



RESPECT. RESILIENCE. INTEGRITY.

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

DATE APPROVED

24 September 2026

NEXT DOCUMENT REVIEW

July 2027

Policy Owner:	Ryan Osbaldeston, First Aid and Allergy Lead
Confirmed by	Life Changing Education Ltd, acting through Krystian Liptrot, Chair of the proprietor board and company
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Applies to:	All pupils aged 11-16, staff, visitors, educational visits and school oversight of commissioned alternative provision. Registered site: Unit 4, Howarth Court, Oldham Gateway, Gateway Crescent, Chadderton, Oldham, OL9 9XB.

LCE ACADEMY

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1 Principles and scope

- LCE Academy will not deny a pupil education or normal school activities simply because they have a medical condition. Decisions will be individual, evidence-based, equality-compliant and informed by the pupil's communication, SEMH, sensory and safeguarding needs. Emergency treatment is never delayed while paperwork is located.
- This policy governs prescribed medicines, agreed non-prescription medicines, emergency medicines, self-management, controlled drugs and individual healthcare plans. It operates with the First Aid Policy, Allergy and Anaphylaxis Safety Policy, Safeguarding Policy, Attendance Policy, Educational Visits Policy and Health, Safety and Wellbeing Policy.

2 Legal and professional framework

- The Academy has regard to the Education (Independent School Standards) Regulations 2014, first-aid and premises requirements, the Equality Act 2010, Human Medicines Regulations 2012, Misuse of Drugs legislation, current DfE guidance on first aid and supporting pupils with medical conditions, and the 2026 allergy-safety guidance as relevant good practice for an independent special school.

3 Responsibilities

- Krystian Liptrot, as Chair of the proprietor board and company acting on behalf of Life Changing Education Ltd, ensures suitable arrangements, resources and assurance. Sam Gray implements the policy. Ryan Osbaldeston maintains the medical register, medicines system, training and competence record, first-aid cover and termly audit. The DSL considers safeguarding concerns; Lindsey Drews coordinates SEND/EHCP provision; the in-house SaLT practitioner advises on communication access. Only trained and authorised staff administer or supervise medicines.
- Parents and carers provide accurate information, current contact details, consent and medicine in the original labelled container. Pupils are supported to understand and contribute to their plan. Healthcare professionals provide clinical instructions and training where required. No staff member is required to undertake a clinical procedure without suitable training and confirmed competence.

4 Identification and individual healthcare plans

- Medical needs are identified during consultation and before admission, and whenever a new diagnosis, prescription, emergency event or change is reported. A written individual healthcare plan is required where a condition is long-term, complex, fluctuating, life-threatening, affects access or attendance, needs emergency action, or requires coordinated provision.
- Each plan records the condition and triggers; signs and symptoms; medicine, dose, route and timing; storage and access; self-management; emergency action and escalation; staff competence;

communication and reasonable adjustments; attendance and curriculum implications; visits, transport and AP arrangements; confidentiality and information sharing; review date and responsible people.

- Plans are agreed with the pupil and parent/carer and informed by appropriate clinical advice. They are reviewed at least annually and sooner after an emergency, near miss, admission, medication change or material change in need. A pupil will not be refused admission solely because an agreed plan is being finalised; interim risk controls must be documented and safe.

5 Receiving and accepting medicines

- Medicines are accepted only through the designated handover route. Staff check the pupil's name, pharmacy label where applicable, medicine, strength, dose, route, timing, expiry, quantity, storage instructions and written consent. Medicines must normally be in the original container as dispensed or supplied. Discrepancies, damaged packaging, expired medicine or unclear instructions are not administered and are referred back without delay.
- Prescription medicine is administered only for the named pupil and in accordance with the prescription and healthcare plan. An approved non-prescription medicine may be given only under the Academy's written protocol, with prior parental consent, dose and timing checks and a record that prevents duplication. Aspirin is not given to a pupil under 16 unless prescribed.

6 Storage, access and security

- Routine medicines are stored securely, separately from first-aid supplies, at the correct temperature and accessible only to authorised staff. Refrigerated medicine is kept in a locked or access-controlled medicine container within a monitored refrigerator. Controlled drugs are received, stored, recorded and reconciled under enhanced controls.
- Emergency medicines such as inhalers, adrenaline auto-injectors and rescue medication remain readily accessible to the pupil and trained staff; security arrangements must not create dangerous delay. Spare emergency devices, where lawfully obtained, are controlled under the Allergy Policy and relevant protocol. Keys, access codes and contingency access are tested.

