



Medical Condition (and Administering Medication) Policy

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1. Statement of Intent

Lytham St Annes (LSA) High School is committed to ensuring that students with medical conditions receive the appropriate care and support to remain healthy and achieve full access to education. This policy provides a robust framework for the safe storage and administration of medication, ensuring that parents feel confident in the school's provision and students feel safe.

Key Definitions:

- **Medication:** Any prescribed or over-the-counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs).
- **Prescription Medication:** Any drug or device prescribed by a doctor or authorised prescriber.
- **Controlled Drug:** A drug subject to strict legal controls due to the risk of dependence or addiction (e.g., morphine or specific ADHD medications).

2. Legal Framework

This policy adheres to relevant legislation and statutory guidance, including:

- [Health and Safety at Work etc. Act 1974](#)
- [Equality Act 2010](#)
- [Children and Families Act 2014](#)
- [DfE: Supporting students at school with medical conditions \(2015\)](#)
- [DfE: Automated External Defibrillators \(AEDs\) — Guidance](#)

Related Internal Policies:

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- First Aid Policy
- Complaints Policy

3. Roles and Responsibilities

3.1 The Governing Body is responsible for:

- Ensuring the policy is implemented effectively and does not discriminate against any protected characteristics.
- Guaranteeing that sufficient trained staff are available to meet the medical needs identified in risk assessments.
- Maintaining appropriate insurance to cover staff administering medication.
- Reviewing Individual Healthcare Plans (IHPs) at least annually.

3.2 The Headteacher is responsible for:

- Managing the daily implementation of the medical policy.
- Ensuring all staff administering medication are suitably trained.
- Conducting risk assessments for medication management, including for off-site visits.

3.3 School Staff are responsible for:

- Adhering consistently to the procedures outlined in this policy.
- The administration of medication, including prescribed ADHD medication will constitute a mandatory duty for designated staff members. This responsibility will be assigned to appropriately trained personal, including members of the Senior Leadership Team and authorised first aid trained staff.

3.4 The Designated Medical Lead (Senior Leadership Team - SLT) is responsible for:

- Maintaining the register of students with medical conditions.
- Coordinating staff training and competency assessments.

3.5 The Admissions and Welfare Lead is responsible for:

- Leading the school process for the safe storage and administration of medication for students.
- Leading the administration of Individual Healthcare Plans and supporting the Safeguarding Support Officer in their completion and review.
- Working with the Designated Safeguarding and Medical Lead and SENCO to ensure that medical information is shared to the whole school team.

3.6 Parents and Carers are responsible for:

- Providing the school with up-to-date health information and emergency contact details.
- Ensuring all medication is delivered in its original packaging with clear instructions.
- Completing the mandatory Parental Consent Form before any medication is brought onto school premises.

3.6 Students are responsible for:

- Managing their own medication under appropriate supervision.
- Reporting to staff immediately if they feel unwell or require medication.

4. Staff Training

4.1 General Training and Induction

The Headteacher ensures sufficient staff are trained to administer medication. Basic training is provided to all staff to handle exceptional circumstances. Where the administration of medication is a vital component of a staff member's role, specialised training will be provided as part of their new starter induction.

4.2 Adrenaline Auto-Injectors (AAIs)

Specialist training is conducted annually if a student at the school is at risk of anaphylaxis. All staff must be aware of:

1. Signs and symptoms of severe allergic reactions and anaphylaxis.
2. The location of AAIs (which are displayed clearly around the school).
3. Dosage correlation with the age of the student.
4. Responding to requests for help from other staff.
5. Recognising when emergency action is necessary.
6. Safe and effective AAI administration.
7. Procedures for recording allergic reactions (Synergy).

5. Receiving, Storing, and Disposing of Medication

5.1 Receiving Medication

- **Consent:** Written parental consent is mandatory. **A copy of the signed consent form must be always kept with the student's medication.** No medication will be administered without this form present.
- **Packaging:** Medication must be in the original container, labelled with the student's name, dose, frequency, side effects (original paperwork with prescribed medication), and expiry date.
- **Quantity:** The school will store one pack/bottle of medication for a student.

