ASHLEY COLLEGE

Managing Medical Conditions and Medicines

Date approved:	22nd April 2026
Next review:	Spring 2028
Legal updates may precipitate changes	
Version:	Final
Status:	Active

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1. Introduction and Aims

Parents of children with medical conditions are often concerned about their child's health at school. Pupils with long-term and complex medical conditions may require ongoing support, medicines, care, monitoring, or emergency interventions. Children's health needs may also change unpredictably, sometimes resulting in extended absences.

It is important that parents feel confident Ashley College will provide effective support and that pupils feel safe. In making decisions about support, Ashley College will establish relationships with relevant local health services, receive, and fully consider, advice from healthcare professionals, and listen to, and value, the views of parents and pupils.

The named person with responsibility for implementing this policy is our DHT/SENCo – Louise Togher

Roles and Responsibilities	
Lead on Healthcare Planning	SENCO Louise Togher
First Aid Officer	Mrs Heidi Bennett Mrs Lata Bhudia Mr Frank Ofori Sampong
Medicine Administrator	Mrs Lata Bhudia

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The management committee will implement this policy by:

- ensuring sufficient staff are suitably trained
- ensuring staff aware of pupil's condition, where appropriate
- ensuring there are cover arrangements so that a member of staff is always available to support pupils with medical conditions
- ensuring supply teachers are supplied with access to appropriate information about the policy and relevant pupils
- ensuring Individual Healthcare Plans (IHPs) are completed

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards/ management committees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The management committee

The management committee has ultimate responsibility to make arrangements to support pupils with medical conditions. The management committee will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions. They also have a responsibility for ensuring there is a relevant policy in place.

3.2 The headteacher

The headteacher will:

- ensure all staff are aware of this policy and understand their role in its implementation
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- take overall responsibility for the development of IHPs
- ensure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- ensure the school nursing service is contacted in the case of any pupil 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
- ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Staff may volunteer to support pupils with medical conditions, including administering medication, but cannot be required to do so. Those who volunteer will receive appropriate training. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- provide the school with sufficient, and up-to-date, information about their child's medical needs
- complete a medical form if their child is on medication detailing name, dosage and any side effects
- supply any medication the child may need during the school day
- ensure all medication is in date
- have the medication reviewed by the child's GP or consultant regularly
- as key partners, be involved in the development and review of their child's IHP and may be involved in its drafting

- carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible, to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses, the mainstream school and other healthcare professionals

Ashley College is PRU for children with medical needs, therefore we liaise closely with medical professionals to ensure every child's medical needs are met.

All referrals to Ashley College must arrive with appropriate medical information from the child's GP or consultant.

4. Equal opportunities

Ashley College recognises its obligations under the Equality Act 2010. We must not unlawfully discriminate against pupils because of their disability, which may include certain medical conditions.

Reasonable adjustments: Where a pupil's medical condition constitutes a disability under the Equality Act 2010, the school has a duty to make reasonable adjustments to ensure they are not placed at a substantial disadvantage compared to their peers. This includes ensuring pupils can access education, participate in school activities, and sit examinations. Reasonable adjustments will be recorded in the pupil's Individual Healthcare Plan (IHP).

Participation in school activities: Our school is clear about the need to actively support pupils with medical conditions to participate in school trips, visits, and sporting activities, and will not prevent them from doing so unless there is a specific medical reason. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Public Sector Equality Duty: When making decisions about supporting pupils with medical conditions, we will have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between pupils with different needs.

5. Being notified that a child has a medical condition

As a medical needs PRU Ashley College requires prior notification of all medical needs pertaining to any pupil who will attend Ashley College.

When the school is notified of any new medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to our DHT/SENCo, Louise Togher. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- what needs to be done
- when
- by whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can offer best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Educational Healthcare Plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The management committee and DHT/SENCo, with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- who in the school needs to be aware of the pupil's condition and the support required
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- The staff escort on any outing with a student with medication needs must include a person trained to administer the medication.
- where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- what to do in an emergency, including who to contact, and contingency arrangements

Where a pupil's medical condition constitutes a disability under the Equality Act 2010, the IHP will also document any reasonable adjustments the school will make to ensure the pupil can access education and participate fully in school life.

Review of IHPs

IHPs will be reviewed **at least annually**, or earlier if:

- The pupil's medical needs change
- There is an incident or emergency involving the pupil
- The pupil is admitted to hospital
- Healthcare professionals advise that a review is needed
- The pupil, parent, or staff request a review
- There are changes to medication, dosage, or treatment
- The pupil moves to a new class or key stage
- There are changes to the pupil's educational needs or provision

Parents, the pupil (where appropriate), relevant healthcare professionals, and school staff will be involved in the review process.

Following each review, the IHP will be updated and redistributed to all relevant staff. All staff working with the pupil will be informed of any changes to the pupil's needs or support arrangements.

