

St Mary's Church of England Primary School

Supporting Pupils with Medical Conditions Policy

Policy produced by the school

Adopted by [Governors](#) -Academic year 2025/26

Review date- Academic year 2026/27

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

1. AIMS OF THIS POLICY STATEMENT

- To ensure all pupils are properly supported, in terms of physical and mental health, so that they have full access to education, including school trips and physical education, and are able to achieve their full potential.
- To ensure that arrangements are in place at school to support pupils with medical conditions so that they can enjoy the same opportunities as any other child.
- To support regular attendance of all pupils.
- To ensure staff understand their roles and responsibilities in administering medicines and know when to consult health and social care professionals.
- To ensure parents understand their responsibilities in respect of their children's medical needs.
- To ensure medicines are stored and administered safely.

2. DEFINITION

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their full participation in school activities during periods in which a course of medication is required.
- Long-term potentially limiting their access to education and require extra care and support. Some children with long-term medical conditions may be considered to be disabled under the Equality Act 2010. Where this is the case, the school will comply with its duties under that Act. Some children may also have special educational needs (SEN) and for those children, this policy should be referred to in conjunction with the school's SEN policy.

3. ADMISSIONS AND ATTENDANCE

- Pupils with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child will be denied admission to school on medical grounds alone.
- However, in line with the school's wider safeguarding duties, a child would not be admitted into school at times where it could be detrimental to the health of that child or that of others to do so. Where children are unwell and not fit to be in school, and where they are still suffering from an infection that may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours into a course of antibiotics.
- The school is sensitive to the needs and circumstances of pupils returning after significant periods of absence and will support the smooth reintegration of pupils both academically and socially. In such circumstances the school works with parents, carers and pupil towards an agreed reintegration plan, which may include opportunities for counselling and feedback, peer support and mentoring and an agreed review period.

4. PRESCRIPTION MEDICINES

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day).
- In the case of antibiotics, parents or carers should be encouraged to ask the GP to prescribe

an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication should not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given **four times a day**, in which case a dose should be given at lunchtime.

- All medicines should be taken directly to the School Office by a child's parent or carer.
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration.
- The medicine should be clearly marked with the child's name and class number.
- The appropriate dosage spoon should be included with all medicines sent to school.
- Any medicine administered will be recorded by the staff member in the Medication Book in the School Office.
- **Medicines will only be accepted for administration in school on completion of the Parental Agreement Form by a parent or carer. Verbal instructions will never be accepted.**

5. NON-PRESCRIPTION MEDICINES

- The school will also administer non-prescription medicines where it would prove detrimental to the child's health not to. They must be handed in at the School Office by a parent or carer and they will not be given to children without prior written permission from parents as above.
- They should be clearly marked with the child's name and class number and dosage/application instructions must be included.
- Children must not carry medicines themselves for self-administration during the day. The medicine must be collected from the office and taken under the supervision of an adult.
- Any non-prescription medicine administered will also be recorded in the Medication Book in the School Office.
- We will not give paracetamol (in the form of Calpol or otherwise) or ibuprofen routinely as their primary use is to control raised temperature for which a child should be at home.
- We do not allow cough sweets in school.
- **Medicines will only be accepted for administration in school on completion of the Parental Agreement Form by a parent or carer. Verbal instructions will never be accepted.**

6. SAFE STORAGE OF MEDICINES.

The school is responsible for ensuring that all medicines are stored safely.

- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration.
- Medicines are stored in the School Office under adult supervision in a clearly marked place;
- No medicine is kept in a locked cupboard to ensure swift and easy access.
- Where medicines need to be refrigerated they will be kept in the office fridge in a clearly marked container.

7. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- The **Head of School** has overall responsibility for the implementation of this policy. This duty includes the following:
 - a) ensuring that sufficient staff are suitably trained to fully support children with medical conditions both at school and during school trips;
 - b) ensuring that all relevant staff are made aware and kept up-to-date with any medical condition that a child has. A photographic list of children who have individual health care

plans and/or may require special medical assistance from time to time will be displayed both in the School Office and Staffroom;

- c) ensuring that supply teachers and contractors are fully briefed where their role necessitates this;
 - d) monitoring Individual Healthcare Plans; and
 - e) making contact with 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.
- Staff are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self-administration. Staff will not give prescription medications or undertake healthcare procedures without appropriate training. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so.
 - All medicines (including Asthma reliever inhalers and EpiPens) are stored securely in the School Office with access only for staff.
 - Staff must complete the 'Supporting Children at School with Medical Conditions' file kept in the School Office each time medicine is administered within school time.
 - All relevant school staff have been trained in basic paediatric first aid including the administration of EpiPens. Staff training needs will be reviewed annually.
 - Where a child refuses medication, staff are unable to forcibly administer the medication. This will be recorded in the 'Supporting Children at School with Medical Conditions' file kept in the School Office.
 - The school will also work closely with the School Nurse and other agencies such as GPs and Paediatricians, the Local Authority, pupils and parents.