5.2 Storage

- **Standard Medication:** Stored in a locked room/cupboard or medical fridge.
- **Emergency Medication:** Inhalers and AAIs must be readily accessible and never locked away. Students must be informed of the storage location.
- **Insulin:** May be stored in an insulin pen rather than the original packaging.

5.3 Disposal

- Expired or surplus medication will not be stored. Parents must collect these for pharmacy disposal.
- **Sharps:** Needles must be disposed of in a sharps box. **The parent is responsible for providing the sharps box** if their child requires regular injections.

6. Administration Procedures

6.1 Pre-Administration Checklist

Staff must verify the following before every dose:

1. **Identity:** Confirm the student's name.
2. **Consent:** Check the written parental consent form (stored with the medication).
3. **Label:** Ensure the label matches the consent form.
4. **Expiry:** Confirm the medication is in date.
5. **Frequency:** Verify that the student has not already received a dose within the prescribed timeframe.

6.2 Environment and PPE

Administration should occur in an appropriate setting equipped with closely located availability of handwashing facilities. Staff must use provided PPE if necessary.

6.3 Refusal of Medication

Staff must not use force. If a student refuses, staff will follow the agreed procedure in the student's IHP and notify parents immediately.

6.4 Record Keeping

Crucial Compliance Note: Every dose must be recorded immediately with the date, time, dosage, and staff signature. Failure to record a dose is a significant safeguarding and health and safety breach.

7. Non-Prescription Medication and Paracetamol

7.1 General Rules

The school may facilitate the administration of non-prescription medication (e.g., antihistamines) to support attendance. These must be in the original container with administration instructions.

7.2 Paracetamol Specifics

- **School Stock:** The school **does not** hold a stock of paracetamol; it must be provided by the parent.
- **Duration:** Paracetamol or ibuprofen will not be administered for longer than three consecutive days.
- **Aspirin:** This will **never** be administered unless there is evidence it has been prescribed by a doctor.

8. Medical Devices (Inhalers and AAI)

- **Self-Possession:** Students may carry their own inhalers or AAI once parental consent has been completed.
- **Spare Emergency AAI:** Spare units are kept for students with prior medical authorisation. These are located within five minutes of any point in the school. Information regarding AAI locations is displayed around the school site.

9. Individual Healthcare Plans (IHPs)

IHPs are developed in partnership with the Admissions and Welfare Lead in conjunction (as appropriate) with the safeguarding team and/or SENCO).

Judgement Criteria: Not every child with a medical condition requires an IHP. The school will make a professional judgement based on the complexity of the condition and its impact on the child's ability to participate in school life.

IHPs must consider:

1. Triggers, signs, and treatments.
2. Medication (dose/side effects) and equipment.
3. Educational and emotional support needs.
4. Level of support and student's self-management ability.
5. Staff training requirements.
6. Staff awareness protocols.
7. Parental consent arrangements.
8. Arrangements for school visits.
9. Confidentiality and designated contacts.
10. Emergency contingency plans.
11. Definition of what constitutes an emergency for that specific student.

10. Educational Visits

Medication and devices must remain accessible off-site.

- At least one trained (First aid) staff member must be present on any visit attended by students with medical conditions.
- If a student cannot carry their own medication, a designated staff member will manage it e.g. prescribed medication such as ADHD tablets.
- A record of administration frequency must be maintained by the designated lead.

11. Medical Emergencies

Emergencies are managed in line with the First Aid Policy. In the event an ambulance is required:

1. Dial 999 and ask for an ambulance. Speak clearly and slowly.
2. Provide the school address: Lytham St Annes High School, Albany Road, Lytham St. Annes, Lancashire, FY8 4GW. Provide the exact location/block of the patient within the school site.
3. Provide the student's name and a brief description of symptoms.
4. Inform Ambulance Control about which entrance to use; ensure site staff are aware and are available to meet the ambulance crew.

In the event of a medical emergency, parents/families will be informed/kept up to date, where appropriate, and at the most suitable time to ensure the best support for the student.

12. Monitoring and Review

This policy is reviewed annually by the Governing Board and Headteacher. Administration records are monitored to identify improvements to procedures and ensure compliance.