The DHT/SENCo will maintain a schedule of when each IHP is due for review and will ensure reviews take place on time.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- when it would be detrimental to the pupil's health or school attendance not to do so **and** we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

One of our fully qualified first aiders will give a pupil any medication (for example, for pain relief); they will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- in-date
- labelled
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in the locked medicine cabinet in medical room. Pupils will be informed about where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Non-prescription medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Staff must obtain written consent from a parent/carer before giving a child under 16 any medication, except in exceptional circumstances where the medicine has been prescribed without the knowledge of a parent/carer (e.g. contraceptives).

Staff will not administer non-prescription medication to pupils without the prior written agreement of the Head teacher/Deputy Head and written consent from parents/carers.

Pupils are not permitted to have non-prescription medicines in their possession without prior agreement from school leadership.

Important safety guidance:

- A pupil under 16 should never be given aspirin unless prescribed by a doctor
- Non-prescription medicines containing ibuprofen may only be given with prior written parental consent and in accordance with age-appropriate dosing guidelines
- All non-prescription medicines must be provided by parents/carers in their original container with clear labelling
- Staff will record each instance when non-prescription medicine is administered and inform parents/carers on the same day

Consent arrangements: Parents/carers will be asked to provide consent for the administration of non-prescription medicines when their child starts at the school. Consent will remain valid until withdrawn by the parent/carer, unless there is a change in the child's circumstances. Parents/carers are responsible for informing the school of any changes to their child's medical needs or circumstances.

Record keeping

We maintain records of all medicines given to pupils in school hours or on school trips: -

- Record of medicine administered to an individual child
- Record of medicines administered to all children on a cumulative basis

These records are kept in a relevant folder in the medical cabinet. When a child finishes medication or leaves Ashley College, their individual records are placed in their pupil file.

Emergency Medication Held by School

Adrenaline Auto-Injectors (AAIs)

The school maintains spare adrenaline auto-injectors (AAIs) for emergency use in cases of severe allergic reactions (anaphylaxis). These are kept in the medicine cabinet in medical room and are accessible to trained staff at all times. Multiple members of staff have been trained in the administration of AAIs in emergency situations.

Parents/carers of pupils with known severe allergies will be informed that spare AAIs are available. However, pupils with prescribed AAIs should carry and be responsible for their own devices wherever possible.

Non-Prescription Medicines for Emergency Use

The school may keep a limited supply of non-prescription medicines for emergency use, such as;

- Paracetamol (age-appropriate formulation)

These medicines will only be administered:

- When it would be detrimental to a child's health or school attendance not to do so
- With prior written consent from parents/carers
- By trained staff members
- After checking for any known allergies or contraindications

All medicines are:

- Purchased from reliable sources
- Checked for allergens before administration
- Stored securely in medicine cabinet in medical room
- Regularly checked for expiry dates

Record Keeping

Staff will maintain a written record each time emergency medication is administered, including:

- Date and time of administration
- Name of pupil
- Medicine administered and dosage
- Reason for administration
- Name and signature of staff member administering
- Confirmation that parent/carer has been informed

Parents/carers will be informed on the same day that emergency medication has been administered, or as soon as reasonably practicable.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

At Ashley College we keep **ALL** medication safely and securely in our locked medical cabinet in medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment

- ignore the views of the pupil or their parents
- ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition; or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs (if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable)
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet, or other breaks, whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- administer, or ask pupils to administer, medicine in school toilets

7.4 Emergency Salbutamol Inhalers

Ashley College holds emergency salbutamol inhalers on the school premises for use in emergencies. These are stored in:

- The medical room
- The kitchen in the portacabin

Who can use an emergency inhaler?

An emergency inhaler can be supplied to a pupil at our school who is known to suffer from asthma, where it is needed in an emergency. The emergency inhaler will only be used by children who have written parental consent for its use, and who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, or
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

Parental consent

A child under 16 will not be given any medicines without written parental consent. We maintain a record of parental consent on an asthma register, so staff can quickly check whether a child is able to use the inhaler during an emergency. Consent is updated annually to take account of any changes to a child's condition. The use of an emergency inhaler is also specified in a pupil's Individual Healthcare Plan (IHP).

Emergency asthma inhaler kit

Our emergency asthma inhaler kit includes:

- A salbutamol metered dose inhaler (reusable when properly cleaned after use)
- At least 2 plastic spacers compatible with the inhaler (these are not reused due to the risk of cross-infection)
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler

- Manufacturer's information
- A checklist of inhalers identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler, as detailed in their Individual Healthcare Plans
- A record of when the inhaler has been used

Staff responsibilities

The following staff members are responsible for maintaining the emergency asthma inhaler kit:

Mrs Heidi Bennett and Mrs Lata Bhudia

These members of staff will:

- Check monthly that the inhaler and spacers are present, in working order, have enough doses, and are in date
- Arrange replacement inhalers when the expiry date is approaching
- Replace spacers after they have been used
- Ensure the plastic inhaler housing (that holds the canister) has been cleaned, dried and returned after use

