

Duke Street Primary School



I CARE

**SUPPORTING PUPILS AT
SCHOOL WITH MEDICAL
CONDITIONS POLICY
(INCLUDING
ADMINISTRATION OF
MEDICATION IN SCHOOL)
2025/26**

Policy written by: Louis Reay
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Policy to be reviewed: Annually

INTRODUCTION

Under the requirements of the Children and Families Act 2014 Governing Bodies of maintained schools have a duty to make arrangements for supporting pupils at their school with medical conditions.

RESPONSIBILITIES

The Headteacher and Governing Body will:

- Ensure that arrangements are in place to support pupils with medical conditions.
- Ensure that pupils with medical conditions can access and enjoy the same opportunities at school as any other child.
- Ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensure that staff are properly trained to provide the support that pupils need.
- Ensure that the policy and procedures are properly and effectively implemented.
- Ensure that the policy is regularly reviewed.
- Ensure that the policy is readily accessible to parents and school staff.

RATIONALE

Most children will at some time have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some children, however, have medical conditions that, if not managed, could limit their access to education. These children are regarded as having medical needs. Many children with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that children and others are not put at risk.

Parents or carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. The parent/carers should obtain additional details from their child's healthcare professional when needed.

The school must take into account its responsibilities under the Disability Discrimination Act and a child's right of admission when deciding on their policy.

There is no legal duty that requires staff to administer medication. Unless a duty to administer medications is included in their job descriptions, the role would be considered voluntary.

Some children who have complex medical needs will require more support than regular 2 medicines. It is important to seek medical advice and training regarding the children's individual needs.

For children who have complex medical needs the school will request an Individual Health Care Plan from Lancashire Care NHS Foundation Trust to identify the necessary safety measures that need to be put in place to fully support the child.

There must be an assessment of the risks to the health and safety of staff and others with control measures put in place to minimise and manage any identified risks.

Some children, depending on age and ability, may be capable of taking their own medicine, or deciding when they need to do so. The progress towards such independence must be agreed in consultation with parents, the child and the relevant healthcare professionals. Initially it may also involve a greater degree of vigilance and supervision on the part of the school.

The individual child and family have a right to confidentiality and privacy and the need for prompt and effective care are to be balanced with sensitivity. Where possible, the Headteacher will seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a child.

Duke Street Primary School will ensure that this policy is communicated to parents/carers.

THE POLICY

The Headteacher and Governing, when developing this policy, took into account the needs of the school and the views of staff. If a signed Consent Form is provided by the parent/carer (Appendix 1), the school will administer all medicines, including non-prescription medication.

This policy includes the following:

- Procedures for managing prescription medicines which need to be taken during the school day;
- Procedures for managing prescription medicines on off-site visits;
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines;
- A clear statement on parental responsibilities in respect of their child's needs;
- How the school will maintain confidentiality as appropriate, when provided with information about a child's medical needs;
- The need for prior written agreement from parents for any medicines to be given to a child;
- The circumstances in which children may take any non-prescription medicines;
- How the school will assist children with long term or complex medical needs;
- A clear statement on children carrying and taking their medication themselves;
- Staff training in dealing with medical needs;
- Record keeping;
- Storage and access to medication;
- Access to the school's emergency procedures;
- Risk assessment and management procedures.

The Headteacher will ensure that all parents, new and existing, are aware of the school's procedures by making the policy available on the school website.

The Headteacher will make it clear that parents should keep children at home when they are acutely unwell and that they should not return until they are able to participate in the majority of the curriculum.

Short-Term Medical Needs

Many children may need to take medication during the school day at some time during their time in school, e.g. to finish a course of antibiotics or to apply a lotion. To allow a child to do this will minimise the time they need to be absent. However, medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day.

Long-Term Medical Needs

It is important for our school to have sufficient background information about the medical condition of a child with long term medical needs. If a child's medical needs are not fully supported, this can negatively affect a child's academic attainments and/or lead to emotional and behavioural problems. The school, therefore, needs to know about any medical needs before a child starts

school or when a child develops a medical condition. In these circumstances, parents will be required to complete the 'Data Collection' form (see Appendix 2); this will be sent to the parents as a hard copy. If appropriate we will request an Individual Health Care Plan from Lancashire Care NHS Foundation Trust to identify the necessary safety measures that need to be put in place to fully support the child.

This will include:

- Details of a child's condition, its triggers, signs, symptoms and treatments;
- Special requirements, e.g. dietary needs;
- Medication and any side effects;
- The level of support needed, including in emergencies;
- What constitutes an emergency;
- What to do and who to contact in an emergency;
- Procedures to be followed when transporting the child (e.g. off-site visits or home to school transport).

