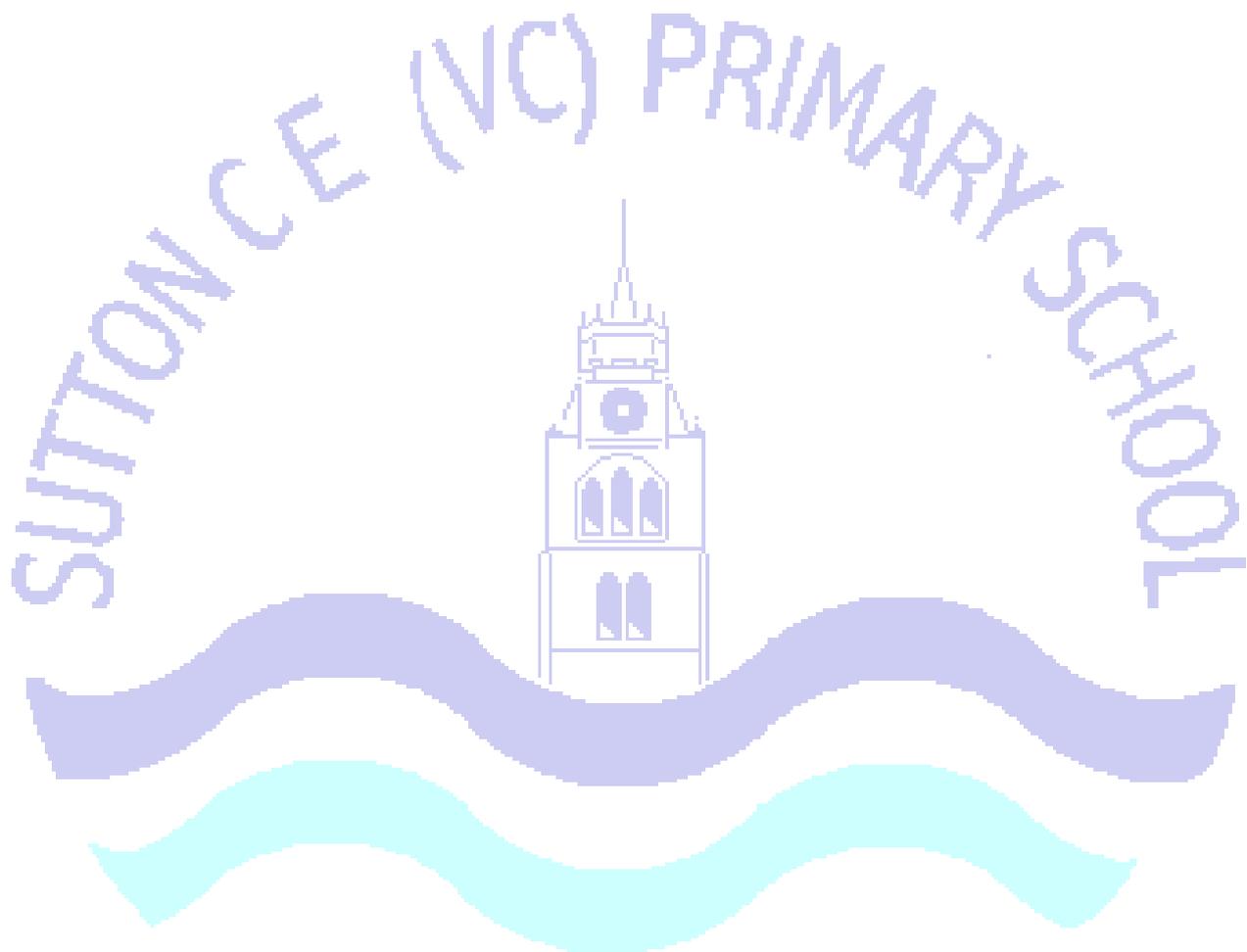




Sutton CE (VC) Primary School

Medicine Policy

March 2026



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CHAPTER 1: GENERAL INFORMATION

1. Children with Medical Needs and Access to Services

Children with medical needs have the same rights of admission as others. Medical needs may be short-term (e.g. antibiotics), long-term (e.g. epilepsy, cystic fibrosis), or situational (e.g. allergies requiring adrenaline, asthma inhalers). Most children can attend regularly and participate fully, sometimes with additional supervision to ensure safety.