Designated staff

Staff members may volunteer to take on responsibilities related to administering emergency inhalers, but cannot be required to do so. Designated members of staff who volunteer will be:

- Suitably trained
- Aware of pupils who have consent to use the emergency inhaler

All school staff are trained to:

- Recognise the symptoms of an asthma attack
- Know where the emergency inhalers are stored
- Know how to respond to an asthma attack

Responding to an asthma attack

All staff are able to recognise and respond to the symptoms of an asthma attack. The symptoms of asthma and signs of an asthma attack, along with guidance on how to respond, are outlined in the Department of Health and Social Care's guidance on using emergency salbutamol inhalers in schools. The Key Leaders

If a pupil is having an asthma attack, staff will follow the emergency procedures outlined in the pupil's Individual Healthcare Plan and call 999 if necessary.

Non-prescription medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Staff must obtain written consent from a parent/carer before giving a child under 16 any medication, except in exceptional circumstances where the medicine has been prescribed without the knowledge of a parent/carer (e.g. contraceptives).

Staff will not administer non-prescription medication to pupils without the prior written agreement of the Head teacher/Deputy Head and written consent from parents/carers.

Pupils are not permitted to have non-prescription medicines in their possession without prior agreement from school leadership.

Important safety guidance:

- A pupil under 16 should never be given aspirin unless prescribed by a doctor
- Non-prescription medicines containing ibuprofen may only be given with prior written parental consent and in accordance with age-appropriate dosing guidelines
- All non-prescription medicines must be provided by parents/carers in their original container with clear labelling
- Staff will record each instance when non-prescription medicine is administered and inform parents/carers on the same day

Consent arrangements: Parents/carers will be asked to provide consent for the administration of non-prescription medicines when their child starts at the school. Consent will remain valid until withdrawn by the parent/carer, unless there is a change in the child's circumstances. Parents/carers are responsible for informing the school of any changes to their child's medical needs or circumstances.

Record keeping

We maintain records of all medicines given to pupils in school hours or on school trips: -

- Record of medicine administered to an individual child
- Record of medicines administered to all children on a cumulative basis

These records are kept in a relevant folder in the medical cabinet. When a child finishes medication or leaves Ashley College, their individual records are placed in their pupil file.

7.5 Emergency Medication Held by School

Adrenaline Auto-Injectors (AAIs)

The school maintains spare adrenaline auto-injectors (AAIs) for emergency use in cases of severe allergic reactions (anaphylaxis). These are kept in the medicine cabinet in medical room and are accessible to trained staff at all times. Multiple members of staff have been trained in the administration of AAIs in emergency situations.

Parents/carers of pupils with known severe allergies will be informed that spare AAIs are available. However, pupils with prescribed AAIs should carry and be responsible for their own devices wherever possible.

Non-Prescription Medicines for Emergency Use

The school may keep a limited supply of non-prescription medicines for emergency use, such as;

- Paracetamol (age-appropriate formulation)

These medicines will only be administered:

- When it would be detrimental to a child's health or school attendance not to do so
- With prior written consent from parents/carers
- By trained staff members

- After checking for any known allergies or contraindications

All medicines are:
- Purchased from reliable sources
- Checked for allergens before administration
- Stored securely in medicine cabinet in medical room
- Regularly checked for expiry dates

Record Keeping

Staff will maintain a written record each time emergency medication is administered, including:
- Date and time of administration
- Name of pupil
- Medicine administered and dosage
- Reason for administration
- Name and signature of staff member administering
- Confirmation that parent/carer has been informed

Parents/carers will be informed on the same day that emergency medication has been administered, or as soon as reasonably practicable.

7.6 Prescription Medication for Home Tuition Students

As part of Ashley College entry procedures, the Head teacher/Deputy Head will ensure that all tutors of students on home tuition are informed of their medical needs and any medication used. There is always a responsible adult in the home when teaching is taking place and medication administered or taken in the home is the responsibility of that person.

For home tuition students at venues outside the home, the procedures outlined for Ashley College will be followed. These tutors should have full information from the Head teacher/Deputy Head before students can self-administer medication.

If the set procedure above is not appropriate, alternative arrangements will be agreed with parents. The Head teacher/Deputy Head is the first point of reference for staff and parents/carers with any concerns.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

The school's SENCo has responsibility for coordinating staff training for children with medical needs.

9.1 Whole-school awareness training

All staff will receive whole-school awareness training on this policy and their role in implementing it. This training will ensure that all staff understand the school's policy, know their responsibilities, are aware of which pupils have medical conditions and what support they require, know what to do in an emergency, and understand the importance of medication being taken as prescribed.
This whole-school awareness training will be provided:

- During induction for all new staff (including supply teachers and temporary staff)
- At the start of each academic year as a refresher for all staff
- Whenever the policy is updated
- When a new pupil with significant medical needs joins the school

The training will be delivered by the DHT/SENCo (Louise Togher) or another suitably qualified person, and will use structured training materials to ensure consistency. A record of staff attendance at training will be kept, and all staff will sign to confirm they have read and understood the policy.

