

Wymondley JMI School



Supporting Pupils with Medical Conditions Policy

This policy was reviewed in September 2026

A Hertfordshire County Council policy adopted by Wymondley JMI School.

Supporting Pupils with Medical Conditions Policy

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME: Ally Chadwick

ROLE: Head Teacher

Wymondley is an inclusive community that supports and welcomes pupils with medical conditions.

- Wymondley is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- We will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed in line with current guidance.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- This school has ~~chosen not to hold~~ an emergency salbutamol inhaler for use by pupils, which is located in a locked cabinet in the school office.

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. Key staff receive Paediatric First Aid Training which includes training for common conditions e.g. asthma, allergies, epilepsy and diabetes. This is updated every three years.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

- Parents/carers/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Appendix 1 is used to identify and agree the support a child needs and the development of an IHCP.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.

- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

At Wymondley we ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 2.

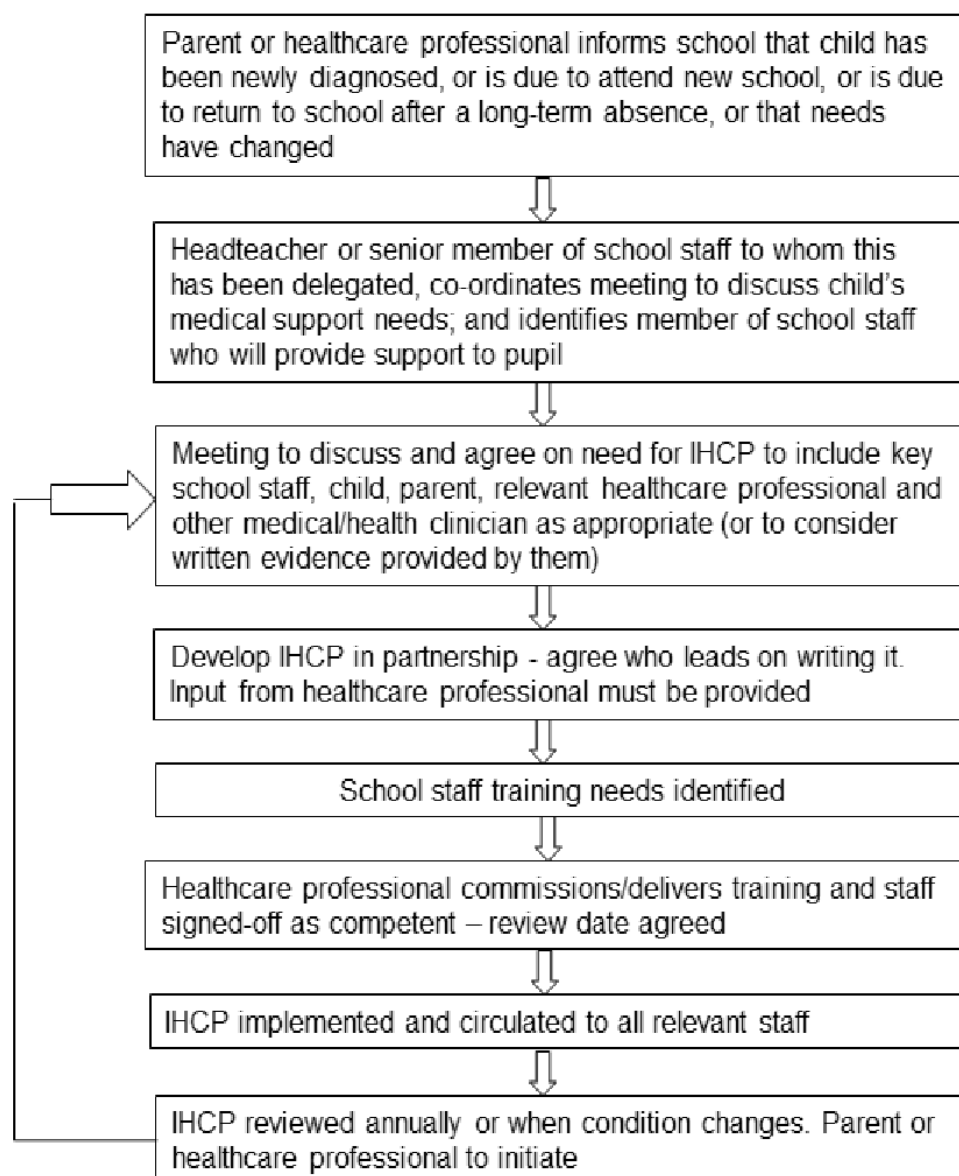
The medical conditions policy is regularly reviewed, evaluated and updated.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a

medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3

Emergency Salbutamol Inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

[Emergency asthma inhalers for use in schools - GOV.UK](https://www.gov.uk/guidance/emergency-asthma-inhalers-for-use-in-schools)

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

The school's **Office Manager** will check on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use.