Individual Health Care Plans (IHPs) support staff in identifying safety measures (see Chapter 4). Some children are protected under the Disability Discrimination Act (DDA) 1995, which defines disability as a physical or mental impairment with substantial, long-term adverse effects on daily activities. Under Part 4 of the DDA, Sutton School will not discriminate and will make reasonable adjustments to policies, practices, premises, curriculum, resources, trips, clubs, and activities. The school plans strategically to anticipate and meet the needs of disabled children with medical conditions.

2. Inclusion

Sutton School promotes inclusion, equality, and diversity, valuing all pupils and viewing diversity as a resource for learning. Inclusive values are shared across staff, pupils, governors, parents/carers, and the wider community. Policies and practices support participation in classroom and extracurricular activities, integrate teaching and support, and remove barriers to learning.

Equality is achieved through assessment of needs, monitoring teaching quality and pupil achievement, and setting improvement targets. The school meets duties under the Race Relations Amendment Act (2000) and supports children with Special Educational Needs to access the curriculum and reach their potential.

3. Support for Children with Medical Needs

Parents/carers have primary responsibility for their child's health and must provide medical information, supported by health professionals where needed. The School Health Service and partner agencies (NHS, Local Authorities, Governing Body) work together to support children and staff.

The school considers medicine administration and complex health needs within accessibility planning. There is no legal duty for staff to administer medicines, though this may be included in some support staff roles. Adequately trained staff will be available, supported by health professionals, with safe systems and risk assessments in place. Children with complex needs will receive individual medical advice.

4. Staff Administering Medicine

Staff are not legally or contractually required to administer medicines, except where specified in contracts. All staff have a duty of care to act reasonably, particularly in emergencies, including off-site activities. Insurance cover will be ensured. Staff are not permitted to administer any medicines which have passed their expiry date.

5. Prescribed Medicines

Medicines are only accepted where essential and must be prescribed by an authorised prescriber, supplied in original containers with clear instructions. Dosages will not be altered. Parents/carers are encouraged to request dosing schedules outside school hours where possible.

6. Controlled Drugs

Controlled drugs (e.g. methylphenidate) are managed under the Misuse of Drugs Act. Named, trained staff may administer them per prescription. Controlled drugs are stored securely in locked, non-portable containers with records maintained. Unused drugs are returned to parents for safe disposal. Misuse is a criminal offence.

7. Non-Prescription Medicines

Staff do not normally administer non-prescribed medicines. The Head Teacher may authorise administration with prior written parental consent in exceptional cases (e.g. school trips), provided the medicine has previously been used without adverse effects. All administration must be recorded and parents informed. Aspirin must never be given to children under 16 unless prescribed. Administering Calpol at Paintbox should only be by parents of the child requiring medication.

8. Long-Term Medical Needs

Full information is essential, as unmet needs can affect learning, behaviour, emotional well-being, attendance, and family life. Health Care Plans may be required and include condition details, special requirements, side effects, emergency indicators and actions, contacts, staff roles, and exclusions.

9. Administering Medicines

Written parental consent is required for all children under 16. Staff must verify the child's name, dose, expiry date, and prescriber instructions. If unsure, staff must seek advice before administering. All administrations are recorded, with parents informed. The administration of all medicine is witnessed.

10. Self-Management

Children are encouraged to manage their own medicines when appropriate, following assessment by health professionals and agreement with parents and the school. This is documented in the Health Care Plan, including whether medicines may be carried/administered by the child. Controlled drugs must remain securely stored.

11. Refusing Medicines

Children will not be forced to take medicine. Refusals are recorded and parents informed the same day (immediately if risk is imminent). Emergency procedures apply if refusal leads to an emergency.

12. Record Keeping

Parents/carers must provide accurate, up-to-date medical information matching prescriber instructions. Medicines must be in original containers, stored in named bags with a photo. Records must include child name, medicine, dose, method, timing, side effects, and expiry date.

13. Educational Visits

Children with medical needs are encouraged to participate in visits with reasonable adjustments, risk assessments, appropriate supervision, and arrangements for medicines. Health Care Plans accompany visits. Medical advice will be sought if safety concerns arise.

14. Sporting Activities

Most children can safely participate in PE and sports. Adjustments, precautions, and immediate access to medicines (e.g. inhalers) are provided as needed and documented in Health Care Plans. Privacy and dignity are respected.

15. Staff Medication

All staff medication must be securely stored in original containers, refrigerated if required, and not carried while teaching. Staff must inform line managers if medication or medical conditions may affect safe working or require emergency action.

CHAPTER 2: ROLES AND RESPONSIBILITIES

1. Parents & Carers

Parents/carers (as defined by the Education Act 1996) provide accurate medical information, consent, and updates; supply correctly labelled, in-date medication (including spares); ensure regular medical reviews; and contribute to Health Care Plans. Only one parent's consent is required. Disputes are resolved by courts. Responsibilities vary for looked-after children depending on care arrangements.