9.2 Specialist training for supporting individual pupils

The DHT/SENCo has responsibility for coordinating specialist staff training for children with specific medical needs. Staff who are responsible for supporting pupils with medical conditions will receive suitable and sufficient training specific to the individual pupil's needs.

The training will be identified during the development or review of IHPs. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher or DHT/SENCo. Training will be kept up to date.

Specialist training will be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils, fulfil the requirements in the IHPs, and help staff understand the specific medical conditions, their implications and preventative measures. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication, where necessary.

9.3 Training records

The school will maintain records of all training provided, including: the date of training, the name of the staff member(s) trained, the type of training provided, the name of the trainer, confirmation of competency (where applicable), and the date when refresher training is due. These records will be reviewed annually to ensure all necessary training is up to date.

10. Record keeping

10.1 Records of medicine administered

The management committee will ensure that written records are kept of all medicine administered to pupils using the school's **Record of Medicine Administered to an Individual Child (Form ACM3)**.

When medicine is first provided by a parent, the following information will be recorded on Form ACM3:

- Name of the child
- Group/class/form
- Date medicine provided by parent
- Name and strength of medicine
- Expiry date
- Quantity received
- Dose and frequency of medicine

Both a member of staff and the parent will sign the form to confirm the medicine has been received.

Each time medicine is administered, the following will be recorded on Form ACM3:

- Date
- Time given
- Dose given
- Name of member of staff who administered it
- Staff initials

When medicine is returned to parents, the quantity returned will be recorded on the form.

Parents will be informed on the same day if their child has been unwell at school or if medication has been administered (unless it is routine medication specified in the IHP).

10.2 Location and accessibility of records

The following records will be kept and stored as follows:

Record Type	Storage Location	Access
Individual Healthcare Plans (IHPs)	Medical room and school office	All relevant staff, readily accessible in emergencies
Medicine administration records (Form ACM3)	Medical room	Staff administering medicines, DHT/SENCo, Headteacher
Emergency inhaler use records	With emergency inhaler kits (medical room and portacabin kitchen)	All staff, readily accessible
Asthma register	Medical room and school office	All staff, readily accessible in emergencies
Training records	School office (DHT/SENCo)	DHT/SENCo, Headteacher, Management Committee
Parental consent forms	Securely with pupil files	DHT/SENCo, relevant staff

All records will be stored securely and in accordance with data protection legislation.

10.3 Retention of records

Records will be retained in accordance with the school's records retention schedule and data protection requirements:

- **IHPs:** Retained for the duration of the pupil's time at the school, then transferred to the new school. A copy may be retained for a period after the pupil leaves in line with our retention schedule
- **Medicine administration records (Form ACM3):** Retained for the current academic year plus 6 years
- **Emergency inhaler records:** Retained for the current academic year plus 6 years

- **Training records:** Retained for the duration of employment plus 6 years
- **Parental consent forms:** Retained for the duration of the pupil's time at the school, then securely destroyed (unless part of a safeguarding file)

10.4 Transferring records when pupils move schools

When a pupil with medical needs leaves Ashley College, the DHT/SENCo or Designated Safeguarding Lead will ensure that:

- The pupil's IHP and relevant medical records are transferred to the new school **as soon as possible**
- For in-year transfers, records are transferred **within 5 days**
- For end-of-year transfers, records are transferred **within the first 5 days of the start of the new term**
- Transfer happens securely (e.g., by secure email, hand delivery, or registered post)
- Confirmation of receipt is obtained from the receiving school
- Key staff at the receiving school (such as the DSL, SENCo, and relevant class teachers) are made aware of the pupil's needs

Where appropriate, the DHT/SENCo will contact the receiving school in advance to discuss the pupil's needs and ensure appropriate support is in place when the child arrives.

10.5 Child protection files

If a pupil with medical needs also has a child protection file (for example, due to safeguarding concerns), this file will be transferred separately in accordance with our Safeguarding Policy and the guidance in 'Keeping Children Safe in Education'.

The Designated Safeguarding Lead is responsible for transferring child protection files securely and ensuring the receiving school is aware of any safeguarding concerns.

Where a pupil's medical condition is relevant to safeguarding (for example, if there are concerns about neglect of medical needs), this information should be included in the child protection file as well as the IHP.

10.6 Confidentiality

All records containing medical information will be treated as confidential and will only be shared in accordance with our Information Sharing and Confidentiality procedures (Section 11) and data protection legislation.

11. Information Sharing and Confidentiality

Effective information sharing

Ashley College recognises that effective information sharing is vital for supporting pupils with medical conditions and keeping children safe. Information will be shared appropriately with staff who need to know in order to support the pupil effectively or respond in an emergency.