8. PARENTS' AND CARERS' RESPONSIBILITY

- In most cases, parents or carers will administer medicines to their children themselves out of school hours, but where this is not possible, parents or carers of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete the Parental Agreement Form kept in the School Office before a medicine can be administered by staff.
- Primary school children may be able to manage their own medication, under adult supervision but again, only with parental agreement given through the appropriate paperwork as above.
- Parents are responsible for ensuring that all medication kept in school are kept up to date and for arranging the safe disposal of any medication that has expired.
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

9. RECORD KEEPING

- The 'Supporting Children at School with Medical Conditions' file, copies of Parental Agreement Forms and Individual Healthcare Plans will be kept in the School Office. The 'Supporting Children at School with Medical Conditions' file will contain a weekly record of all medicines administered to children.

10. EMERGENCY PROCEDURES

- If a child needs to be taken to hospital, a member of staff will stay with the child until the parent or carer arrives, or accompany a child taken to hospital by ambulance.
- All pupils should be told what to do in an emergency situation, such as informing an adult immediately if they think help is needed.

11. LONG-TERM AND COMPLEX NEEDS – INDIVIDUAL HEALTHCARE PLANS

- Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, an Individual Healthcare Plan (IHCP) may be put in place involving the parents and relevant health care professionals.
- Together, the school, healthcare professional and parent should agree, based on evidence, whether an IHCP is appropriate or proportionate. Please see Annex A for a flow chart for identifying and agreeing the support that a child needs.
- An IHCP ensures that the school effectively supports the pupil with their medical condition/s and provide clarity about what needs to be done, when and by whom.
- IHCPs will be developed with the child's best interests in mind and ensure that the school assessed and manages risks to the child's education, health and social wellbeing, and minimises disruptions.
- Where a child also has SEN but does not have an Education, Health and Care Plan (EHC), their special educational needs should be mentioned in their IHCP.
- Formation and review of an IHCP may be initiated, in consultation with the parent or carer, by a member of school staff or healthcare professional involved in providing care to the child. IHCPs will be reviewed annually.
- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be involved as much as possible in discussions about their medical support needs.

12. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits the class teacher is responsible for taking the appropriate first aid kit and any medicines needed by specific children in that class with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics, following the above procedure. Pupils will not be prevented from attending school trips due to their medical condition unless it would detriment their health to do so.

13. UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is, generally, unacceptable practice to:

- prevent children from easily accessing their inhalers or medication and administering their medication when 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 or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch (unless this is specified in their IHP),
- if the child becomes ill, send them to the school office without someone suitable accompanying them;
- 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 when 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 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 the child.

