Three Counties Academy Trust

Supporting Pupils with Medical Conditions Policy

#SG4

Last amended 5th August 2026 (v1.0)

Policy lifespan: 1 year. To be reviewed no later than August 31st 2027

Version history

Date	Version	Details	Actioned by	PDF to Websites	Word to Governor Hub
05.08.26	1.0	Formatted to house style and checked against model for updates	MF	✓	✓

Contents:

Policy Abbreviations and Acronyms

AAI	Adrenaline Auto-Injector	**IHP**	Individual Healthcare Plan
AED	Automated External Defibrillator	**LA**	Local Authority
CEO	Chief Executive Officer	**MIS**	Management Information System
CFO	Chief Financial Officer	**NHS**	National Health Service
CPD	Continuing Professional Development	**PE**	Physical Education
CPR	Cardiopulmonary Resuscitation	**PPDS**	Pre-Packed for Direct Sale
DfE	Department for Education	**RPA**	Risk Protection Arrangement
EHCP	Education, Health and Care Plan	**SEND**	Special Educational Needs and Disabilities
GP	General Practitioner	**SENCO**	Special Educational Needs Coordinator
ICB	Integrated Care Board	**TCAT**	Three Counties Academy Trust

NB. Where the term "parent" or "parents" is used this includes those who act as carers or have parental responsibility.

Statement of intent

Three Counties Academy Trust (TCAT) has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

TCAT believes it is important that parents of pupils with medical conditions feel confident that our schools provide effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. TCAT has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHCP collating their health, social and SEND provision. For these pupils, TCAT's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and TCAT's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents.

Member, Trustee, Local Governor and Staff Summary

Purpose of the Policy

- Ensure pupils with medical conditions receive appropriate support to access education and achieve their potential
- Promote inclusion, attendance, participation and wellbeing for pupils with physical and mental health needs
- Ensure compliance with statutory duties and safeguarding responsibilities

Governance Responsibilities

- Trustees and Local Governors oversee arrangements for supporting pupils with medical conditions
- Ensure pupils can access the same opportunities as their peers wherever possible
- Monitor the effectiveness of policies, procedures, training and support arrangements
- Ensure no pupil is unfairly disadvantaged because of a medical condition

Leadership Responsibilities

- Leaders are responsible for implementing the policy consistently across schools
- Ensure sufficient trained staff are available to support pupils and deliver agreed healthcare plans
- Maintain effective communication with families, healthcare professionals and support services
- Ensure appropriate insurance arrangements are in place

Individual Healthcare Plans

- Healthcare plans are developed where required in partnership with parents, pupils and healthcare professionals
- Plans identify medical needs, support arrangements, medication requirements and emergency actions
- Plans are reviewed regularly and whenever needs change

Medication and Medical Support

- Medicines are administered only where necessary and in accordance with TCAT procedures
- Secure storage, accurate record keeping and parental engagement are key requirements
- Staff administering medicines must be trained and competent to do so

Training and Staff Expectations

- Staff supporting pupils with medical conditions receive appropriate training
- All staff should understand their responsibilities and know how to respond in an emergency
- Medical condition awareness forms part of induction and ongoing professional development

Inclusion and Pupil Participation

- Pupils with medical conditions should be supported to attend school regularly
- Support should extend to educational visits, residential visits, sporting activities and wider school life
- Reasonable adjustments should be considered to remove barriers to participation

Allergies and Emergency Care

- Schools maintain arrangements for managing allergies, anaphylaxis and emergency medication
- Appropriate emergency procedures, equipment and trained staff are available when required
- Defibrillators are available within schools and staff receive relevant awareness and emergency response training

Key Assurance for Members, Trustees, Governors and Staff

- The policy establishes a clear framework for identifying, planning and delivering support for pupils with medical conditions
- Partnership working between schools, families and healthcare services is central to successful implementation
- The approach is designed to keep pupils safe while enabling full participation in school life

Parent and Pupil Summary

Our Commitment

- We want every pupil with a medical condition to feel safe, included and supported at school
- Pupils should be able to take part in learning, trips, activities and school life wherever possible
- Schools work closely with families and healthcare professionals to provide appropriate support

What Parents Should Do

- Tell the school about any medical condition as soon as possible
- Provide accurate and up to date medical information
- Work with the school to develop and review healthcare plans where needed
- Ensure emergency contact details remain current