What we share and with whom

Relevant medical information will be shared with:

- Staff with direct responsibility for the pupil's care and education

- The Designated Safeguarding Lead (DSL) and deputies
- Supply teachers and temporary staff where necessary
- Other agencies and professionals where necessary to support the pupil or safeguard their welfare

The pupil's IHP will record which staff need to be aware of their condition and what information should be shared.

Consent and confidentiality

The school will seek parental consent before sharing medical information and will involve pupils (where age-appropriate) in decisions about what is shared. We will respect requests for confidentiality where appropriate, unless there are safeguarding concerns.

Safeguarding

Where there are safeguarding concerns, information will be shared in accordance with our Safeguarding Policy. The Data Protection Act 2018 and UK GDPR do not prevent sharing information for the purposes of keeping children safe. Staff must not assume that indicators of possible abuse relate solely to a child's medical condition and should always report concerns to the DSL.

Data protection

Medical information will be stored securely, kept confidential, and only accessible to those who need to see it. The school complies with data protection legislation in processing medical information.

Transferring information

When a pupil leaves Ashley College, their IHP and medical records will be transferred securely to the new school as soon as possible, with confirmation of receipt obtained.

12. Liability and indemnity

The management committee will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school has public liability insurance provided by Zurich through the London Borough of Brent, our local authority.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher or our DHT/SENCo in the first instance. If the Headteacher or our DHT/SENCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

14.1 Policy review

This policy will be reviewed and approved by the management committee annually as a minimum, or sooner if there are changes to legislation, statutory guidance, school procedures, or if an incident highlights the need for review.

14.2 Implementation monitoring

The management committee will monitor implementation by receiving an annual report from the Headteacher/DHT/SENCo, reviewing data on incidents, medicine administration and staff training, ensuring IHPs are in place and reviewed on time, checking staff training is up to date, and considering feedback from parents, pupils, and staff.

14.3 Individual Healthcare Plan (IHP) reviews

As outlined in Section 6, IHPs will be reviewed at least annually, or earlier if the pupil's needs change. The DHT/SENCo will maintain a schedule of IHP reviews and report to the management committee on compliance with review timescales.

14.4 Responsibilities

- **Management committee:** Reviewing and approving this policy
- **Headteacher:** Ensuring the policy is implemented effectively
- **DHT/SENCo (Louise Togher):** Monitoring IHP reviews, coordinating staff training, maintaining records, and reporting to the Headteacher and management committee on implementation
- **All staff:** Following the policy and reporting any concerns about its implementation

15. Links to other policies

This policy links to the following policies:

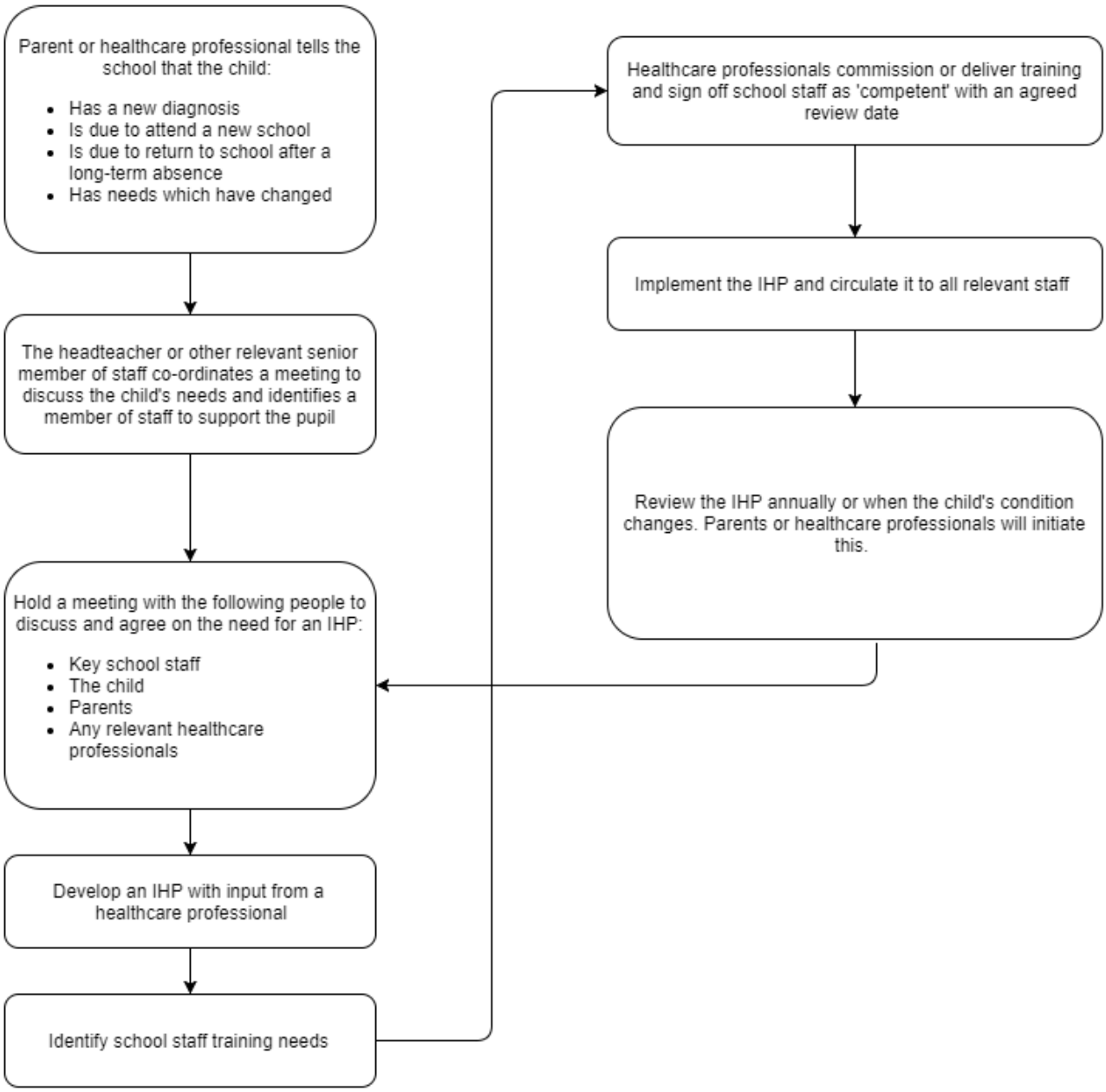
- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- GDPR Policy
- GDPR Privacy Notices
- Health and safety
- Safeguarding*
- Special educational needs information report and policy

