Elton Primary School & Nursery

Medicine Policy

In our school, the wellbeing and education of all our children comes first

Full Governors	Autumn 2026
Review	Autumn 2027

Policy statement

1. Elton Primary School and Nursery is an inclusive community that aims to support and welcome pupils with medical conditions.
2. Elton Primary School and Nursery aims to provide all pupils with all medical conditions the same opportunities as others at school.
3. Elton Primary School and Nursery ensures all staff understand their duty of care to children and young people in the event of an emergency.
4. All staff feel confident in knowing what to do in an emergency.
5. Elton Primary School and Nursery understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
6. Elton Primary School and Nursery understands the importance of medication being taken as prescribed.
7. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

Policy framework

The essential framework:

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.

2. This school's medicine policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings.

3. The medicine policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school and are clear about which members of staff must be informed immediately.

5. Key members of staff understand and are trained in the school's general emergency procedures.

6. This school has clear guidance on the administration of medication at school.

7. This school has clear guidance on the storage of medication at school.

8. This school has clear guidance about record keeping.

9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. Elton Primary School and Nursery is actively working towards reducing or eliminating these health and safety risks.

11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

12. The medicine policy is reviewed, evaluated and updated annually.

1. Rationale

To ensure that all children with medical conditions in terms of both physical and emotional wellbeing are properly supported in school.
To limit the impact on the child's educational attainment so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
It is important that parents feel confident that the school will provide effective support for their child's medical condition. For children with special needs this policy should be read alongside SEND guidance.
The school encourages pupils with medical conditions to take control of their condition where possible.
We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
The Medical Conditions policy is supported by a clear communications plan setting out the role and responsibility of parents, pupils and staff. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend on the partnership between school staff, healthcare professionals, local authorities, parents and pupils to ensure that the needs of pupils with medical conditions are met effectively.

2. Roles and responsibilities

2.1 Governing Body will ensure (via Headteacher's Termly Report and any RoV completed by the Safeguarding Governor):

- pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- the Governing Body is committed to ensuring that all pupils, regardless of medical condition, have an equal opportunity to learn and participate in school life to as full an extent as possible.
- sufficient staff to have received the identified appropriate training before they take on responsibility to support children with medical conditions.
- the medical policy is effectively monitored, evaluated and reviewed annually according to local and national guidance and legislation.

2.2 The Headteacher to ensure:

- the school is inclusive and welcoming
- the school's policy is developed and effectively implemented
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- all staff who need to know are aware of the child's condition including supply teachers, new staff and support staff
- sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- Head teacher has overall responsibility for the development of individual healthcare plans
- risk assessment are carried out for activities outside the normal timetable including school visits

- ensure transitional arrangements are in place both between schools and changes in class
- make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way
- The Headteacher may delegate elements of their responsibilities to a named member of staff.

2.3 School staff:

- understand the medical policy
- know which pupils in their care have a medical condition
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do if a pupil with a medical condition needs help
- any member of school staff may be asked to train and provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school or if any medication has been administered that day
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing difficulties or need extra support
- ensure all pupils with medical conditions are not excluded from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- school staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions
- staff may not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions

2.4 Teaching staff:

- support pupils with medical conditions who have been unwell to catch up on missed school work
- be aware how medical conditions can affect a pupil's learning
- liaise with parents, the pupil's healthcare professional and special educational needs as necessary if a student is falling behind with their work because of their condition
- liaise with parents, the pupil's healthcare professional and special educational needs as necessary regarding activities that are outside of the normal timetable including school visits
- review risk assessment for activities outside the normal timetable including school visits
- ensure transitional arrangements are in place for changes in class

2.5 Special Educational Need and Disabilities coordinator:

- know which pupils have a medical condition and which have special educational needs because of their condition
- liaise with teachers if a pupil needs special consideration or access arrangements

2.6 Healthcare professionals:

- may support staff on drawing up and implementing a child's individual healthcare plan and provide advice and liaison, for example on training
- school nurses may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs if required

2.7 Pupils:

- treat other pupils equally
- tell their parents, teacher or nearest staff member when they are not feeling well if they are able to
- let a member of staff know if another pupil is feeling unwell
- treat all medication with respect
- know how to gain access to their medication in an emergency
- ensure a member of staff is called in an emergency situation
- pupils should contribute as much as possible to the development of, and comply with, their individual healthcare plan
- children who are competent are encouraged to take responsibility for managing their own medicines and procedures. This will require a written letter, expressly confirming the child is competent, from the parent.