Individual Healthcare Plans

- Some pupils will have an Individual Healthcare Plan to explain the support they need
- Plans may include medication, emergency procedures, training requirements and support arrangements
- Parents, pupils, schools and healthcare professionals may all contribute to the plan

Medicines in School

- Medicines can be administered when appropriate arrangements are in place
- Medicines must be supplied in their original container with clear instructions for administration with the exception of insulin
- Schools keep records whenever medicines are administered

Helping Pupils to be Independent

- Where appropriate pupils will be supported to manage their own medicines and health needs
- Any self-management arrangements will be agreed with parents and recorded in support plans

- Pupils are encouraged to take an active role in discussions about their support

Allergies and Emergency Support

- Schools have procedures to support pupils with allergies and anaphylaxis
- Emergency medication can be accessed quickly when required
- Emergency services will be contacted where necessary to protect pupil safety

School Trips and Activities

- Pupils with medical conditions should be able to take part in trips, visits and sporting activities
- Schools will consider reasonable adjustments and carry out risk assessments where needed
- Medical needs will be planned for in advance of activities

What You Can Expect

- Staff who provide medical support receive appropriate training
- Medical information is treated sensitively and shared only where necessary
- Schools will work in partnership with families to support attendance, wellbeing and achievement

Key Message

- Supporting pupils with medical conditions is a shared responsibility between schools, families, pupils and healthcare professionals
- The aim is to keep pupils safe while helping them participate fully in school life

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Special educational needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

Where legislation has been passed or updated during the shelf life of this policy, we will always apply the latest version available irrespective of the version quoted here.

This policy operates in conjunction with the following policies:

- Admissions Policy Trust Level 2026-2027, 2027-2028 and 2028-2029 (GN1)

- Complaints Policy and Procedures (GN9)
- Pupil Equality, Equity, Diversity and Inclusion Policy (GN19)
- Special Educational Needs and Disabilities (SEND) Policy (SD3)
- Allergen and Anaphylaxis Policy (SG17)
- Administering Medication Policy (SG20)
- Pupils with Additional Health Needs Attendance Policy (SG22)
- Attendance Policy (Secondary) (SG29A)
- Attendance Policy (Primary) (SG29B)
- Pupil Drug and Alcohol Policy (SG39)
- Asthma Policy (SG48)
- Sharps Policy (SG53)

Central TCAT policies have the policy number identified, e.g. “SG1”. Where no policy number is identified this indicates the policy is a school specific policy available from an individual TCAT school’s website.

Roles and responsibilities

The Trust Board, and where delegated, Local Governing Bodies are responsible for:

- Reviewing this policy
- Ensuring that this policy is readily accessible to parents and school staff
- Fulfilling their statutory duties under legislation
- Ensuring that arrangements are in place to support pupils with medical conditions
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at their school
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs
- Instilling confidence in parents and pupils in TCAT’s ability to provide effective support

- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed
- Ensuring that no prospective pupils are denied admission to any TCAT school because arrangements for their medical conditions have not been made
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the Trust Board holds the right to not accept a pupil into a TCAT school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented
- Ensuring that TCAT's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a TCAT school is notified that a pupil has a medical condition
- Ensuring that TCAT's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at TCAT schools with medical conditions
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed

The CEO is responsible for:

- Reviewing this policy alongside the Trust Board
- Ensuring that this policy is effectively implemented with stakeholders
- Ensuring that staff are appropriately insured

Executive Headteachers, Headteachers, where delegated, Heads of School and SENCOs supported by the Trust Assistant SENCO and Inclusion Support Officer are responsible for:

- The overall implementation of this policy
- Ensuring that this policy is effectively implemented with their stakeholders
- Ensuring that their staff are aware of this policy and understand their role in its implementation
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported
- Having overall responsibility for the development of IHPs

- Ensuring that staff are aware of the insurance arrangements
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified

Parents are responsible for:

- Notifying school if their child has a medical condition
- Providing TCAT with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's IHP
- Carrying out any agreed actions contained in the IHP
- Ensuring that they, or another nominated adult, are contactable at all times

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where appropriate
- Contributing to the development of their IHP, if they have one, where appropriate
- Being sensitive to the needs of pupils with medical conditions

All staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help

The school nurse is responsible for:

- Notifying TCAT at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school
- Supporting staff to implement IHPs and providing advice and training

- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions

Integrated Care Boards (ICBs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions
- Making joint commissioning arrangements for EHC provision for pupils with SEND
- Being responsive to LA's and schools looking to improve links between health services and schools
- Providing clinical support for pupils who have long-term conditions and disabilities
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school
- Providing advice on developing IHPs
- Providing support in the school for children with particular conditions, e.g., asthma, diabetes, and epilepsy, where required

Providers of health services are responsible for cooperating with TCAT and our schools, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools
- Promoting cooperation between relevant partners
- Making joint commissioning arrangements for EHC provision for pupils with SEND
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHP's can be effectively delivered
- Working with TCAT to ensure that pupils with medical conditions can attend school full-time

Admissions

Admissions will be managed in line with the TCAT Admissions Policy for the appropriate year.

No child will be denied admission to a TCAT school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child or other pupils to admit them into the school setting.

TCAT will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

Notification procedure

When TCAT is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Trust Assistant SENCO and Inclusion Support Officer. Following this, TCAT will arrange a meeting with parents, healthcare professionals and the pupil where appropriate, with a view to discussing the necessity of an IHP (outlined in detail in the IHP's section of this policy).

TCAT will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the school's SENCO in consultation with senior school leaders and the Trust Assistant SENCO and Inclusion Support Officer as appropriate based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at a TCAT school in a September intake, arrangements will be put in place prior to their introduction and informed by their previous institution where that information is available to TCAT. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHP's, on a termly basis for all TCAT staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a termly basis for all staff and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in TCAT are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the Trust Assistant SENCO and Inclusion Support Officer and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The Trust Assistant SENCO and Inclusion Support Officer will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy
- Informed of all relevant medical conditions of pupils in the class they are providing cover for
- Covered under TCAT's insurance arrangements

Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence, and appropriate disciplinary action will be taken in accordance with our Pupil Drug and Alcohol Policy.

IHP's

TCAT, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the school's SENCO in consultation with the Trust Assistant SENCO and Inclusion Support Officer will make the final decision.

TCAT, parents and a relevant healthcare professional will work in partnership to create and review IHP's. Where appropriate, the pupil will also be involved in the process.

IHP's will include the following information:

- The medical condition, along with its triggers, symptoms, signs, and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social, and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required

- Arrangements for obtaining written permission from parents and the Headteacher/Head of Schools for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- What to do in an emergency, including contact details and contingency arrangements

Where confidentiality issues are raised by the parents or pupil, only the designated individuals will be entrusted with information about the pupil's medical condition.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP, TCAT will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHP's will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHP's will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHCP, the IHP will be linked to it or become part of it. Where a child has SEND but does not have an EHCP, their SEND will be mentioned in their IHP.

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

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Managing medicines

In accordance with TCAT's Administering Medication Policy, medicines will only be administered at a TCAT school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations, and where possible with parental consent:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

Medicines must be supplied in their original container with clear instructions for administration with the exception of insulin.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Each TCAT school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room, or other designated locations and their use will be recorded. Inhalers will be used in line with TCAT's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-prescription medicines

TCAT is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

TCAT schools work on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance each school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home, or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines TCAT schools will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

TCAT schools will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines

Paracetamol

TCAT is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

TCAT schools are aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

TCAT understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. Our schools will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

TCAT school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The consent of parents will be required in order to administer paracetamol to pupils, which must be recorded as having been obtained prior to administering.

In our secondary settings, to reduce the risk of pupils carrying medicines and avoid confusion over what can be administered, TCAT secondary schools will keep their own stock of 500mg paracetamol tablets.

TCAT is aware of the NHS recommended dosages for secondary aged pupils as set out below:

- 10 to 11 years: 500mg - maximum four times in 24 hours
- 12 to 15 years: 750mg – maximum four times in 24 hours

The recorded consent of parents will be required in order to administer paracetamol to pupils.