The Emergency Inhaler is stored in the Staffroom First Aid cabinet and is clearly labelled to avoid confusion with a child's inhaler.

Emergency Automated External Defibrillator (AEDs)

The school maintains an Emergency Automated External Defibrillator (AEDs) for use in emergency situations where an individual is in cardiac arrest. The school's AED is kept in a secure cabinet outside the main front door.

The protocol for the use of this AED is detailed below, following the Department of Education guidance on the use of AEDs in Schools (November 2023)

[Automated External Defibrillators - guidance for schools](#)

The school's AED is maintained by the **Site Manager** via weekly maintenance checks.

Emergency Adrenaline Auto-injector (AAI)

The school holds spare adrenaline auto-injectors (AAIs) for emergency use in children who are at risk of anaphylaxis, but whose own devices are not available or not working. These are stored in the School Office First Aid cabinet, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

[Using emergency adrenaline auto-injectors in schools - GOV.UK](#)

Linked Policies

This policy should be read in conjunction with the **Wymondley Allergy and Anaphylaxis Policy 2026**, which serves as a supplementary addition to this wider medical conditions policy.

Appendix: HCC Guidance on Medicines in School (including the use of salbutamol inhalers and adrenaline auto-injectors) – Questions and Answers Guide

Q: Does a prescriber need to prescribe a non-prescription (over the counter) medicine in order for a school / nursery / child minder to administer it?

A: Non-prescription (over the counter) medication does **not** need a prescriber signature / authorisation in order for a school, nursery or child minder to administer it. This is reflected in the [DfE Statutory Framework for the Early Years Foundation Stage guidance](#) and the [DfE Supporting Pupils at School with Medical Conditions guidance](#).

This guidance is relevant to child minders, as well as nurseries, learning disability settings, and schools.

Q: How should medicines be managed on school/other settings premises?

A: Each school/other setting will already have robust procedures in place for managing medicines, but they should reflect the following details:

- Medicines should only be administered at school/other setting when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription (over the counter) medicines without their parent/carer/guardian's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/ carer(s)/ guardians.

Schools/ other settings should set out the circumstances in which non-prescription (over the counter) medicines may be administered. Please note, a dispensing label from the community pharmacy is not required for OTC medication; the dosage instructions on the packaging should provide sufficient information for this.

- Staff should check that the medicine has been administered without adverse effects in the past and that parents/carer(s)/guardians have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school / other setting to administer medicine.
- A child under 16 should **never** be given medicine containing aspirin unless prescribed by a qualified prescriber. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carer(s)/guardians should be informed through the normal route of communication.

- Schools/other settings should only accept medicines that are in-date, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools/other settings inside an insulin pen or a pump, rather than in its original container. Schools/other settings are reminded that they are required to date check all medicines kept on site regularly and this should be reflected in their medicine policy.
- All medicines should be stored safely and securely, some medicines may require special storage conditions, e.g., refrigeration (a designated medication fridge is recommended). Children should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to the storage area. Medicines and devices – asthma inhalers, blood glucose testing meters and adrenaline pens – should always be readily available to children and not locked away.
- When no longer required, medicines should be returned to the parent/carer(s)/guardian to arrange for safe disposal. Parents/carer(s)/guardians should be encouraged to return any unused or expired medication to the community pharmacy. Sharps boxes should always be used for the disposal of needles and other sharps. Schools/other settings can liaise with the local authority to collect the sharps boxes from them.

Q: Should a school/other setting keep a written record of medicines administered?

A: Schools/other settings should ensure that written records are kept of all medicines administered to children and inform the child's parents and / or carers/ guardians on the same day, or as soon as reasonably practicable.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carer(s)/guardians should be informed if their child has been unwell.

Q: What storage requirements for medicines are required?

A: Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. For medicines that require refrigeration, an appropriate refrigerator with restricted access, should be identified and the medication should be placed in a closed, clearly labelled plastic container. This container should then be kept on a separate shelf in the fridge. The temperature monitored each working day (recommended temperature is between 2°C and 8°C).

