



# St Leonard's

## C of E Primary School

### Supporting pupils at school with medical conditions

#### Administration of medicines policy

<b>This policy was written in:</b>	September 2025
<b>To be reviewed:</b>	September 2028
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'A new commandment I give you: love one another. As I have loved you, so you must love one another.'

**John 13:34**

**With God's help, we will be inclusive, independent, inquiring and inspirational.**

- We will be inclusive by loving all and embracing differences so that all are treated with dignity and respect.
- We will be independent by persevering and encouraging everyone to be the best they can be, working together as a nurturing, Christian family.
- We will be inquiring by asking questions so that we grow in mind, body and spirit, learning about God's wondrous, diverse world.
- We will be inspirational by following Jesus' example, making a positive difference in the lives of others through love.

#### Introduction

St Leonard's CE Primary School is committed to inclusion and ensuring that pupils with medical conditions receive the proper care and support enabling them to remain healthy and achieve their academic potential.

#### Legislation

This policy outlines how we strive to achieve the best and most appropriate provision for pupils who have medical conditions, whilst having regard for Section 100 of the Children and Families Act 2014 and the statutory requirements.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

This policy is approved by the governors and has been produced in accordance with the latest DFE guidance 'Supporting pupils at school with medical conditions' which came into force on 1<sup>st</sup> September 2014.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent (in loco parentis) and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with all the correct and up to date information.

**Definition of Medical Needs Pupils' medical needs may be broadly summarised as being of two types:**

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

### **Accepting Medicines**

There is no legal responsibility on a school to administer medication to a pupil unless the medication is part of an Individual Health care plan. We will only administer prescribed medicines that have to be administered 4 times a day.

Where medication is accepted in school for diagnosed medical conditions subject to the child's individual health care plan, the following conditions apply:

- No child will be given prescription medicines without their parent's written consent. (Please complete medication form from the school office or download from the school website).
- School will only accept prescribed medicines that are:-
  - In date
  - Labelled
  - Provided in original container dispensed by a pharmacist 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 inside an insulin pen or pump, rather than in its original container.
- All medicines will be stored safely in the first aid cupboard in the staffroom.

## **Procedure to be followed when notification is received that a pupil has a medical condition.**

When a pupil starts St Leonard's CE Primary School, arrangements will be put in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to our school mid-term, we will make every effort to ensure arrangements are put in place within the term that they start school.

School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupils medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **Individual Health Care Plans (IHCP)**

Individual health care plans can help to ensure that schools effectively support pupils with medical conditions. IHCP and their review will be initiated, in consultation with the parents, a member of school staff and a healthcare professional, the pupil will be involved wherever appropriate.

The governing body will ensure that the correct procedure is used in determining the need for an individual health care plan. The school, healthcare professionals and parents shall all agree based on the evidence available on the appropriateness of the IHCP and draw up the plan together. If consensus cannot be reached, the headteacher will take a final view.

IHCP will capture all the key information and actions required to support a child effectively and the detail of the plan will depend on the complexity of the child's condition and degree of support needed. IHCP will be easily accessible to all who need to refer to them, while preserving confidentiality.

The governing body will ensure that plans are reviewed at least annually or earlier if presented that the child's needs have changed. Plans will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption.

Where a child has a EHC plan, the Individual Health Care Plan should be linked to or become part of this.

## **Information to be included in an Individual Health Care Plan**

Each IHCP will contain at least the following information:

- The medical conditions, it's triggers, signs, symptoms and treatments;
- The pupils 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, noisy conditions, travel time between lessons.

- Specific support for pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, (some children will be able to take responsibility for their own health needs), including emergencies. If a child is self-managing their medication, this should 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 child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- Who in school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and 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 the normal school timetable that will ensure the child can participate, e.g. risk assessment
- Where confidentiality issues are raised by the parent/carers of child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency health care plan prepared by the lead clinician that could be used to inform development of their Health Care Plan. The Emergency Health Care Plan will not be the schools responsibility to write or review.

## **Roles and Responsibilities**

### **Parents**

If a child becomes unwell during the school day, it is the responsibility of parents to ensure that their child is collected as soon as possible and to keep the school up-dated on relevant home and emergency contact numbers.