For pupils' health and safety our schools will only administer one tablet of **500mg,** regardless of age, within the school day and will ensure staff adhere to the following protocols:

- TCAT schools will hold a supply of **500mg** paracetamol securely in a locked medicine cabinet
- Before giving paracetamol, affected pupils will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work

- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school
- Following the recording of consent on the school MIS, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain
- Paracetamol will not be issued without prior consent from the parent **on the day**. If verbal consent cannot be obtained, then paracetamol **will not** be given
- When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:
  - Pupil's name
  - The name of the medicine
  - Dose given
  - Date and time of administration
  - Signature of the person administering
- Only standard paracetamol will be given, not combination medicines which may contain other drugs
- Pupils will only be given **one 500mg dose** of paracetamol during the school day; this will only be given to pupils **after 12.30pm**, or where a minimum of four hours has elapsed since the pupil arrived in school that day.
- If paracetamol does not alleviate symptoms, the pupil's parents will be contacted again
- Paracetamol will not be given following a head injury, or where a pupil has taken paracetamol containing medicine within the last four hours
- Pupils who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the school office or other secure location; parents will be contacted by the office staff in these circumstances
- If a pupil has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the first aider) following consultation and consent from parents

Allergens, anaphylaxis, and adrenaline auto-injectors (AAIs)

TCAT's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide TCAT with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Chief Finance Officer and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on TCAT school sites meet the requirements of Natasha's Law, i.e., the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g., in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how TCAT operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAI's) and the treatment of anaphylaxis will be carried out in accordance with TCAT's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAI's) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each school Reception for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

In our secondary settings, pupils who have prescribed AAI devices can keep their device in their possession.

At TCAT primary schools, pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school Reception.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via 3CX or other available means. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g., if the pupil needs restraining.

Each school will maintain at least two spare adrenaline auto-injectors (AAIs) for emergency use, stored together as a pair in accordance with current statutory guidance. The spare AAIs will be checked at least monthly to ensure they remain in date and suitable for use and will be replaced before their expiry date. They will be stored in Reception, or another readily accessible central location, ensuring they are protected from direct sunlight and extreme temperatures and can be accessed without delay.

The spare AAIs will only be administered in accordance with current legislation and statutory guidance. They may be used for pupils known to be at risk of anaphylaxis where written parental consent has been obtained and the pupil's own prescribed AAI cannot be administered promptly or correctly. Where a pupil who does not have a prescribed AAI appears to be experiencing anaphylaxis, emergency services will be contacted immediately and advice sought regarding the use of a spare AAI in accordance with national guidance.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to TCAT's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E of this policy.

Emergency procedures

Medical emergencies will be dealt with under TCAT's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency

Pupils will be informed in general terms of what to do in an emergency, e.g., telling a teacher.

If a pupil needs to be taken to hospital, they will be accompanied by two members of staff, with at least one member of staff remaining with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

Day trips, residential visits, and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents, and relevant medical professionals. TCAT will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g., a GP, indicates that this is not possible.

Unacceptable practice

TCAT and our schools will not:

- Assume that pupils with the same condition require the same treatment
- Prevent pupils from easily accessing their inhalers and medication
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because TCAT is unable to support their child's needs
- Create barriers to pupils participating in school life, including school trips
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition

Liability and indemnity

The Trust Board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

TCAT holds an insurance policy with the RPA covering liability relating to the administration of medication. The policy has the following requirements:

"The RPA Administrator will subject to the Definitions, Extensions, Exclusions and Conditions of the Rules indemnify the Member 1. for all sums that the Member shall become legally liable to pay for damages or compensation in respect of or arising out of Personal Injury occurring during the Membership Year within the Territorial Limits in connection with the Business 2. against legal liability for claimant's costs and expenses in connection with clause 1 above 3. in respect of: i) costs of legal representation at: a) any coroner's inquest or inquiry in respect of any death b) proceedings in any court arising out of any alleged breach of statutory duty which may be the subject of indemnity under this Extension ii) all other costs and expenses in relation to any matter which may form the subject of a claim for indemnity under clause 1 above incurred with the

prior written consent of the RPA Administrator. Provided that the Member complies with the statutory guidance on supporting pupils at school with medical conditions, December 2015, or similar amending statutory guidance. All staff providing such support will be provided with access to the insurance policies."

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against TCAT, not the individual.

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the Headteacher/Head of School in the first instance. If they are not satisfied with the response, they may make a formal complaint via TCAT's complaints procedures, as outlined in the Complaints Policy and Procedures. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Home-to-school transport

The Local Authority is responsible for arranging home-to-school transport for eligible pupils, including those whose medical or health needs prevent them from travelling safely without assistance. TCAT will share relevant information with the Local Authority to support appropriate transport planning.