Consideration should be given as to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines. All storage facilities should be in an area which cannot be accessed by children without supervision.

All emergency medication e.g. inhalers, adrenaline pens (auto injectors), dextrose tablets, must be readily accessible but stored in a safe location known to the child and relevant staff. This location will be different in every school / setting; according to where the pupil normally has lessons / child spends most of their day, the size and geography of the school / setting and the pupil / child's age and maturity. We do not

encourage schools / other settings to ask pupils to keep one inhaler and spacer device at school and one of each at home: **it is important that a child has quick access to their inhaler, spacer device and adrenaline autoinjector at all times and this includes on their journey to and from school/other settings.** Possible locations include the classroom, medical room, school / setting office or head's office. (All schools/other settings should have a protocol in place for administering emergency medicines and this should be included in wider medicines policy).

Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. Controlled drugs should be kept in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes of any doses used and the amount of the controlled drug held.

Local pharmacists and school nurses can give advice about storing medicines.

Q: What staff training and support is required?

A: As part of the wider medicines policy, schools/other settings should have a process in place to determine relevant training required for staff that may need to administer medicine.

Parents/carer(s)/guardians or relevant healthcare professional should normally lead on identifying and agreeing with the school/other setting, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

All schools/other settings should have arrangements in place for dealing with emergency situations. This could be part of a school's/other setting's first aid policy. Pupils should know what to do in the event of an emergency (e.g. informing a member of staff). Staff need to be fully aware of a school's/other setting's policy on emergency procedures, including the identity and role of the member of staff responsible for carrying them out.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medication and to fulfil the requirements as set out in individual healthcare plans / agreement.

Any decision to agree to administer medicines has to be a matter of individual choice and judgement.

Q: What is the child's role in managing their own medication?

A: After discussion with parents/carer(s)/guardians, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans / agreements.

Wherever possible and if safe to do so, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/guardians should be informed so that alternative options can be considered.

Q: Will an asthma inhaler (salbutamol) be classified as non-prescription medicine (over the counter medicine) if the school keep their own stock?

A: Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

From 1st October 2014, legislation on prescription only medicines changed to allow schools to buy salbutamol inhalers for use in emergencies. This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler and spacer device should establish a policy or protocol for the use of the emergency inhaler based on this guidance. They can then be supplied in an emergency by persons trained to administer them to pupils who are known to require such medication in schools.

Schools/other settings should consider including a cross-reference to the asthma protocol in their policy on supporting pupils with medical conditions.

The emergency salbutamol inhaler and spacer device should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

For more information, see the [Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015](#).

Q: Will an adrenaline auto-injector be classified as non-prescription medicine (over the counter) medicine if the school keep their own stock?

A: AAls are still classified as prescription only medicines; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

From 1st October 2017, legislation on prescription only medicines changed to allow schools to buy, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies. Schools are not

required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. They can then be used in an emergency by persons trained to administer AAI(s) to pupils who are known to require such medication in schools.

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Schools should not be requesting additional AAIs for pupils to keep in central locations. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. The legislative change does not supersede the guidance from the MHRA and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

This change to the legislation applies to all primary and secondary schools (including independent schools) in the UK.

Schools/other settings that choose to keep spare AAIs should establish a protocol for their use.

Schools/other settings should consider including a cross-reference to the AAI protocol in their policy on supporting pupils with medical conditions.

The school's/other setting's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The spare AAI can also be used if the pupil's prescribed AAI is not available, not working (for example, because it is broken or empty), or cannot be administered correctly without delay. The British Society for Allergy and Clinical Immunology (BSACI) allergy action plans for children can be accessed [here](#).

For more information, see the [Department of Health Guidance on the use of adrenaline auto-injectors in schools, September 2017](#).

Q: What is the position on giving out cough sweets / lozenges to children and young people?

A: Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools/other settings should ensure that parents/carer(s)/guardians have completed the school's consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a healthcare professional before taking further action.

Q: What should a school/other setting do if the parent/guardian has requested a non-prescription (over the counter) medicine be given to their child but the age of the child is not compatible with the guidance on the box?

A: Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools/other settings should ensure that parents/carer(s)/guardians have completed the

school's/other setting's consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

If in doubt about any procedure, staff should not administer the medicines but check with the parents/carer(s)/guardians or a healthcare professional before taking further action.

Q: What should a school/other setting do if a parent/carer(s)/guardian requests that their child is given an increased dose of a non-prescription (over the counter) medicine which is more than the recommended dosage on the box?