14. LIABILITY AND INDEMNITY

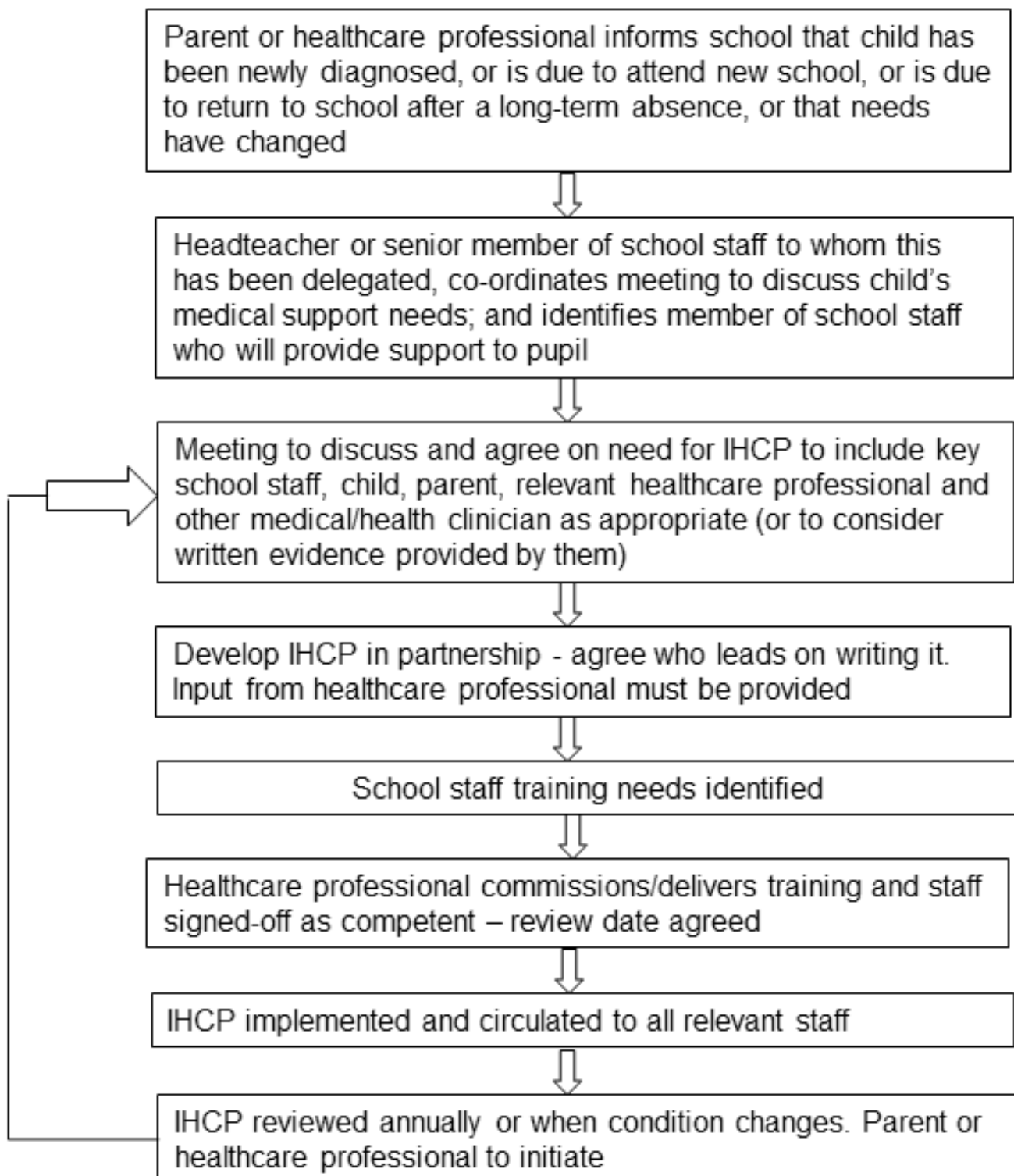
The school will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's insurance covers staff providing support to pupils with medical conditions. Details of which are available to those staff providing support.

15. COMPLAINTS

Please refer to the school's Resolving Concerns and Complaints Policy, which sets out how to make a complaint and how such complaints concerning the support of pupils with medical conditions will be handled.

This policy will be reviewed annually and will be made readily available to parents and school staff.

Annex A: Process for developing and Individual Healthcare Plan



Annex B: Individual Healthcare Plan

(For example for children who are epileptic, asthmatic, have food allergies).

This list is not exhaustive.

This document should be kept in the 'Supporting Children at School with Medical Conditions' file

St Mary's CE Primary School Individual Healthcare Plan

Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name (1)	
Phone no. (work)	
(home)	
(mobile)	
Name (2)	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Describe what constitutes an emergency, and the action to take if this occurs:

Who is responsible in an emergency (*state if different for off-site activities*):

to be completed by school

Who is responsible for providing support in school/arrangements for off-site activities:

to be completed by school

Specific support for the pupil's educational, social and emotional needs:

to be completed by school

Staff training needed/undertake – who, what, when:

to be completed by school

Annex C: Parental Agreement Form (long term use)

(For example for children who have an inhaler, epipen, long term medicine etc).

This list is not exhaustive.

This document should be kept in the 'Supporting Children at School with Medical Conditions' file

St Mary's CE Primary School Parental agreement form to administer medicine for long term use

Medicines will only be accepted for administration in school on completion of this form by a parent or carer. Verbal instructions will never be accepted.

Date for review:	
Name of child	
Date of birth	
Year	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to a member of the school office team. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name: _____ Signature: _____ Date: _____

Medication and form received by: _____ Date: _____

Annex F: Specialist staff training record – administration of medicines

This document should be kept in the 'Health and Safety' training file.

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

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated on [date].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Annex G: St Mary's CE Primary School: Contacting emergency services

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

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

1. your telephone number: **0207 372 6565**
2. your name
3. your location as follows: **St Mary's CE Primary School, Quex Road, NW6 4PG**
4. provide the exact location of the patient within the school
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. provide child's name, date of birth, address, any relevant medical information and name and number of child's parent/carer. **These details can be found in class registers which are kept in the office.**