2. The Employer

The Local Authority and Governing Body must maintain health and safety policies, ensure insurance cover, provide procedures and training, and support staff, particularly in emergencies. Written confirmation of staff proficiency is required for medical procedures.

3. The Governing Body

The Governing Body oversees policy development, health and safety (including off-site activities), inclusive risk assessments, monitoring and review of the medicines policy, and ensures specialist training where required.

4. The Head Teacher

The Head Teacher implements the policy, develops procedures, delegates record-keeping, ensures accurate information sharing, communicates the policy, arranges training, updates policies annually, reports to stakeholders, agrees support with parents/carers, seeks medical advice where needed, and ensures insurance cover for staff.

5. Staff

Staff are informed of children's medical needs and Health Care Plans, understand the medicines policy, recognise symptoms and emergencies, allow access to emergency medication, communicate with parents, support inclusion, manage visits safely, promote awareness through the curriculum, and ensure continuity during illness. First aid trained staff administer medicines where agreed.

6. The Local Authority

The Local Authority, as employer, is responsible for health and safety and provides advice and training under the Children Act 1989.

7. Primary Care and NHS Trusts

PCTs, NHS Trusts, Local Authorities, and governing bodies work together to plan and coordinate provision. Medical officers and school health services provide advice and staff training for children with medical and SEN needs.

CHAPTER 3: DEALING WITH MEDICINES SAFELY

1. Safety Management

All medicines may be harmful if misused. Where the school administers medicines, risks to others will be controlled in line with the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

2. Storage and Access

Only medicines prescribed for individual children will be stored, supervised, and administered. Medicines must:

- Be supplied in original pharmacy containers with clear labels (child's name, medicine, dose, frequency).
- Be stored according to product instructions, including temperature requirements.
- Never be transferred to alternative containers by non-healthcare staff.
- Be kept separately if more than one medicine is prescribed.

Children should know where their medicines are kept and who holds the key if applicable. Emergency medicines (e.g. inhalers, adrenaline pens) must be readily accessible and not locked away. Non-emergency medicines are stored securely. Refrigerated medicines may be kept in a food fridge in a sealed, labelled container with restricted access (Welfare Room at Sutton School).

3. Disposal of Medicines

Staff do not dispose of medicines. Parents/carers must collect medicines at term end and return expired or unused medicines to a pharmacy. Medicines for children leaving will be prepared for collection on their final day; uncollected medicines will be returned to a pharmacy. Sharps must be disposed of in approved sharps boxes, supplied via prescription and collected by Local Authority environmental services.

4. Hygiene and Infection Control

Staff follow standard infection control procedures, using disposable gloves and safe methods for handling bodily fluids, spillages, dressings, and equipment.

5. Emergency Procedures

All staff must know how to call emergency services and follow the school's emergency/critical incident plan. A staff member must accompany a child taken to hospital by ambulance if parents/carers are absent and remain until they arrive. Staff must never transport children to hospital in their own vehicles. Individual Health Care Plans (IHCPs) detail child-specific emergency actions and responsibilities.

CHAPTER 4: DRAWING UP A HEALTH CARE PLAN

1. Purpose

Health Care Plans identify the level of support required and are produced by medical professionals: The GP or the hospital. When necessary, a cover sheet may be attached to the Health Care Plan to add clarity of support in the school setting. Plans clarify roles for staff, parents/carers, and the child, and are guided by health professionals. Reviews occur at least annually or more frequently if required. Each child's needs are assessed individually.

Contributors may include the Head Teacher, SENDCo, Welfare Officer, parents/carers, the child (where appropriate), class teachers, support staff, medicine administrators, and emergency-trained staff.

2. Co-ordinating Information

The Head Teacher may delegate responsibility for coordinating and sharing medical information, liaising with agencies, acting as a contact point, and ensuring supply staff are informed.

3. Staff Training

Health Care Plans may identify training needs. Staff must not administer medicines without appropriate professional training. The school will arrange training with local health services as required.

CHAPTER 5: COMMON CONDITIONS – PRACTICAL ADVICE

Introduction - The most common conditions affecting schools are asthma, epilepsy, diabetes, and anaphylaxis. Information provided is general; individual assessment and professional advice are essential.

ASTHMA

Asthma affects around one in ten UK children. Symptoms include coughing, wheezing, chest tightness, and breathlessness; younger children may describe tummy pain. Staff must recognise worsening symptoms, especially in younger children. Children with significant asthma require an IHCP.