Defibrillators

Each school has a semi-automated external defibrillator (AED). AEDs will be stored in Reception and where present additional wall mounted external defibrillators for when the school buildings are closed are available in some settings.

All staff members and pupils will be made aware of the AEDs location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at any school will be carried out and reviewed annually.

No training will be 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 will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

The emergency services will always be called where an AED is used or requires using.

In our primary settings, where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the Trust Estate Manager or a designated member of site staff, who will also keep an up-to-date record of all checks and maintenance work.

Monitoring and review

At any point this policy is updated or fully reviewed, it will be updated on the main TCAT website and will automatically update on all TCAT school websites simultaneously.

Where an annual check or other check results in minor changes, the Version History will be reviewed and updated with a change in the number following the decimal point, for example, v1.1 ⇨ v1.2. Where the policy is reviewed in full, then the number before the decimal point will change and reset, for example v1.4 ⇨ v2.0.

Any changes made by the CEO in collaboration with the Board Appointed Trustee will be passed to the Trust Board for ratification and subsequently be notified to Clerks to Local Governing Bodies and Headteachers/Heads of School.

TCAT will ensure that any child protection incidents at any of our schools will be followed by a review of the safeguarding procedures within that school and a prompt report to the Local Governing Body and the Trust Board. Where an incident involves a member of staff, the LADO will assist in this review to determine whether any improvements can be made to TCAT and the school's procedures.

If any concerns are raised by the LADO or Ofsted about safeguarding issues, the following actions will be taken:

- The DSL conducts an investigation as a priority and comply with any deadlines given
- The Chair of the Trust Board reports to the LADO or Ofsted on the findings of the investigation and sets out any action to be taken
- TCAT and the school endeavours to comply as soon as possible with any recommendations from the LADO or Ofsted

The next scheduled full review date for this policy is 31st August 2027.

Date approved by the Board Appointed Trustee: 5th August 2026.

To be ratified and recorded in the minutes at the first Trust Board Meeting after 5th August 2026.

Appendix A: Individual Healthcare Plan Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed
2. The Headteacher/Head of School coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil
3. A meeting is held to discuss and agree on the need for an IHP
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads
5. School staff training needs are identified
6. Training is delivered to staff and review dates are agreed
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

Appendix B: Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	

Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration

Daily care requirements
Arrangements for school visits and trips
Other information

Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with

Staff training needed or undertaken – who, what, when:
;

Appendix C: Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by	
Name of pupil	
Age of pupil	
Group/class/form	
Medical condition or illness	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	

Special precautions and instruction	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name	
Telephone number	
Relationship to pupil	
Address	
I will personally deliver the medicine to	Name and position of staff member

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature _____ Date _____

Appendix D: Record of Medicine Administered to an Individual Pupil

Name of pupil	
Group/class/form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	

Parent signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				

Dose given				
Name of staff member				
Staff signature				

Add more tables as necessary

Appendix E: Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix F: Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:

Appendix G: Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

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

- The telephone number: **school phone number**
- Your name
- Your location as follows: **full address of school**
- The postcode: **school postcode**
- The exact location of the individual within the school
- The name of the individual and a brief description of their symptoms
- The best entrance to use and where the crew will be met and taken to the individual

Appendix H: Incident Reporting Form

Date of incident	Time of incident	Place of incident
Name of ill or injured person	**Details of the illness or injury**	**Was first aid administered? If so, give details**
What happened to the person immediately afterwards?	**Name of the first aider**	**Signature of the first aider**

Trust Glossary

AA	Admissions Authority	**H&S**	Health and Safety
AAI	Adrenaline Auto-Injector (Epi Pen)	**HoS**	Head of School
ACM	Asbestos Containing Materials	**HSE**	Health and Safety Executive
AHT	Assistant Headteacher	**ICO**	Information Commissioners Office
AIR	Attendance Intervention Reviews	**IDSR**	Inspection Data Summary Report
APDR	Assess Plan Do Review Cycle	**IHP**	Individual Healthcare Plan
APIs	Application Programming Interfaces	**IRMS**	Information and Records Management Society
ASC	Autistic Spectrum Condition	**IWF**	Internet Watch Foundation
ASP	Analyse School Performance	**KCSIE**	Keeping Children Safe in Education
ATH	Academy Trust Handbook	**KS1/2/3/4**	Key Stage 1/2/3/4
BAME	Black, Asian and Minority Ethnic Backgrounds	**LAC**	Looked After Child
BAT	Board Appointed Trustee	**LADO**	Local Authority Designated Officer
BCP	Business Continuity Plan	**LGB**	Local Governing Body
BFR	Budget Forecast Return	**LLC**	Low-Level Concerns
CEO	Chief Executive Officer	**LSA**	Learning Support Assistants
CFO	Chief Financial Officer	**MASH**	Multi-Agency Safeguarding Hub
CIF	Condition Improvement Fund	**MAT**	Multi-Academy Trust

