this policy.

2. Gillick Competence and Fraser Guidelines

"*Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.*

Both Gillick competency and Fraser guidelines refer to a legal case from the 1980s which looked at whether doctors should be able to give contraceptive advice or treatment to young people under 16-years-old without parental consent". NSPCC

For further information see NSPCC website Gillick competence and Fraser guidelines | NSPCC Learning

2.1 The academy, where it becomes necessary to do so, will follow these guidelines. Where a child is judged to have sufficient maturity and understanding to make a particular decision for themselves, their wishes will be given appropriate weight – for example in how and when they carry and self-administer their own medication, including an adrenaline device or reliever inhaler.

3. Supporting children

3.1 Once the academy has received information about a child with a medical condition, all relevant members of staff will be made aware of this. The academy will agree a specific procedure with the child and the parents once it is notified that a child has a medical condition, including any transitional arrangements between schools. For new children, arrangements will be in place at the start of term and for a new diagnosis or for children starting mid-term, within two weeks.

3.2 We understand that children with the same condition may require different treatment and support, therefore it is our policy to involve the child and their parents when making support arrangements for an individual. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

3.3 The academy aims to be an inclusive environment and will do everything possible to support the attendance of children with medical conditions.

3.4 We will not send children home or prevent them from taking part in activities at the academy, because of their medical condition. Staff will make reasonable adjustments so that children with medical conditions can take part in lessons; where this is not possible, the academy will liaise with the child and their parents to put alternative arrangements in place.

3.5 Parents will ensure that the academy is always informed if a child has not taken their prescribed dose of medication before arriving at school, particularly for those children taking medication which impacts on behaviour or learning or which would place the child at risk.

3.6 The academy will conduct risk assessments for school visits and trips and any other school activity outside of the normal timetable, taking into account any medical condition a child may have. This includes a specific risk assessment, recorded on Evolve, for any child who requires medication while off site or who is at risk of anaphylaxis.

3.7 Medical evidence and opinion will not be ignored and there may be times where the academy needs to contact medical professionals directly. The academy will always request authorisation for contacting medical professionals from the child and parents unless the academy considers that disclosing this information would be detrimental to the child or there is a safeguarding risk.

3.8 Long term or complex medical conditions

3.8.1 For each child with long term or complex medical needs the academy will ensure that an Individual Healthcare Plan (IHP) is drawn up Faye Peckham *Assistant Principal - SENCO responsible for this (template attached to this policy),* in conjunction with the appropriate health professionals. This will involve a meeting with the child and the parents to discuss arrangements for how the academy can support the child whilst in education.

3.9 Individual Healthcare Plan (IHP)

3.9.1 Children, particularly vulnerable children, may be subject to a variety of plans. A child will have a single Individual Healthcare Plan covering all of their medical conditions, including any allergy, rather than separate plans for different conditions. Where the plan includes allergy

arrangements, it is drawn up with the Allergy Safety Lead and complies with the Allergy Safety Policy. The academy will ensure that the child's voice is paramount in their production, review and revision.

3.9.2 A child requires an Individual Healthcare Plan where their condition or allergy has a functional impact on them at the academy, they are at risk of harm as a result, and they need arrangements that are additional to or different from those made generally. A formal diagnosis is not required. Where a child needs only a non-prescription medicine that this policy already permits them to carry and use, a plan may not be needed.

3.9.3 Where there is a difference of opinion about the provision of an IHP, the decision as to whether a plan is required rests with the principal, taken in discussion with the child, their parents, and any relevant healthcare professionals.

3.9.4 An Individual Healthcare Plan is not a clinical document. It records how the academy will respond to the information and advice it has received. Any care plan, Allergy Action Plan or Asthma Action Plan issued by a healthcare professional is attached to the plan rather than summarised or retyped within it, and the plan records who issued it, their role, and its review date. Academy staff are not responsible for making clinical assessments or judgements.

3.9.5 Where a condition or allergy is suspected but no clinical advice is yet available, the academy will not dismiss the child or the information it has received. Arrangements will be put in place based on the best assessment that can be made of the risk to the child's health, education, and wellbeing, engaging the child, their parents and, where appropriate, medical professionals.

3.9.6 IHPs will be easily accessible whilst preserving confidentiality. The IHP will be monitored and reviewed at least annually or when a child's medical circumstances change, whichever is sooner. A plan is also reviewed whenever new clinical advice or a new Action Plan is received, at key transitions such as a change of year group, key stage or phase, on transfer into or out of the academy, and after any serious incident or near miss involving the child. Any change is shared promptly with all staff who need to know, including catering staff and trip leaders.