** Children with medical conditions can face additional safeguarding challenges and additional barriers can exist when recognising abuse, neglect and exploitation in this group of children. Staff should be alert to safeguarding concerns and not assume that indicators of possible abuse relate solely to a child's medical condition. Any concerns must be reported immediately to the Designated Safeguarding Lead (DSL) or deputy DSL, who will work closely with the SENCo when concerns involve children with medical needs.*

Our Designated Safeguarding Lead is: *Ms Louise Togher*

Deputy Designated Safeguarding Lead(s): *Ms Ranjna Shiyani, Mrs Anne Marie Mika*

Appendix 1: Being notified a child has a medical condition



Appendix 2: Parental Consent Form for Emergency Salbutamol Inhaler

PERSONAL DETAILS

Child's name: _____

Date of birth: _____

Class/Year group: _____

Parent/carer name: _____

Contact telephone number(s): _____

MEDICAL INFORMATION

Does your child have asthma? **Yes ☐ No ☐**

Has your child been prescribed a reliever inhaler (salbutamol)? **Yes ☐ No ☐**

If yes, please provide details:

- **Name of medication:** _____
- **Dose:** _____
- **Prescribing doctor/consultant:** _____

Does your child have their own inhaler in school? **Yes ☐ No ☐**

If yes, where is it kept? _____

CONSENT

I confirm that:

- My child has been diagnosed with asthma and/or has been prescribed a reliever inhaler
- My child has been shown how to use an inhaler and spacer
- I give consent for my child to use the emergency salbutamol inhaler held by the school in the event of an asthma attack or breathing difficulty
- I understand that the inhaler will only be used when my child's own inhaler is not available or is unusable
- I will notify the school immediately if my child's medical condition changes or if they no longer require the use of an emergency inhaler

Parent/carer signature: _____

Date: _____

FOR SCHOOL USE ONLY:

Date added to asthma register: _____

Added by (staff name): _____

IHP updated: **Yes ☐ No ☐** Date: _____

This consent will be reviewed annually. You will be contacted to renew consent at the start of each academic year

Appendix 3: Asthma Register (Child List)

Asthma Register - Pupils with Consent to Use Emergency Inhaler

Last updated: _____

Pupil Name	Date of Birth	Class/Year	Date Consent Received	Date Consent Expires	Own Inhaler in School?	Location of Own Inhaler	Additional Notes	IHP in Place?
					Yes ☐ No ☐			Yes ☐ No ☐
					Yes ☐ No ☐			Yes ☐ No ☐
					Yes ☐ No ☐			Yes ☐ No ☐
					Yes ☐ No ☐			Yes ☐ No ☐

Notes:

- This register must be kept in an accessible location for staff to check quickly in an emergency
- Consent must be renewed annually
- Parents must be notified immediately if the emergency inhaler is used
- Any changes to a pupil's condition must be recorded and consent updated

Register maintained by: _____

Contact in case of queries: _____

Appendix 4: Record of Emergency Inhaler Use

Date Used	Time	Pupil Name	Administered By (Name & Signature)	Number of Puffs Given	Parent Notified?	Time Parent Notified	Outcome/Follow-up Action
					Yes ☐ No ☐		
					Yes ☐ No ☐		
					Yes ☐ No ☐		
					Yes ☐ No ☐		

Important Notes:

- After any use, spacers must be replaced (not reused due to cross-infection risk)
- Parents must be informed on the same day if the emergency inhaler is used
- The incident should be recorded in the pupil's IHP
- If a pupil requires the emergency inhaler, review whether their own inhaler supply needs replenishing

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Staff responsible for this kit:

Primary: _____

Secondary: _____

Appendix 5: Emergency Salbutamol Inhaler Use - Notification to Parents

Child's name: _____

Year: _____

Date: _____

Dear …….