The healthcare professional may provide advice on nursing matters to teachers and welfare assistants at the school. They can liaise between the school and parents/carers where health matters need to be discussed. Healthcare professionals can offer support to children (and their families) suffering from certain conditions.

Prescribed Medicines

Medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day. Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted.

The medicines should always be provided in the original container and include the prescribed instructions for administration. The school will not accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.

The Medicines Standard of the National Service Framework for children recommends that a range of options are considered including:

- Healthcare professionals/dentists considering the use of medicines which only need to be administered once or twice per day (where appropriate) for children so that they can be taken outside school hours;
- Healthcare professionals/dentists to consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one

for use in the school, avoiding the need for repackaging or relabeling of medicines by parents.

Controlled Drugs

Designated members of staff may administer a controlled drug to a child for whom it has been prescribed and the prescribed instructions must be followed.

Controlled drugs will be kept in a locked non-portable container (located in the medical room) and only named staff should be given access.

A record of controlled drugs will be kept for audit and safety purposes (see Appendix 3). When administering controlled drugs, two members of staff must sign the record of administration of medicine form. The first signature is by the person administering. The second signature is by the person who has witnessed the whole procedure.

When a controlled drug is no longer required, it must be returned to the parent who will arrange safe disposal via the local pharmacy. If this is not possible, the drug should be returned to the dispensing pharmacist. Misuse of a controlled drug, such as passing to another child for use is an offence. Duke Street Primary School does not allow children to keep controlled drugs in their possession.

Non-Prescribed Medicines

School staff should only administer non-prescribed medicine to a child if it is in the correct container and if there is specific prior written permission from the parent(s) or carer(s) for a specified time period and reason. (See Appendix 1).

The full dosage instructions must be present on the medicine container and these instructions followed. Administration of non-prescribed medication should only occur if it is in the child's best interest to have such medication and that the medication can be administered safely within the school.

A record of the name, date, time and dose of the medication should be kept for each child, signed by the person administering the medication. (See Appendix 3)

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

Administering Medication

The school stores non-emergency medicines in a lockable cupboard or labelled fridge drawer. All emergency medicines, e.g. asthma inhalers, adrenaline pens, are stored safely but readily available and not locked away. Asthma inhalers are kept in class.

When administering medication the following precautions must be considered by staff:

- A child under the age of 16 must not be given any medication without parental consent.
- All prescribed medicines that are to be administered in school must be accompanied by written instructions, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.
- Non-prescribed medication must also be accompanied by written instructions from the parent, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage (see Appendix 1).
- Each time there is a variation in the pattern of dosage a new form should be completed. If necessary the health care professional can assist with the completion of the form.
- It is recommended that a primary school child should never carry medicine to and from school. Medicine must be handed over by the parent as soon as the child arrives at school.
- Medication should only be given to the named child. Children must not be given medication which has been prescribed for another child.
- Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.
- Where there is any doubt about the correct dosage to be administered, advice must be obtained from the child's healthcare professional before the medicine is administered.
- As more than one person can administer medicine, to avoid double dosing the Record of Administration of Medicine must be consulted before any dose is given.

When administering medication, staff must complete and sign a record of administration (see Appendix 3).

Any member of staff giving medication should check:

- Details on the medicine label
- Child's name
- Written instructions provided by parents
- Prescribed dose
- Expiry date

- That all children who are due to receive medication have received their medication.

It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Where appropriate, training and advice on recognition of symptoms will be obtained from healthcare professionals.

The school will follow the Individual Health Care Plan emergency action plan for such situations as advised by healthcare professionals, etc. This has implications for school journeys, educational visits and other out of school activities. Planning will take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an ambulance.

Self-Management

It is good practice to allow children who can administer their own medication to do this. Staff will then only need to supervise. This decision should be made by the parents in conjunction with the child's healthcare professional and the school. Inhalers for Asthma is an example of self-management medicine.

Refusing Medication

If a child refuses to take their medication, they should not be forced to do so and a note made in the record of administration. The parents/carers should be informed of the refusal on the same day.

If the refusal results in an emergency, the school's emergency procedures should be followed. For children with complex/long term medical needs, these procedures will be set out in their Individual Health Care Plan.

Record Keeping

Parents/carers are responsible for supplying information about the medication and informing the school about changes to the prescription or the support needed. However, the school should check that this is the same information as that provided by the healthcare professional or on the prescribed instructions.

Medicines should always be provided in the original container which should include the following written information:

- Name of child
- Name of medication plus the form of the medication (e.g. tablets, liquid)
- Dose

- Method of administration
- Time and frequency of administration
- Any side effects (these will be included in the Patient Information Leaflet)
- Expiry date (you may need to seek advice from the Pharmacist)

A parental consent form must be obtained before the administration of any medication and this form will record the above details (see Appendix 1).