A: Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools should ensure that parents/carer(s)/guardians have completed the school's medicine consent form / agreement and checked that instructions on the medicine are in line with what is being requested. **No medicine should be administered if the situation is not compatible with the instructions on the medicine.**

If in doubt about any procedure, staff should not administer the medicines but check with the parents/carer(s)/guardians or a health professional before taking further action.

Q: What is the position on schools/other settings giving out herbal and homeopathic remedies?

A: Herbal and homeopathic remedies will not be recommended as part of routine NHS care, but parents/carer(s)/guardians may choose to administer these to their children. It is therefore recommended that schools **do not** accept and administer herbal or homeopathic remedies. This should be reflected in the schools'/other settings' medicines policy.

Herbal medicines are those with active ingredients made from plant parts, such as leaves, roots or flowers. However, being 'natural' doesn't necessarily mean they are safe. Herbal medicines, just like conventional medicines, will have an effect on the body and can be potentially harmful if not used correctly. Most herbal medicines on the UK market are currently unlicensed products and it is difficult for consumers or healthcare professionals to identify which products are manufactured to acceptable standards with reliable product information. Many treatments were also found to be ineffective or to have little evidence backing their anecdotal benefits.

Homeopathy is a system of medicine which involves treating the individual with highly diluted substances, given mainly in tablet form. Some homeopathic remedies may contain substances that are not safe, or that interfere with the action of other medicines. There has been extensive investigation of the effectiveness of homeopathy. There is no good-quality evidence that homeopathy is effective as a treatment for any health condition.

Q: Will all children with conjunctivitis need non-prescription (over the counter) chloramphenicol treatment?

A: Conjunctivitis is a common condition that causes redness and inflammation of the thin layer of tissues that cover the front of the eye (the conjunctiva). People often refer to conjunctivitis as red eye. The recommended treatment will depend on whether it is caused by infection, an allergic reaction or an irritant, such as a stray eyelash.

Most cases of infective conjunctivitis don't need medical treatment and clear up in one to two weeks. Parents/carer(s)/guardians should seek advice from their pharmacist on how to manage conjunctivitis.

UK Health Security Agency does not recommend that children be routinely kept away from school, nursery or child minders for conjunctivitis. If an outbreak / cluster occurs, consult your local health protection team.

Q: What is meant by an 'Education, Health and Care (EHC) plan'?

(This is referred to in the Department for Education (DfE) December 2015 guidance on supporting pupils at school with medical conditions)

A: An EHC plan is intended for children and young people with SEN. The purpose of an EHC plan is to make special educational provision to meet the SEN of children and young people, to secure the best possible outcomes for them across education, health and social care. It should not take more than 20 weeks from requesting an assessment to a final EHC plan being issued.

An EHC plan will include:

- The views, interests and aspirations of the children and young people and their parent / carer(s)/guardian
- An outline of the child or young person's special educational need
- Outcomes covering education, health and social care
- The special educational provision needed to support the child or young person
- The name and type of current education setting
- Personal budget information if applicable

In most cases, needs should be met through SEN support in schools and educational settings and through use of resources available:

- Hertfordshire - [Local Offer](#).
- West Essex – [Local Offer](#).

When considering whether an EHC needs assessment is necessary, professionals from education, health and social care will decide if there is evidence that the child or young person has not made expected progress.

For further information please see the following:

- Hertfordshire - [EHC Needs assessment](#)
- West Essex – [EHC Needs assessment](#)

References and recommended further reading

References:

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3. Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools.
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5. Medicines and Healthcare products Regulatory Agency (MHRA) Herbal medicines: new help available when advising patients about safe use.
<https://www.gov.uk/drug-safety-update/herbal-medicines-new-help-available-when-advising-patients-about-safe-use>
6. National Union of Teacher (2016) Health and Safety Briefing: Administration of Medicines. [NASUWT | Administration of Medication](#)
7. NHS Choices: <http://www.nhs.uk/pages/home.aspx>
8. UK Health Security Agency (2022) - Health protection in education and childcare settings Guidance. [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](#)
9. British Medical Association – Prescribing non-prescription (over the counter) medication in nurseries and schools.
<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication>
10. Royal Pharmaceutical Society (2014) *Supplying salbutamol inhalers to schools: A quick reference guide.*
11. Royal Pharmaceutical Society (2017) *Supply of spare adrenaline auto-injectors (AAIs) to schools: Quick reference guide.*

Further reading:

[Medical conditions at school partnership](#) – includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions

Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

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