I am writing to let you know that **[child's name]** experienced some breathing difficulties at school today.

What happened:

The incident occurred when **[brief description of circumstances, e.g., "during outdoor play" / "in the classroom"]**.

Action taken:

☐ Your child did not have their own asthma inhaler available at the time, so a trained member of staff helped them to use our emergency salbutamol inhaler. They were given _____ **puffs** using a spacer device.

☐ Your child's own asthma inhaler was not working properly, so a trained member of staff helped them to use our emergency salbutamol inhaler. They were given _____ **puffs** using a spacer device.

Outcome:

Your child responded well to the treatment and felt better shortly afterwards. They were able to continue with their school day as normal.

What we recommend:

While your child recovered well, we would recommend that you:

- Contact your GP or asthma nurse to review your child's asthma management plan
- Check that your child's own inhaler is in date and working properly
- Ensure your child brings their inhaler to school every day
- Consider whether your child's asthma medication needs to be reviewed

Please note: If your child needed to use the emergency inhaler because they didn't have their own with them, please ensure they bring their prescribed inhaler to school as soon as possible.
If you have any questions or concerns about this incident, please don't hesitate to contact me or our DHT/SENCo, Louise Togher.

Yours sincerely,

Ms Ranjna Shiyani
Headteacher

Appendix 6: Emergency Inhaler Kit Checklist and Equipment Log

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Emergency Salbutamol Inhaler Kit - Monthly Check and Equipment Log
Location: ☐ Medical Room ☐ Kitchen (Portacabin)
Academic Year: _____

Kit Contents (to be checked monthly)

Item	Required	Present
Salbutamol metered dose inhaler (in date)	1 minimum	☐
Plastic spacers (compatible with inhaler)	2 minimum	☐
Instructions for using inhaler and spacer	Yes	☐
Instructions for cleaning and storing inhaler	Yes	☐

Item	Required	Present
Manufacturer's information	Yes	☐
This checklist	Yes	☐
List of pupils with consent (asthma register)	Yes	☐
Record of inhaler use log	Yes	☐

Inhaler Details

Inhaler Details	Information
Brand name	
Batch number	
Expiry date	

Inhaler Details	Information
Date opened/first used	
Number of doses remaining	

Appendix 7: Monthly Checks Record

Date of Check	Checked By (Name & Signature)	Inhaler in Date?	Doses Remaining	Spacers Available (min. 2)?	All Items Present?	Action Required?	Action Taken
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

Actions Required When:

- Inhaler expiry date approaching (within 2 months): Order replacement inhaler
- Doses running low (fewer than 20 doses): Order replacement inhaler
- Spacer used: Replace immediately with new spacer (do not reuse)
- Inhaler housing dirty: Clean, dry and return to kit
- Any item missing: Replace immediately

Appendix 8: Inhaler Administration Letter

Ashley College
The Pavilion
Ashley Gardens
Wembley
Middx HA9 8NP
Tel: 020 8937 3330
Email: admin@ashleycollege.brent.sch.uk
Web: www.ashleycollege.brent.sch.uk

Notification of Administration of Emergency Inhaler to Your Child

Dear Parent/Carer

I am writing to inform you that your child, **[Child's Full Name]**, was administered an emergency inhaler at school today.

Details of the Incident

- **Date and Time of Administration:** [Insert date and time]
- **Location and Activity:** [Describe location and activity, e.g., "during PE lesson in the sports hall"]
- **Symptoms Observed:** [Describe symptoms, e.g., coughing, wheezing, shortness of breath]

Administration Details

- **Name of Inhaler:** [e.g., Salbutamol]
- **Dose Given:** [e.g., 2 puffs]
- **Spacer Used:** [Yes/No]
- **Name and Role of Staff Member(s) Who Administered Inhaler:** [Insert name(s) and role(s)]

Child's Response and Current Condition

- [Briefly describe how the child responded, e.g., "Symptoms improved after administration; child monitored and returned to class."]
- [Any other actions, e.g., "Continued monitoring", "Parent contacted at time", "Emergency services called"]

Next Steps / Follow-Up Care

- We recommend that you **monitor your child for any further symptoms**.
- If symptoms persist or worsen, please **seek advice from your GP or attend A&E** as appropriate.
- **Review and update your child's asthma action plan.** Please also ensure the school has an up-to-date inhaler and consent form for your child.