Medication

- Relievers (usually blue inhalers) are used during attacks and sometimes before exercise.
- Preventers are usually taken outside school hours.
- Immediate access to reliever inhalers is essential; spacers may be needed.
- Inhalers are stored in designated accessible locations and accompany children on PE and visits.

Asthma Attacks

Signs include persistent cough, wheeze, breathing difficulty, nasal flaring, inability to speak, exhaustion, cyanosis, or collapse.

Emergency Action

- Follow the child's asthma plan.
- Call 999 immediately if symptoms do not improve in 5–10 minutes, the child is too breathless to speak, exhausted, turning blue, or collapses.
- Administer salbutamol via spacer: 2 puffs every 2 minutes up to 10 puffs; repeat if ambulance delayed.

Participation

Children should take part in all activities, including PE and visits, with appropriate precautions, warm-ups, and access to inhalers. Staff receive annual asthma training.

Emergency Inhalers

The school holds Salbutamol inhalers for emergency use with annual parental consent. Use is recorded in the medicines book and parent notification forms. Emergency inhaler kits contain inhalers, spacers, instructions, checklists, and records. Inhalers are checked termly by the lead first aider, stored separately, and disposed of via pharmacies.

EPILEPSY

Epilepsy affects at least 1 in 200 children. Seizure types vary widely and may or may not involve loss of consciousness. Detailed individual seizure information must be recorded and shared with parents/carers.

Management

Most children take regular medication outside school hours. Triggers may include stress, tiredness, illness, or (rarely) flashing lights. Children should be included in all activities, with agreed safety measures.

During a Seizure

- Keep the child safe; do not restrain or place anything in the mouth.
- Cushion the head, allow the seizure to finish, then place in recovery position.
- Stay with the child until fully recovered.

Call an ambulance if

- It is the first seizure;
- Injury occurs;
- Breathing problems follow;
- The seizure exceeds the plan duration or lasts over 5 minutes;
- Seizures repeat unusually.

Emergency Medication

Some children may be prescribed rectal diazepam or midazolam. Administration requires specialist training, adherence to medical instructions, dignity protection, and preferably two adults present.

DIABETES

Diabetes affects about 1 in 550 school-age children. Most have Type 1 diabetes requiring insulin; Type 2 is usually managed with diet and exercise.

Management

Children may need insulin injections, pumps, blood glucose monitoring, regular meals, snacks, and supervision depending on age and competence. Staff administering insulin or glucose testing must be trained.

Hypoglycaemia (Low Blood Sugar)

Symptoms include hunger, sweating, pallor, shaking, drowsiness, irritability, headache, and poor concentration.

- Treat immediately with fast-acting sugar.
- Follow with starchy food after recovery.
- Call an ambulance if recovery takes over 15 minutes or if the child becomes unconscious.

Hyperglycaemia

Symptoms include thirst, frequent urination, tiredness, weight loss, vomiting, dehydration, or acetone breath. Urgent medical attention may be required.

ANAPHYLAXIS

Anaphylaxis is a severe, life-threatening allergic reaction requiring immediate action. Triggers include certain foods (including nuts), medicines, latex, and insect venom.

Treatment

- The casualty will have a management plan about when to use medication. This will state the course of action in an emergency eg commence with liquid piriton and then use the pen. Administer **auto-injector pen (epi pen)** adrenaline immediately into the outer thigh.
- Call an ambulance without delay.
- It is safer to give adrenaline if unsure than to delay.

Management

Children may carry auto-injectors if responsible; spare devices must be accessible. IHCPs detail triggers, emergency actions, medication, food management, and precautions. Regular staff training is provided.

Inclusion

Children at risk are otherwise healthy and must not be stigmatised. Risk-reduction measures are taken while maintaining normal school life and reassuring parents/carers through effective planning and response.

ANNEX A: FORMS

Appendix 1: Contacting Emergency Services

Appendix 2:	Form 1:	Medical information consent form for the school to administer medicines
	Form 2:	Headteacher's agreement to administer medicine
Appendix 3:	Form 3:	Authorisation for the administration of rectal diazepam
	Form 4:	Headteacher's agreement to administer rectal diazepam
Appendix 4:	Form 5:	Consent for the use of emergency salbutamol asthma inhalers
	Form 6:	Letter to inform parents/carers of emergency inhaler use
Appendix 5:		Recognition and management of an allergic reaction/anaphylaxis
Appendix 6:	Form 7:	Authorisation for the administration of emergency adrenaline auto-injector