3.9.7 Where a child has an Education, Health and Care Plan (EHCP), the IHP will be linked to it or become part of it.

3.9.8 Where a child is returning from a period of hospital education or alternative provision or home tuition, the academy will work with the LA and education provider to ensure that the IHP identifies the support needed for the child to reintegrate.

3.9.9 Plans are held on Arbor or other secure medical system, with a printed copy kept in the academy main office/reception, the first aid room and the relevant classroom or kitchen, so that they are accessible in an emergency to the staff who need them while remaining confidential from those who do not.

3.9.10 Where a child with a plan moves to another school or setting (e.g., Alternative Provision), a new plan will be drawn up by the receiving setting; the academy will share the existing plan and any attached Action Plans to support that process.

3.10 Training

3.10.1 The principal will ensure that members of staff receive training on the Supporting Children with Medical Conditions Policy as part of their new starter induction and will receive regular and ongoing training as part of their development.

3.10.2 All staff will receive annual training on identification of signs and symptoms of illness (with special attention given to the illnesses that have been identified to the academy for that academic year) and where to accompany the child in these cases

3.10.3 All staff present while children are on site – including temporary, supply, peripatetic and agency staff, regular volunteers, catering, site, lunchtime, and club staff – must complete allergy and anaphylaxis awareness training. This does not extend to contractors with no child-facing role. This is delivered through Kitt Medical, is completed on joining and refreshed at least annually, and is mandatory. First aid training is not sufficient. No member of staff may be left in sole charge of children before completing it.

3.10.4 The training covers recognising allergic reactions and anaphylaxis; the difference between allergy, coeliac disease and intolerance; this policy and the Allergy Safety Policy; how to check whether a child is on the allergy register and how to use an Allergy or Asthma Action Plan; staff responsibilities in reducing exposure to known triggers; and how to respond in an emergency, including locating and using adrenaline devices and a reliever inhaler, calling the emergency services and informing parents.

3.10.5 New staff complete this training during induction. Supply and cover staff are briefed on the relevant medical and allergy information for the children in their care before taking responsibility for a class or group.

3.10.6 The Medical Conditions Lead / Allergy Safety Lead monitors completion for every member of staff, follows up individually with anyone who falls behind, and reports compliance to the principal at least termly.

3.10.7 Staff must always ensure that a child is accompanied to the medical room on the 1st Floor in case they should need additional support on the way due to fainting or vomiting etc. Where anaphylaxis or an asthma attack is suspected, the child must not be moved and must never be asked to stand or walk: help and emergency medication are brought to the child.

3.10.8 If a child has a specific medical need that requires one or more staff members to undertake additional training this will be identified on their IHP/other associated plan

3.10.9 The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy (insert details of cover arrangements in case of staff absence or staff turnover to ensure someone is always available. Also, include the procedure for briefing supply teachers).

3.11 Emergencies

3.11.1 Medical emergencies will be dealt with under the academy's emergency procedures unless an IHP is in place, and this amends the emergency procedures for a child.

3.11.2 If a child needs to be taken to hospital, a member of staff will remain with the child until a parent or known carer arrives.

3.11.3 All staff will be made aware of the procedures to be followed in the event of an emergency. Children will be informed in general terms of what to do in an emergency i.e., telling a member of staff.

3.11.4 Where anaphylaxis is suspected, staff follow the emergency response procedure in the Allergy Safety Policy:

- adrenaline is administered immediately
- 999 is called and "anaphylaxis" is stated
- the child is laid flat with their legs raised (or sitting up if that makes breathing easier) and is not left alone
- a second dose is given after five minutes if there is no improvement
- if there is any doubt as to whether a reaction is anaphylaxis, it is treated as anaphylaxis and adrenaline is given

3.12 Defibrillators

3.12.1 The academy has an automated internal/external defibrillator (AED).

3.12.2 The AED is stored at the secondary mall hall office and in the primary main office in an unlocked, alarmed cabinet.

3.12.3 All staff members and children are aware of the AED's location and what to do in an emergency.

3.12.4 No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

3.13 Insurance

3.13.1 Staff members who undertake responsibilities within this policy for administration or supervision of medication orally, topically, by injection or by tube, and the application of appliances or dressings are covered by the academy's employers' public liability insurance. This cover extends to any member of staff who administer a spare adrenaline device or the academy's emergency salbutamol inhaler in an emergency, whether or not they have volunteered to administer medication under this policy.