Contact Information for Further Questions

If you have any questions or would like to discuss this further, please contact:

- **[Name of School Nurse/Staff Member]**
- **Phone:** [Insert phone number]
- **Email:** [Insert email address]

Consent Form for Emergency Inhaler Use

If you have not already done so please complete and return the consent form below:

Ashley College Emergency Inhaler Consent Form

Child's Name: _____

Date of Birth: _____

I give consent for Ashley College to administer an emergency salbutamol inhaler to my child if required.

Parent/Guardian Name: _____

Signature: _____

Date: _____

We understand incidents like this can be concerning, but please be reassured that your child was cared for promptly and appropriately in line with our medical policy.

Kind regards,

[Sender's Name]
[Position, e.g., School Administrator]
Ashley College

Appendix 9: Letter to parents requesting consent for non-prescription medicines

Ashley College
The Pavilion
Ashley Gardens
Wembley
Middx HA9 8NP
Tel: 020 8937 3330
Email: admin@ashleycollege.brent.sch.uk
Web: www.ashleycollege.brent.sch.uk

Dear Parent/Carer,

Re: Consent for Administration of Non-Prescription Medicines

As part of our commitment to supporting your child's health and wellbeing at school, we are updating our records regarding the administration of non-prescription medicines.

We need written consent from you before we can give your child any medication. The Key Leaders We will only administer non-prescription medicines when it would be detrimental to your child's health or school attendance not to do so.

Please complete the attached consent form and return it to the school office by [DATE].

If you have any questions or would like to discuss your child's medical needs, please contact [NAME] on [CONTACT DETAILS].

Important points to note:

- We will only administer medicines in accordance with age-appropriate dosing guidelines
- All medicines must be provided by you in their original container
- We will record each administration and inform you on the same day
- Your consent will remain valid until you withdraw it or your child leaves the school
- You must inform us immediately of any changes to your child's medical needs

Thank you for your cooperation in keeping your child safe and healthy at school.

Yours sincerely,
[NAME]
[POSITION]

CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICINES

Pupil's Name: _____

Date of Birth: _____

Class/Year Group: _____

I give consent for school staff to administer the following non-prescription medicines to my child when necessary:

- ☐ Paracetamol (e.g. Calpol) for pain relief/fever
- ☐ Ibuprofen for pain relief/fever (age-appropriate formulation)
- ☐ Antihistamine for allergic reactions (please specify brand): _____
- ☐ Other (please specify): _____

Medical Information:

1. Does your child have any allergies or medical conditions that staff should be aware of?
   ☐ Yes ☐ No
   If yes, please provide details: _____

2. Has your child previously taken the medicines listed above without adverse effects? ☐ Yes ☐ No
   If no, please provide details: _____

3. Are there any medicines your child should NOT be given? ☐ Yes ☐ No
   If yes, please provide details: _____

Dosage and Administration:

I understand that:

- Medicines will only be administered in accordance with the manufacturer's recommended dosage for my child's age
- Medicines will only be given when it would be detrimental to my child's health or attendance not to do so
- School staff will record each administration and inform me on the same day
- I must inform the school immediately of any changes to my child's medical needs

Duration of Consent:

This consent will remain valid until I withdraw it in writing or until my child leaves the school, unless there is a change in my child's circumstances.

Parent/Carer Signature: _____ **Date:** _____

Print Name: _____

Contact Number: _____ **Emergency Contact:** _____

Appendix 10: Record of Non-Prescription Medicine Administration

Record of Non-Prescription Medicine Administration

RECORD OF NON-PRESCRIPTION MEDICINE ADMINISTERED

Date	Time	Pupil Name	Medicine Given	Dose Given	Reason	Staff Name & Signature	Parent/Carer Informed (Time)

Instructions for Staff:

1. Check parental consent is in place before administering any medicine
2. Ensure medicine is in original packaging with clear labelling
3. Follow age-appropriate dosing guidelines
4. Record all details immediately after administration
5. Inform parent/carer on the same day (note time of contact)
6. Report any concerns to the Designated Safeguarding Lead

Appendix 11: Emergency Medication Administration Record

Emergency Medication Administration Record

Emergency Medication Administration Record

Date	Time	Pupil Name	Year Group	Medicine & Dose	Reason	Consent Checked? (Y/N)	Staff Name & Signature	Parent/Carer Informed (Time)	Parent/Carer Response

Staff Checklist Before Administering Emergency Medication:

- ☐ Confirmed prior written consent is in place
- ☐ Checked pupil has no known allergies to the medication
- ☐ Verified medication is in date and properly stored
- ☐ Confirmed dosage is appropriate for pupil's age
- ☐ Checked pupil has not already received this medication today
- ☐ Witnessed by second member of staff (where possible)