7 Administration and recording

- Before every administration the authorised adult confirms the right pupil, medicine, dose, route, time, instructions, consent, expiry and last recorded dose. The adult records the administration immediately, including date, time, dose, route, administrator and any witness required by the plan or controlled-drug procedure. A second competent check is used for controlled drugs, dose calculations and other high-risk administrations identified by risk assessment.
- Medicine is never used as a disciplinary measure. Staff protect privacy and dignity, use communication adjustments and explain what is happening. If a pupil refuses, staff do not force them; they follow the healthcare plan, assess immediate risk, inform the parent and seek clinical or emergency advice where required.

8 Self-management

- A pupil who is competent and willing should be supported to carry or access their medicine and manage it as independently as is safe. The decision is recorded in the healthcare plan and considers maturity, communication, risk, storage, misuse by others and emergency access. Supervision is proportionate and reviewed; independence is taught rather than assumed.

9 Errors, adverse reactions and emergencies

- A missed, refused, incorrect or spilled dose, suspected overdose, adverse reaction, lost medicine or storage failure is treated as a medication incident. Staff protect the pupil, obtain clinical or emergency advice, contact the parent, inform Ryan Osbaldeston and the Headteacher, complete the medication/incident record and preserve packaging or evidence. Where neglect, deliberate misuse, fabricated illness or another safeguarding concern may be present, staff alert the DSL without delay and create a linked CPOMS record; CPOMS is not the medicine-administration record.
- Call 999 immediately for anaphylaxis, breathing difficulty, seizure or other life-threatening presentation in accordance with the pupil's plan and first-aid training. Emergency action is not delayed to contact parents. Staff accompany the pupil where required and ensure emergency responders receive the plan, medicine record and relevant information.

10 Educational visits, transport and alternative provision

- No visit or off-site placement proceeds until medical information, consent, trained cover, medicine access, storage, emergency communication and contingency arrangements are confirmed. The visit leader records transfer and return of medicine. Commissioned AP receives necessary and proportionate information under a written agreement; LCE verifies its arrangements and retains safeguarding and commissioning oversight.

11 Disposal, stock and confidentiality

- Parents normally collect expired or unused medicine. Sharps and medicines that cannot be returned are disposed of through an authorised route and never in ordinary waste. Stock balances and expiry dates are checked at least monthly and before visits. Medical information is shared only with staff who need it to keep the pupil safe and is stored on approved systems in line with the Data Protection Policy.

12 Training, assurance and evidence

- General awareness is included in induction. Pupil-specific and clinical training is delivered or validated by an appropriately competent professional and includes practical assessment where needed. Authorisation is recorded and renewed when competence, instructions or equipment change. Attendance at training alone is not evidence of competence.

All staff receive allergy and anaphylaxis awareness, know the emergency route and understand how to summon a trained responder. Designated staff who administer emergency medication receive practical training and assessed competence appropriate to the pupil and device.

- Ryan Osbaldeston completes a termly audit of healthcare plans, consent, stock, expiry, storage temperatures where relevant, administration records, incidents, training, visit/AP arrangements and action closure. The Headteacher samples the system termly and reports material risks and assurance to Krystian Liptrot. The policy is reviewed annually in July and immediately after a serious incident, legal change or identified weakness.

13 Required operational records

- The controlled system must include: medical-needs register; parent consent; individual healthcare plan; medicine receipt/return; administration record; refusal/error/incident form; controlled-drug register where applicable; training and competence record; monthly stock/expiry check; visit/AP medicine checklist; emergency contact and 999 handover record.

14 Implementation and assurance

- Before a pupil who needs medication starts, Ryan Osbaldeston records that the individual healthcare plan, consent and required forms are complete; storage and emergency access have been tested; named staff are trained and assessed as competent; medical rooms and visit kits are ready; parent and pupil information is accessible; and the emergency and medication-error response has been rehearsed. These controls are audited termly and after any error, incident or material change. A failed control is corrected before the affected activity proceeds.

Authoritative sources and operating references

- DfE: Supporting pupils at school with medical conditions
- DfE: First aid in schools, early years and further education
- DfE: Allergy safety in schools
- Independent school standards guidance, April 2026