Records must be kept of all medicines administered (see Appendix 3). These should be scanned onto CPOMS. The school will have electronic copies of this which will remain in the child's electronic folder.

Safety Management

Some medicines may be harmful to anyone for whom they are not prescribed. The Headteacher will ensure that the risks to the health of others are properly controlled and monitored.

All medication and parent/carer consent forms should be handed to school office staff.

Storing Medication

The school will not store large amounts of medication. If a child requires two or more prescribed medicines, each should be in a separate container.

Children should know who to contact if they need their medication. Classroom staff are responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from children.

All emergency medicines, e.g. asthma inhalers, adrenaline pens, should be stored safely but be readily available and not locked away.

All non-emergency medicines will be kept in a cupboard or fridge. Controlled drugs must be kept in a locked non portable container in the medical room and only named staff should have access.

In cases of emergency the key must be readily available to all members of staff to ensure access.

At Duke Street, such drugs are locked in a medical cupboard in the medical room which can only be accessed with a key. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they

are in an airtight container and are clearly labelled. There is restricted access to the refrigerator holding medicines.

Disposal of Medicines

Staff should not dispose of medicines. Parents will be asked to collect medicines held at school at the end of each term.

Parents are responsible for disposal of date expired medicines. The healthcare professional may be able to safely dispose of any medicines that are not collected. If necessary, staff should contact the local pharmacy for advice. Sharps boxes should always be used for the disposal of needles.

Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional. Collection and disposal should be arranged with the registered special waste contractor.

Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the school's Policy on First Aid.

Emergency Procedures

The school's Emergency Procedures detail arrangements for dealing with emergency situations. Children within the school are given instructions on what to do in an emergency, e.g. telling a member of staff.

All staff should know who is responsible (including a deputy) for carrying out emergency procedures. In the absence of a parent, a member of staff should always accompany a child to hospital by ambulance and should stay until the parent arrives.

Healthcare professionals are responsible for any decision on medical treatment when parents are not available. Staff should not take children to hospital in their own car; an ambulance will be called.

For children with complex health needs, their Individual Health Care Plan should include instructions on how to manage the child in an emergency.

Staff Absence

At Duke Street the majority of teaching staff absences are covered by teaching assistants who will be aware of any medical needs of the children in the class. In the case of a supply teacher taking a class, the school will inform them of any medical needs within the relevant class.

In the absence of the member of staff who normally manages a pupil's medical condition, eg diabetes, sufficient other members of staff have received training to cover the absence.

Developing an Individual Health Care Plan

The aim of a health care plan is to identify the support that a child with medical needs requires. Not all children with medical needs will require an individual plan and a parent /carer consent form to administer medicine might be sufficient (see Appendix 1),

The health care plan clarifies for staff, parents and the child, the help that can be provided. The school will be guided by the child's healthcare professional. The health care plan should be reviewed annually or earlier if evidence is presented that the child's needs have changed.

Each health care plan will contain different levels of detail according to the need of the individual child.

Co-ordinating and sharing information on an individual child with medical needs can be difficult. The Headteacher will nominate a responsible person who has specific responsibility for this role. This person would be the first point of contact for parents, staff and external agencies. At Duke Street Primary School, this person is the SENDCo.

The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. The timescales between training should be advised by healthcare professionals.

Off-site Activities and Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. The group leader, with support from SENDCo, if needed, should consider the reasonable adjustments to be made to enable children with medical needs to participate fully and safely on the activity.

It may be decided that further control measures are necessary e.g. additional adult to accompany an individual child. Arrangements for taking any necessary medication will need to be considered as well as the storage requirements. All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures. A copy of the Individual Health Care Plan should be taken on visits in the event of the information being needed.

If staff are concerned about whether they can provide for a child's safety or the safety of other children, they should consult with the parents, relevant healthcare professionals and the SENDCo.

Sporting Activities

Most children with medical conditions can participate in sport or extra-curricular activities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a child's ability to participate in PE should be included in their Individual Health Care Plan and, if appropriate, clearance obtained from the child's healthcare professional. Some children need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a child suffers a severe adverse medical reaction clearance should be obtained from their healthcare professional before resuming the activity.

Confidentiality

All medical information should be treated as confidential by school staff. The Senior Leadership Team will agree with the parent (and the child if appropriate) who else should have access to records, etc. about their child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Staff Indemnity

Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against a member of staff, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

Note: The school purchases Public Liability Insurance from LCC; this fully indemnifies Duke Street Primary School staff against claims of negligence from parents, providing the staff act within the terms of this policy. In practice, this means the County Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parents and the County Council.