3.13.2 Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the principal.

3.14 Identifying children with medical conditions and allergies

3.14.1 The academy actively seeks information about children's medical conditions and allergies at admission and induction, and whenever a child already on roll is diagnosed, develops a

condition or their condition changes. Information is sought from the child, their parents and, where relevant, their previous setting, including any existing Individual Healthcare Plan, Allergy Action Plan or Asthma Action Plan.

3.14.2 The academy keeps a record of all children with a medical condition or allergy showing the condition and known triggers, whether an Individual Healthcare Plan is in place, whether an Allergy or Asthma Action Plan has been issued, what emergency medication is held and where it is kept, and which staff and – where relevant – which catering staff have been informed. The record is held on Arbor or other secure digital location, maintained by *the Medical Lead,* and reviewed at least termly.

3.14.3 A list of children with a known allergy or other food-related condition, including photographs, is kept wherever food or other known triggers are handled, including the kitchen and serving area and food technology, science, art, and craft rooms. These lists are accessible to staff only.

3.14.4 Arrangements are also made to identify and support staff and visitors with a known medical condition or allergy. Visitors who may be served food are asked in advance whether they have any allergies, and this is shared with the catering team.

3.15 Asthma

3.15.1 Children known to have asthma will have their own reliever inhaler at the academy. Where a child can manage their asthma themselves, they should keep their inhaler with them; where they cannot, it is stored unlocked and is immediately accessible to them at all times. Some children are prescribed a reliever inhaler before a formal diagnosis is made.

3.15.2 Where a healthcare professional has issued an Asthma Action Plan it is attached to the child's Individual Healthcare Plan and staff follow it.

3.15.3 The academy may hold an emergency salbutamol reliever inhaler and spacer, purchased without a prescription under the Human Medicines Regulations 2012 (as amended). An emergency inhaler may only be used for a child who has been diagnosed with asthma or prescribed a reliever inhaler, and whose parents have given written consent. This is a different legal position from spare adrenaline devices, for which consent is not required.

3.15.4 Emergency inhalers are stored in primary main office and secondary main hall office first aid box, checked at least termly for expiry, and any use is recorded and reported

3.15.5 A reliever inhaler must never be given instead of adrenaline to treat anaphylaxis. Wheeze occurs both in asthma and in food-induced anaphylaxis: where a child known to have both asthma and a food allergy suddenly develops difficulty in breathing; staff treat the episode as anaphylaxis and give adrenaline.

3.16 Coeliac disease and food intolerance

3.16.1 Coeliac disease and food intolerances are not allergies. They are dealt with under this policy rather than the Allergy Safety Policy. Neither can cause anaphylaxis and neither is treated as an allergic reaction.

3.16.2 Coeliac disease is an autoimmune condition. Consuming gluten can cause significant illness and repeated exposure carries long-term health risks. It is managed through strict gluten avoidance and cross-contamination controls equivalent to those used for a child with a wheat allergy, agreed with the catering provider.

3.16.3 Food intolerance is a non-immune reaction, managed through avoidance of the identified trigger.

3.16.4 Where a child's coeliac disease or food intolerance requires arrangements that are additional to or different from those made generally, these are recorded in their Individual Healthcare Plan, including any reasonable adjustment needed to enable them to receive a free school meal.

3.16.5 Absence relating to coeliac disease or food intolerance will not be penalized. *(see section 4.9)*.

3.17 Wellbeing, inclusion, and bullying

3.17.1 A medical condition or allergy can cause significant anxiety for children and their families. The academy is active in reassuring children and parents that risks are being minimised and that robust emergency arrangements are in place and engages proactively with new joiners and their families.

3.17.2 Children with medical conditions and allergies will not be segregated or singled out, including at mealtimes, and are supported to take part in every aspect of academy life.

3.17.3 Bullying related to a child's medical condition or allergy – including mocking the need to avoid a trigger, excluding a child from an activity by using a known allergen, or threatening to expose a child to a trigger – is addressed under the Anti-bullying Policy and reported to the Designated Safeguarding Lead using CPOMS.

3.17.4 Deliberately exposing a child to a known allergen or other trigger is a safeguarding matter and will not be tolerated. It may result in suspension or exclusion – see separate behaviour policy (see also section 7).

3.18 Early years, special schools, and alternative provision

3.18.1 In special school and alternative provision settings, extra vigilance is maintained for children who cannot reliably report symptoms, to conditions that coexist with an EHC plan or with feeding or PEG needs, to children who may take or share food impulsively, and to transport and off-site provision. Changes in behaviours are reported, recorded, and analysed for signs of distress.