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number: 01353 778351
2. Say you are calling about a child
3. Give your location as follows: Sutton CE (VC) Primary School, The Brook, Sutton, Ely
4. State that the postcode is: CB6 2QQ
5. Give exact location in the school/setting (insert brief description)
6. Give your name
7. Give name of child and a brief description of child's symptoms
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the incident.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Appendix 2: Form 1

Medical Information Consent Form for Sutton CE (VC) Primary School

Pupil Name:		Date of Birth:	
Name of Parents/Carer:		Home telephone number:.....	
Mobile telephone number:		Work telephone number:	
Medical Practice:.....	GP name:	Telephone Number:	
Hospital:	Consultant name:	Telephone number:	

My child administers his/her own medication: YES / NO

My child carries his/her medicine with them at all times: YES/NO

I consent to my child receiving the following medication in school:		
Medicine:	Dose:	Frequency:
Medicine:	Dose:	Frequency:
Medicine:	Dose:	Frequency:
Further instructions:		

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child’s doctor is/are correctly labelled, in date, with storage details attached, in their original prescribed packaging and are supplied in a named plastic tub with a photograph of my child on it, or in a medically labeled waist bag if they carry it on their person.

I understand that the medication will be supervised or given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

Signed: Print Name: (parent/carer) Date:.....

Appendix 2: Form 2

Confirmation of the Headteacher/Head of setting’s agreement to administer medicine	
It is agreed that _____ [<i>name of child</i>] will receive	
_____ [<i>quantity and name of medicine</i>] every day	
at _____ [<i>time medicine to be administered e.g. Lunchtime or afternoon break</i>].	
_____ [<i>name of child</i>] will be given/supervised whilst he/she takes their	
medication by _____ [<i>name of member of staff</i>].	
This arrangement will continue until _____ [<i>either end date of course of medicine or until instructed by parents/carers</i>].	
Signed: [<i>The Head teacher/Head of Setting</i>] Date.....	

Appendix 3: Form 3

Authorisation for the administration of Rectal Diazepam

Pupil Name: Date of Birth:

Name of Parents/Carer: Home telephone number:

Mobile telephone number: Work telephone number:

Medical Practice:GP name: Telephone Number:

Hospital:Consultant name:Telephone number:

(Name).....should be given Rectal Diazepammg.

If he/she has a prolonged epileptic seizure lasting overminutes

OR

Serial seizures lasting over minutes.

An Ambulance should be called if the seizure has not resolved afterminutes.

Doctor's signature Date

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labeled, in date, with storage details attached, in their original prescribed packaging and are supplied in a named plastic tub with a photograph of my child on it.

I understand that the medication will be supervised or given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

Signed: (parent/carer) Date:

Appendix 3: Form 4

Confirmation of the Headteacher/Head of setting's agreement to administer medicine

It is agreed that [name of child] will receive Rectal Diazepam when it is required according to the schedule above.

Rectal Diazepam will be administered by [name of member of staff].

Signed: [The Head teacher/Head of Setting] Date.....

Appendix 4: Form 5

SUTTON CE (VC) PRIMARY SCHOOL

CONSENT FORM FOR THE USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which we have provided and is stored in the school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name of parent/carer (print).....

Child's name:

Class:

Parent/carer's address and contact details:

.....
.....
.....
.....

Telephone:

E-mail:

.....

Appendix 4: Form 6

SUTTON CE (VC) PRIMARY SCHOOL
LETTER INFORMING PARENTS/CARERS OF THE USE OF
EMERGENCY SALBUTAMOL INHALER

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened at (insert time) when.....
.....

[Delete as appropriate]

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible to arrange for a replacement inhaler to be issued for their use in school.

Yours sincerely

.....
(First Aider)

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix 6: Form 7

SUTTON CE (VC) PRIMARY SCHOOL

CONSENT FORM FOR THE USE OF EMERGENCY AUTO ADRENALINE INJECTORS

Child showing symptoms of a severe allergic reaction/anaphylaxis

1. I can confirm that my child has been diagnosed with a severe allergic reaction and has been prescribed an auto adrenaline injector.

Type..... Dosage.....

2. My child has a working, in-date auto adrenaline injector, clearly labelled with their name, which we have provided and is stored in the school..

3. In the event of my child displaying symptoms of anaphylaxis, and if their auto adrenaline injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency auto adrenaline injector held by the school for such emergencies.

Signed: Date:

Name of parent/carer (print).....

Child's name:

Class:

Parent/carer's address and contact details:

.....
.....
.....
.....

Telephone:

E-mail:

.....