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 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 Individual Health Care Plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg 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.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Employees

A member of staff may suffer from a medical condition. Once this condition has been identified and the school has been informed, steps will need to be taken by the school to reach an agreement with the member of staff on the action to be taken in an emergency.

Appendix 1:

Parental Agreement for setting to administer prescribed medicine

The setting will not give your child medicine unless you complete and sign this form. The setting has a policy that staff can administer medicine.

NAME OF SETTING: Duke Street Primary School

NAME OF CHILD:

D.O.B. CLASS

MEDICAL CONDITION:

Medicine: Name the medicine prescribed on the container:

.....

Date Dispensed: Expiry Date :

Agreed Review Date to be initiated by (name of member of staff)

Dosage and Method (eg, Oral, Inhaled)

Times Self Administration YES/NO

Special Precautions

Please state any know side effects (eg drowsiness)

Procedures to be taken in the event of an emergency:

.....

This arrangement will continue until

(either end date of course of medicine or until instructed by parents)

Parent Signature: Date:

Appendix 2

Pupil Data Collection Form (Office use only: CLASS)

PUPIL PERSONAL INFORMATION Please complete all sections on both sides. (Incomplete forms will be returned)

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	___/___/___
HOME ADDRESS including post code			

EMERGENCY CONTACTS INFORMATION, IN PRIORITY ORDER OF WHO TO CONTACT FIRST IN THE CASE OF ILLNESS/EMERGENCY (If you would like more emergency contacts adding, please write on an additional sheet).

(1) TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	<u>Yes / No</u>		
HOME ADDRESS including post code					
TELEPHONE NUMBERS	HOME: WORK: MOBILE:				
E-MAIL ADDRESS*					
RELATIONSHIP TO CHILD					

(2) TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	<u>Yes / No</u>		
HOME ADDRESS including post code					
TELEPHONE NUMBERS	HOME: WORK: MOBILE:				
E-MAIL ADDRESS*					
RELATIONSHIP TO CHILD					

(3) TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	<u>Yes / No</u>		
HOME ADDRESS including post code					
TELEPHONE NUMBERS	HOME: WORK: MOBILE:				
E-MAIL ADDRESS*					
RELATIONSHIP TO CHILD					

P.T.O

This information will be used on a non-identified system. The school is General Data Protection Regulation compliant. Data will be used for education.

MEAL TYPE (please circle one only) Packed Lunch School Meal

If your child is entitled to Free "Pupil Premium" Meals because you are in receipt of Income Support etc please tick here (NOT under the Government Universal Free Meals for all Infant children) ☐

Any special dietary requirements _____

Occasionally during the year children cook or bake in class. Please indicate here if you **DO NOT** wish for your child to taste any of the food /ingredients used during these lessons. (Please inform the office and class teacher if your child develops any allergies during the year that could affect this). ☐

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
MEDICAL CONDITIONS:			

MODE OF TRAVEL (one most often used) Car / Walk / Cycle/ Bus other please specify

ETHNICITY _____

RELIGION _____

IS ENGLISH THE CHILD'S FIRST LANGUAGE? Y / N IF NO WHAT IS LANGUAGE SPOKEN _____

PREVIOUS SCHOOL/NURSERY INFORMATION:

SCHOOL NAME	FROM	TO	SCHOOL PHONE NO:

PLEASE DELETE AS APPROPRIATE BELOW TO GIVE YOUR CHILD PERMISSION FOR THE FOLLOWING:

YES I DO / NO I DO NOT give permission for my child's photograph to be on SOCIAL MEDIA (*this could include the school website/school face book page, school twitter page, sorry if they can't be on one social media site, they will have to be left off all the social media sites*).

PLEASE CIRCLE Yes or No to give permission for your child's photograph to be in:

Local Press YES /NO

School Publications eg. Brochure, YES / NO

Group/Class Photos YES/NO

Occasionally children may be allowed to watch a PG film, please circle if you child can watch such films or not **YES / NO**

Is there a Child Arrangement Order/Court Order in Place for your child? **YES / NO**

Can your child come into contact with the "school" dog? **YES / NO**

Please sign below to confirm that the information provided by you on this form is accurate and up to date and that this information can be shared with relevant agencies to assist in safeguarding your child.

Signature _____ Date _____

Name (please print) _____ Relationship to Child _____

Please provide a "password" that gives permission for an adult other than the parent to collect your child, if the collecting adult cannot give us this password we will have to contact you before releasing your child to that person.

Please download the Schudio app on your smartphone/tablet to receive information about upcoming events, links to our website, newsletters etc, straight to your device. (No registration is necessary).

Date medicine returned to parent if applicable: _____