3.18.2 Where deemed necessary medication, plans and trained staff travel with the child.

3.18.3 In early years provision the academy applies the safeguarding and welfare requirements of the Statutory Framework for the Early Years Foundation Stage alongside this policy. Full information about any allergy, intolerance, dietary requirement or health requirement is obtained before a child is admitted and is shared with all staff involved in preparing and handling food; a member of staff holding a current full paediatric first aid certificate is in the room whenever young

children are eating; it is clear at each meal and snack time who is responsible for checking that the food provided meets each child's requirements; food is not shared between children and surfaces are cleaned between sittings; and staff are aware that children can develop allergies at any time, particularly during weaning.

3.19 Delegated healthcare activities

3.19.1 Where support for a child requires a healthcare activity that falls under the responsibility of the NHS, awareness training is not sufficient. Such activities will be written into the health care plan, with the relevant health provider with clinical oversight, clinical governance, training, competency, and accountability arrangements, and only staff assessed as competent for the specific task may carry it out.

4. Process for administering medication

4.1 Medication administration within the academy

4.1.1 Where possible, it is preferable for medicines to be prescribed in frequencies that allow the child to take them outside of academy hours. If this is not possible, the following will apply.

4.1.2 Each item of medication must be delivered to the principal or authorised person (listed in this policy) by the parent / carer. Medications provided by other individuals and passing medication to another child will not be permitted on academy premises.

4.1.3 Misuse of medication will be addressed through the Behaviour Policy and will be treated as a safeguarding matter and reported to the DSL via CPOMS

4.1.4 Medication must be provided in a secure and labelled container as originally dispensed. Medication will only be accepted if the academy has received a completed medication administration form (available from the academy or attached to this policy) and each item of medication must be clearly labelled with the following information:

- Child's Name
- Name of medication
- Dosage (how much and for how long)
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date
- Amount of medication provided – please note that the academy will only accept a maximum of four weeks supply or until the end of the current term, whichever is sooner.

Medicines which do not meet these criteria will not be administered.

4.1.5 These requirements apply to medication supplied for a named child. They do not apply to the emergency stock medicines held by the academy under section 4.5 – spare adrenaline auto-injectors and any emergency salbutamol inhaler and spacer – which are purchased by the

academy without a prescription, are not prescribed to or labelled for an individual child and are not supplied by a parent.

4.1.6 It is the responsibility of the parents to renew medication when supplies are running low, to ensure that the medication supplied is within its expiry date and to notify the academy in writing if the child's need for medication has ceased.

4.1.7 The academy may request additional information (such as doctor's note or prescription slip) prior to administering medication. This will only be done in rare situations where the academy believes that this is a reasonable request. Renewed authorisation or additional information may also be requested where medication is taken for a prolonged period without diagnosis, this will ensure that the correct medication and dosage are still being administered by the academy. The academy will take the advice and instruction of healthcare professionals at face value and will not insist on a letter from a consultant rather than a GP, community nurse, or school nursing team. A request for further information will not be used to delay support, and the academy will not assume that a child does not have a condition or allergy because a diagnosis has not yet been made.

4.1.8 The academy will not make changes to dosages on parental instructions alone. For prescription medication, a doctor's note or new prescription slip will be required and for non-prescribed medication any alteration must be within the recommended guide appropriate for the type of medication.

4.2 Medication administration – off site

4.2.1 The academy will make every effort to continue the administration of medication to a child whilst on trips away from the academy's premises, even if additional arrangements might be required. A specific risk assessment is completed and recorded on Evolve for any child who requires medication while off site or who is at risk of anaphylaxis. Where the risk assessment identifies an obstacle, the academy will adjust the activity or the arrangements rather than exclude the child, escalating to the principal where a suitable adjustment cannot readily be found. No child will be prevented from taking part in a trip or activity, and no unnecessary barrier to participation will be created, because of a medical condition or allergy. Parents will not be required, or made to feel obliged, to accompany their child.

4.2.2 If the child is on a trip when medication is required, the child or an authorised member of staff will carry the medication. Parents and children will be informed of the process for taking medication whilst on the trip in advance. For a child at risk of anaphylaxis the risk assessment confirms that a member of staff trained to administer adrenaline will attend, that the child's own prescribed devices and, where appropriate, spare devices travel with the group and remain within five minutes' reach at all times, and that the child's Individual Healthcare Plan is taken.

4.2.3 Where a child travels on academy transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the child, including medication for administration during respite care.