Parents should provide the school with sufficient and up-to-date information about their child's needs. They should provide the medicine and ensure that they, or another nominated adult, are contactable at all times.

### **Governing body and school**

The governing body will:-

- Ensure that arrangements are in place to support pupils with medical conditions and in doing so ensure that such children can access and enjoy the same opportunities as school as any other child.
- Take into account that medical conditions that require support will affect quality of life and may be life threatening. They will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts in their school life.
- Ensure that arrangements in place give parents and pupils confidence in the schools ability to provide effective support for medical conditions. These arrangements will show and understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- Ensure that staff members are properly trained to provide the support that pupils need.
- Ensure that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition has not been made.
- Adhere to safeguarding duties ensuring that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

**The Headteacher** will ensure that the school's policy is developed and effectively implemented. Ensure that all staff are aware of the policy and understand their role in supporting pupils with medical conditions. Sufficiently trained members of staff will be available to implement and deliver the policy.

**The school staff** can be asked to provide support to pupils with medical conditions (including the administering of medicines) although they cannot be required to do so. Staff will receive suitable and sufficient training to support any pupils that they teach.

**School Nurses** are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

### **Staff training and support**

We will ensure that any staff member supporting a child with a medical condition is supported by providing any training that is necessary. Training will be determined by the

needs of the child and in consultation with the necessary health care professionals and appropriate training providers. This training will be updated as and when needed to ensure this is current and a contingency plan put in place.

No staff member will be asked to give prescribed medication without appropriate training (updated to reflect any individual healthcare plans).

### **The child's role in managing their own medical needs**

If it is deemed necessary, after discussion with the parents/carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

To safeguard all children in school, medication will be stored in safe place or refrigerator until needed, with the exception of inhalers, which are stored in the child's class for immediate use when needed.

Children who are able to self-administer medication will do so under the supervision of the headteacher or their class teacher.

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

### **Managing medicines on school premises**

- Medicines will only be administered at school when it would be detrimental to the child's health or school attendance not to do so.
- No child under 16 should be given prescription or non- prescription medicines without their parent's written consent.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Where medicine is accepted in school, these should be prescribed in dose frequencies.
- Only prescribed medicines needing to be given 4 times a day will be given at lunchtime. The exception to this is if prescribed medicine is to be given 3 times a day and your child attends After School Club, then this will be given at 3.30pm.
- Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to children and not locked away; these will be stored in the classroom cupboards where class teachers, teaching assistants and pupils know how to access them. If a child requires an asthma inhaler, it is crucial that there is an inhaler in school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.

- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted. Any member of school staff can administer medicine to a child.
- When no longer required, medicines will always be returned to the parent/carer to arrange for safe disposal.

### **Record Keeping**

The school will keep written records of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child is unwell at school.

### **Emergency Procedures**

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless if they have an Individual Health Care Plan) needs to be taken to hospital staff will stay with the child until a parent/carer arrives even if this means accompanying the child to hospital by ambulance.

**In an emergency situation an ambulance would be called first before contact is made with parents.**

### **Day trips, residential visits and sporting activities**

The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Please also see health and Safety Executive (HSE) guidance on school trips through this link: <http://www.hse.gov.uk/education/visits.htm>

### **Home/school transport**

When a child travels into school via school transport, this is the responsibility of the local authority who will issue Individual health care plans if they deem this appropriate dependent on the child's medical condition.

### **Defibrillators**

The school holds a defibrillator for the use in sudden cardiac arrest. This is where the heart stops beating suddenly and can happen at any age and without warning.

Training has been provided for current members of staff on the use of the defibrillator and further training will be arranged for new staff members.

### **Emergency Asthma inhaler**

Following a change in the law from the 1<sup>st</sup> October 2014, schools are permitted to hold a salbutamol inhaler without prescription.

The emergency salbutamol inhaler should only be used by children for whom school holds written consent for use of the emergency inhaler, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication

The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken or empty or not in school).

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence of opinion, (although this may be challenging)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- Penalise children 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; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany a child.

### **Liability and Indemnity**

The governors will ensure that the appropriate level of insurance is in place and that is appropriately reflects the level of risk. These insurance policies are accessible to staff providing such support to children with medical needs.

### **Complaints**

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints policy.