CIN	Child in Need	**MFA**	Multi-Factor Authentication
CLA	Children Looked After	**MFL**	Modern Foreign Language
CMIE	Child Missing in Education	**NCSC**	National Cyber Security Centre
COO	Chief Operating Officer	**NoV**	Note of Visit
COSHH	Control of Substances Hazardous to Health	**NPQ**	National Professional Qualifications
CP	Child Protection	**PA**	Persistent Absence
CPD	Continuing Professional Development	**PAN**	Published Admission Number
CPOMS	Child Protection Online Management System	**PECR**	Privacy and Electronic Communications Regulations
CSCS	Children's Social Care Services	**PEP**	Personal Education Plan
CSE	Child Sexual Exploitation	**PEEP**	Personal Emergency Evacuation Plan
CTIRU	Counter-Terrorism Internet Referral Unit	**PEx**	Permanent Exclusion
CWD	Children with Disabilities	**PP**	Pupil Premium
CYPMHS	Children and Young People's Mental Health Services	**PPG**	Pupil Premium Grant
DBS	Disclosure and Barring Service	**PSHE**	Personal, Social and Health Education
DDSL	Deputy Designated Safeguarding Lead	**PSED**	Public Sector Equality Duty
DfE	Department for Education	**PTFA**	Parent, Teacher and Friends Association
DHT	Deputy Headteacher	**QA**	Quality Assurance

DSE	Display Screen Equipment	**RIDDOR**	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
DSL	Designated Safeguarding Lead	**RHE**	Relationships and Health Education
DPO	Data Protection Officer	**RPA**	Risk Protection Arrangement
EAL	English as an Additional Language	**RSHE**	Relationships, Sex and Health Education
ECT	Early Career Teacher	**SA**	Severely Absent
EDIB	Equality, Diversity, Inclusion and Belonging	**SALT**	Speech and Language Therapist
EHA	Early Help Assessment	**SARC**	Sexual Assault Referral Centre
EHCNA	Education, Health and Care Needs Assessment	**SBM**	School Business Manager
EHCP	Education, Health and Care Plan	**SCC**	Standard Contractual Clause
EHE	Elective Home Education	**SCITT**	School-Centred Initial Teacher Training
ELSA	Emotional Literacy Support Assistant	**SCR**	Single Central Record
ESFA	Education and Skills Funding Agency	**SDP**	School Development Plan
EVC	Educational Visit Coordinator	**SDQ**	Strengths and Difficulties Questionnaire
EWOSSO	Education Welfare and Safeguarding Support Officer	**SEF**	Self-Evaluation Form
EYFS	Early Years Foundation Stage	**SEMH**	Social, Emotional, and Mental Health
FBV	Fundamental British Values	**SENCO**	Special Educational Needs Coordinator
FFT	Fischer Family Trust	**SEND**	Special Educational Needs and Disabilities

FGM	Female Genital Mutilation	**SIP**	School Improvement Partner
FGMPO	FGM Protection Order	**SLA**	Service Level Agreement
FOI	Freedom of Information	**SLCN**	Speech, Language and Communication Needs
FSM	Free School Meals	**SLT**	Senior Leadership Team
FTS	Find a Tender Service	**SPOC**	Single Point of Contact
GAG	General Annual Grant	**STEM**	Science, Technology, Engineering and Maths
GDPR	General Data Protection Regulation	**TA**	Teaching Assistant
GIAS	Get Information about Schools	**TAC**	Team Around the Child
HASH	Herefordshire Association of Secondary Heads	**TCAT**	Three Counties Academy Trust
HBA	Honour Based Abuse	**TUPE**	Transfer of Undertakings (Protection of Employment)
HR	Human Resources	**VSH**	Virtual School Headteacher