4.3 Administering the medication

4.3.1 Children will never be prevented from accessing their medication; however, medications will only be administered at the academy if it would be detrimental to the child not to do so and with the agreement of the principal. This does not restrict emergency treatment: where a child needs emergency medication, including adrenaline for suspected anaphylaxis or a reliever inhaler for an asthma attack, it is given immediately.

4.3.2 Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the principal will delegate the responsibility to another staff member.

4.3.3 The provision above does not apply to emergency, life-saving treatment. Where anaphylaxis is suspected, adrenaline is administered immediately using the child's own prescribed device or, if that is unavailable or misfires, a spare device. Prior consent is not required for a spare adrenaline device to be used to save a life, and no member of staff should delay treatment in order to check whether consent has been recorded.

4.3.4 In a life-threatening emergency any adult may take reasonable action to save a life. Staff should be reassured that hesitation, a mistake or imperfect technique in giving emergency treatment will not be treated as misconduct.

4.3.5 Where it is appropriate to do so, children will be allowed to administer their own medication for example a Ventolin inhaler may be carried by the child. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in the academy. This would be assessed by the academy depending on the type of medication (and potential consequences if mis-administered) and the competency of the child to self-administer. Children prescribed an adrenaline device or a reliever inhaler are encouraged to keep their medication with them at all times, including while travelling to and from the academy; clinical advice is that a child at risk of anaphylaxis carries two adrenaline devices. Where a child cannot safely carry their own device, it is stored unlocked in an agreed location that is accessible at all times.

4.3.6 In some cases, it may be a child is given permission by the principal and in agreement with the child and parents to self-administer the medication under supervision from a staff member to safeguard against accidental overdose. In these cases, the medication will be appropriately stored by the academy who will allow the child access as needed.

4.3.7 If a child refuses to take medicines, staff will not force them to do so, and will inform the parents of the refusal, *(see also section 2 on Fraser guidelines and Gillick competency)* as a matter of urgency, on the same day, unless it would put a child at further risk to do so If this is the case, advice **must** be sought from the DSL before contacting a parent. Refusals will be recorded on a child's medical record on Arbor, and on CPOMS where the refusal raises a safeguarding concern *(see section 7)*.

4.3.8 If a refusal to take medicine results in an emergency, the academy's emergency procedures will be followed. Any refusal to take medication will be recorded.

4.3.9 If a child does not take the medication expected to be taken on a day or for a period, then the reason for this will be recorded. Reasons could include absence; parents collecting the child to

administer medication themselves; child not turning up for medication where this is the arrangement.

4.3.10 The academy cannot be held responsible for side effects which occur from any medication taken. Any side effects suffered by the child will be noted, and the academy's first aid or emergency procedures will be implemented when necessary.

4.3.11 Details of how to administer medication can be found with medication in first box and *pinned on Arbor individual student profiles*

4.3.12 If a controlled drug is required to be administered, this will only be done by a qualified staff member who is fully trained in administering a particular type of drug.

4.4 Storage of medication

4.4.1 Medication will be kept in a secure place, out of the reach of children. Medication to be administered in the academy will be kept in a locked medicine cabinet, with the exception of emergency medication. Prescribed and spare adrenaline devices, reliever inhalers and spacers, blood glucose testing equipment and any other emergency medication identified in a child's Individual Healthcare Plan are **never** locked away and are never kept in an office or other area to which access is restricted.

4.4.2 All adrenaline devices, whether prescribed to a child or held as spares, are stored at room temperature in line with the manufacturer's instructions; they are not refrigerated and are not left in direct sunlight. Emergency medication is positioned so that it can be brought to any part of the site within five minutes, and where the academy operates across more than one site appropriate stock is held on each site. Where a device could itself pose a risk to children, it is kept out of children's reach but not locked away.

4.4.3 Children will be informed of where their medicines are and can access them immediately (accompanied by authorised academy staff). Where relevant, the child will be aware of who holds the key to the medicine cabinet.

4.4.4 Controlled medication as defined under Section 2 of The Misuse of Drugs Act 1971 will have additional security control measures in place whilst ensuring any emergency medication is immediately available (see Appendix 3 for examples of controlled drugs which school may need to administer)

4.4.5 *The medication of individual children will be kept within the academy main offices*

4.4.6 Only authorised academy staff will have access to where medication is stored. No child will be left unaccompanied where medication is accessible.

4.5 Emergency stock medicines held by the academy

4.5.1 The academy holds spare adrenaline auto-injectors for use in an emergency, purchased without a prescription under the Human Medicines (Amendment) Regulations 2017. Spare devices are held and stored in pairs, are clearly labelled to distinguish them from devices prescribed to a named child and are never a substitute for a child's own prescribed devices.

4.5.2 Spare devices are held in the doses appropriate to the age range of the children at the academy, and in sufficient number and locations that a device can be brought to any part of the site within five minutes. It is recommended that a set is held close to reception and close to the dining area.

4.5.3 The academy's spare adrenaline devices are recorded on Kitt Medical, checked at least termly for expiry and stock, and replaced promptly after use or expiry.

4.5.4 Emergency salbutamol inhaler and spacer are recorded:

- Child's name
- Name of medication
- Dosage (how much and for how long)
- Frequency of administration
- Date of dispensing
- When the medication has been taken
- Reasons for medication not being administered when medication was expected to be taken.

4.5.5 A spare adrenaline device may be used for any child suffering suspected anaphylaxis, including a child with no previously known allergy and a child who does not have their own prescribed device. Consent is not required in order to use a spare device to save a life, although the academy seeks advance consent from parents as a matter of good practice and records it on the child's Individual Healthcare Plan.

4.5.6 Nasal adrenaline devices may be prescribed to an individual child but cannot currently be purchased by the academy as spare devices. Where a child prescribed a nasal device suffers anaphylaxis and their own device is unavailable, the academy's spare auto-injectors may be used.

4.5.7 Full details of the academy's allergy arrangements, including the emergency response procedure, are set out in the Allergy Safety Policy.

4.6 Disposal of medication

4.6.1 Academy staff will not dispose of any medicine, including controlled medication, supplied for a named child; such medicines are returned to parents. Used or expired adrenaline auto-injectors and emergency inhalers are disposed of by the academy in accordance with the manufacturer's instructions – handed to attending ambulance paramedics, returned to a pharmacy, or placed in a pre-ordered sharps bin for collection. Adrenaline auto-injectors contain needles and must never be placed in general or clinical waste. Disposal and replacement are recorded on Kitt Medical.

4.6.2 Medicines which are in use and in date should be collected by the parent / carer at the end of each term. Date expired medicines, those no longer required for treatment or when too much medicine has been provided will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

4.6.3 Where it is not possible to return medication to parents, they should be disposed of using a local pharmacy returns service. This is especially important for controlled medication.

4.7 Record keeping

4.7.1 The academy will keep records of:

- The medication stored
- The quantity
- When the medication has been taken
- Reasons for medication not being administered when medication was expected to be taken
- Any medication returned to parents / carers and the reason and date of return
- Children with a medical condition or allergy, their known triggers, and whether an Individual Healthcare Plan and any Allergy or Asthma Action Plan is in place
- The emergency medication held for each child and where it is kept
- The academy's spare adrenaline devices and emergency inhalers, including expiry and stock checks
- Training completed by staff under this policy
- Serious incidents and near misses (see section 6)
- Amount of medication provided – please note that the academy will only accept a maximum of four weeks supply or until the end of the current term, whichever is sooner.

4.7.2 Medication records will be kept and made available in line with UK GDPR and The Data Protection Act 2018, and our record retention policy.

4.7.3 Information about a child's medical condition or allergy is special category data under UK GDPR and the Data Protection Act 2018. The academy processes it because doing so is necessary to meet the academy's safeguarding and health and safety duties.

4.7.4 Children's medical information is held on Arbor/other secure medical platform accidents and incidents on iAM Compliant, anaphylaxis training records and the record of spare adrenaline devices on Kitt Medical. Other medical related training records are held on SharePoint. Access is limited to those who need the information in order to keep the individual safe.

4.7.5 Records are retained only for as long as necessary, in line with the trust retention schedule, and are then securely disposed of. Parents may ask to see or correct their child's medical data by contacting the academy or the Trust's Data Protection Officer; further detail is set out in the Data Protection and Freedom of Information Policy.

4.7.6 Information is shared outside the academy only where necessary to protect the child – for example with the emergency services, healthcare professionals, or a new school on transfer – or where the law requires it. The child and their parents are involved in decisions about sharing health information wherever possible.

4.8 Training

4.8.1 The academy will ensure that staff members who volunteer to assist in the administration of medication will receive appropriate training / guidance through arrangements made with the School Health Service.

4.8.2 No staff member may administer prescription medicines, administer drugs by injection, or undertake any healthcare procedures without undergoing training specific to the responsibility.

4.8.3 The academy will keep a list of all training undertaken and a list of staff members qualified to undertake responsibilities under this policy.

4.8.4 The member of staff must always properly read the labels of the medication provided and check the details against the medication provided by the parent.

4.9 Unacceptable Practice

4.9.1 The academy will never:

4.9.1.1 Assume that children with the same condition require the same treatment.

4.9.1.2 Prevent children from easily accessing their inhalers and medication.

4.9.1.3 Ignore the views of the children and/or their parents/carers.

4.9.1.4 Ignore medical evidence or opinion.

4.9.1.5 Send children home or prevent them from taking part in activities at school, including lunch times, for reasons associated with their medical condition, unless this is specified in their IHP.

4.9.1.6 Send an unwell child to the medical room or school office alone or with an unsuitable escort. Where anaphylaxis or an asthma attack is suspected, the child must not be moved at all: help and emergency medication are brought to them.

4.9.1.7 Penalise children with medical conditions for their attendance record, where the absences relate to their condition.

4.9.1.8 Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they must give up working because the school is failing to support their child's needs.

4.9.1.9 Refuse to allow children to eat, drink, or use the toilet when they need to manage their condition.

4.9.1.10 Assume that a child does not have a medical condition or allergy because a diagnosis has not yet been made.

4.9.1.11 Assume that older children no longer need support because they are able to take more responsibility for managing their condition.

4.9.1.12 Exclude children from attendance rewards, including rewards for full attendance, where their absence relates to their medical condition or allergy. This is reflected in the Academy's Attendance Policy.

4.9.1.13 Prevent children from taking part in visits, trips, or extracurricular activities, or create unnecessary barriers to their participation, including by requiring a parent to accompany them.

4.9.1.14 Move a child, or ask them to stand or walk, where anaphylaxis or an asthma attack is suspected.

4.9.1.15 Insist on advice from a consultant rather than from a GP, community nurse, or school nursing team.

4.9.1.16 Delay giving adrenaline in order to check whether consent has been recorded.

5. Home Remedies

(see section 1.1.8 for definition of a home remedy

5.1 The academy has determined that home remedies may/*may not* be administered on academy premises. Where they are permitted, the following requirements apply in every case.

5.2 A home remedy will only be administered where the parent has given written consent, on the medication administration form or at induction, identifying the specific remedy that may be given to their child.

5.3 A home remedy will only be administered by a member of staff authorised under this policy, who must first check the record to confirm when the child last received a dose, give only the minimum dose appropriate to the product and the age of the child, and make contact with the parent the same day.

5.4 Home remedies are never shared between children, and no child may pass any medication, including a home remedy, to another child. Misuse will be addressed under the Behaviour Policy.

5.5 A record is kept of every home remedy held on site and of each administration, showing the child, the product, the dose, the date and time, and the member of staff who administered it. Stock held on site is audited at least once every half term to confirm that it is accounted for, in date and stored securely in accordance with section 4

5.6 On residential trips, staff may carry and administer home remedies only where parents have been told in advance which remedies will be carried and have given specific written permission for their use. Parents are contacted before administration wherever possible and always afterwards, and a record is kept in every case.

5.7 Nothing in this section prevents a child from carrying and using an over the counter medicine, such as a non-drowsy antihistamine, where this has been agreed with their parents and is recorded on their Individual Healthcare Plan or medication administration form. For many children with a mild allergy and over the counter antihistamine is the appropriate treatment for a mild reaction, and that arrangement alone may mean an Individual Healthcare Plan is not required.

6. Serious incidents and near misses

6.1 A serious incident includes any anaphylactic reaction, any use of an adrenaline device or an emergency inhaler, and any occasion on which a child's medical condition or allergy was not managed as their plan requires. A near miss is any exposure or near-exposure to a known trigger, or any failure to follow a plan; that was avoided or was less serious than it might have been.

6.2 Any member of staff who becomes aware of a suspected reaction, incident or near miss records it on iAM Compliant as soon as possible and in any event within 24 hours, recording what happened, when, what medication was given and the outcome. Any use of an adrenaline device is recorded on Kitt Medical.

6.3 The effects of exposure to a trigger are sometimes delayed and are only recognised after the child has gone home. Reports from children, parents and healthcare professionals are therefore accepted and acted upon in the same way as reports from staff, and parents are told how to make them.

6.4 Incidents and near misses are reported to parents the same day wherever possible, and to the [Medical Conditions Lead / Allergy Safety Lead], who informs the principal, the trust and the academy's governing body.

6.5 Where an incident may be reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) the Trust Health and Safety Team must also be notified immediately

6.6 Any incident resulting in death or serious injury is reported to the Health and Safety Executive under RIDDOR. Allergen-related food safety incidents may also require reporting to the local authority environmental health team and the Food Standards Agency.

6.7 Every serious incident and near miss is investigated. The child's Individual Healthcare Plan and this policy are reviewed in the light of what is found, and the lessons learned are shared with staff. Failure to learn from incidents and near misses has contributed directly to the deaths of children in schools.

6.8 Periodic drills, testing how staff would respond to a simulated emergency such as anaphylaxis, are good practice. The results are recorded in the same way as an incident and are used in the review of this policy. Where a child at high risk is involved, they and their parents are included in planning the drill.

6.9 The academy's governing body receives reporting at least termly on training completion, Individual Healthcare Plan coverage, emergency medication stock checks, incidents and near misses. Risks relating to children with medical conditions and allergies are recorded on the academy's risk register and actively managed.

7. Safeguarding

7.1 Under Keeping Children Safe in Education 2026, the fact that a child has a medical condition or allergy is not in itself an indicator that they are at greater risk of harm, and an incident in the management of a condition does not of itself warrant a referral to local safeguarding partners.

7.2 A referral should be made, however, where an incident suggests that a child may be at increased risk of neglect, abuse or exploitation – for example where a child is repeatedly sent into the academy without their essential medication or where there are concerns regarding Fabricated or Induced Illness

7.3 The Designated Safeguarding Lead will consider whether any incident, near miss or repeated failure to follow a child's plan raises a safeguarding concern and will act accordingly, liaising with the SENCO, the Medical Conditions Lead, the Allergy Safety Lead and the attendance lead and external safeguarding partners as required

7.4 Deliberately exposing a child to a known allergen or other trigger, or using food or a trigger to bully, coerce or harm a child, is a safeguarding matter and must be reported to the Designated Safeguarding Lead via CPOMS

7.5 Children with special educational needs or disabilities, and children with medical conditions or allergies, can face additional safeguarding barriers. These include assumptions that changes in behaviour, mood or injury relate to the child's condition without further exploration, a greater risk of peer isolation and of bullying without outward signs, communication barriers, the need for intimate care and greater dependence on adults. All staff are alert to this and maintain a culture of vigilance.

Appendix 1- Individual Healthcare Plan (IHP) template

Medical and Allergy IHP Template.docx

Appendix 2 - Key personnel

[Insert name of Academy]

Principal	**Sophia Martin**	**smartin@obramail.co.uk**
Designated Safeguarding Lead	**Ross Blackman**	**rblackman@obramail.co.uk**
Senior member of staff with responsibility for this policy	**Faye Peckham**	**fpeckham@obramail.co.uk**
Academy Safety Officer	**Jorge Cruz**	**jcruz@obramail.co.uk**
Link safeguarding governor:	**Ellie Softley**	
Special Educational Needs Coordinator	**Faye Peckham**	**fpeckham@obramail.co.uk**
Academy Education Director	**Wasim Butt**	**wasim.butt@ormistonacademies.co.uk**
Medical Conditions Lead is	**Angela Sartori**	**a.sartori@obramail.co.uk**
Allergy Safety Lead is (named senior leader; must not be the catering manager)	**Faye Peckham**	**f.peckham@obramail.co.uk**
Named governor for allergy safety:	**Ellie Softley**	
OAT Head of Safeguarding	**Nikki Cameron**	**nikki.cameron@ormistonacademies.co.uk**

Appendix 3 - Examples of controlled drugs that children may legally require during the school day

List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - GOV.UK

- Methylphenidate (Ritalin, Concerta XL, Medikinet, etc.) for ADHD. This is probably the most common controlled drug held in schools. [assets.pub...ice.gov.uk]
- Lisdexamfetamine (Elvanse) for ADHD. [assets.pub...ice.gov.uk]
- Dexamfetamine for ADHD. [assets.pub...ice.gov.uk]
- Midazolam (often buccal midazolam) for emergency treatment of prolonged seizures in children with epilepsy. [assets.pub...ice.gov.uk]
- Diazepam (including rectal diazepam in some cases) for seizure management or other specialist indications. [assets.pub...ice.gov.uk]
- Morphine or other opioid analgesics prescribed for children with significant medical conditions, palliative care needs, or severe pain. [assets.pub...ice.gov.uk]
- Oxycodone and other prescribed opioid pain medicines in exceptional circumstances. [assets.pub...ice.gov.uk]