2.8 Parents:

- tell the school if their child has a medical condition
- provide the school with sufficient and up-to-date information about their child's medical needs
- parents are key partners and should be involved in the development and review of their child's individual healthcare plan
- carry out any action they have agreed to as part of the implementation of a healthcare plan e.g. provide medicines and equipment
- ensure they or another nominated adult are contactable
- ensure their child's medication and medical devices are labelled with a pharmacy label and with child's full name and is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed

The term 'parent' implies/includes any person or body with parental responsibility, such as foster parent or carer.

Individual health care plans will be drawn up for pupils with complex medical conditions. The healthcare plan will detail key information and actions that are required to support the child effectively. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind to enable the school to assess and manage risks to the child's education, health and social well-being. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the Headteacher will take a final view.

3. Managing medicines on school premises

- Medicines will not normally be administered by the school unless under special circumstances. All medicine prescribed by the doctor or OTC, must only be given in school if the prescribed dosage is 4 times or more in a 24hr period.

- If a child is complaining of mild illness, school may phone parents to seek permission to administer over the counter medicines such as Paracetamol. If administered then a form is sent home to parents stating the time it was given and dosage and it is also recorded on school forms. School pain relief medication eg Parcetamol should only be used in emergencies to relieve pain eg, headache, toothache, ear ache, period pain. If given for an emergency, it should only be given for up to 48hrs, then it has to be prescribed by a doctor. If a child has a temperature the parent should be called and the child taken home to seek medical advice.

- the school will require a joint home-school agreement to administer medication. A medicine form is to be filled in and signed by the parent before we can accept the medication.

- the school can only accept prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. An exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. Should the medication need to be changed or discontinued before the completion of the course, or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be attained and taken in to school as soon as possible.

- all medicines will be stored safely. Children should know where their medicines are at all times. Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. Over the Counter Medication (OTC), must have a printed pharmacy label - doesn't have to be prescribed by a doctor, but must have a label printed by a pharmacy with the child's details and dosage. Do not accept any OTC medication without a pharmacy label.

- Ibuprofen and Aspirin must be prescribed by a doctor. School is not allowed to accept Ibuprofen/Aspirin bought over the counter, with or without a pharmacy label.

- a record is kept 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 to be administered at school should be noted. All medication given to school must have a medication form filled in and signed by a parent, before it can be accepted. The forms should then be kept in the blue folders on top of the locked medication cabinet, in the staffroom. (Short term/OTC medication or Long term medication).

- when no longer required, medicines will be returned to the parent to arrange for safe disposal. If this is not possible they will be taken to a pharmacist for disposal.

- on school trips requiring an overnight stay, prescription medication can be accepted as if on school property. School cannot accept any medications supplied on a prophylactic basis, requiring staff to use a judgement call on when to administer, for which they are neither qualified nor authorised, without contacting parents first.

- In the event a child is taken ill on a residential trip, parents will be informed and local medical advice will be sought on an emergency basis if needs be.

- No medication should be provided to the child without notifying school. Should this happen, school could notify Social Services in respect of placing both the child and other children at grave risk of harm.

- Hayfever medications must be prescribed by a doctor or with a pharmacy label on them. Do not accept OTC Hayfever medicine, sprays or tablets unless in the original box with a pharmacy label and child's details on it.

- All inhalers given to school must be in original box with a pharmacy label printed, with the correct child's details on. (An emergency inhaler is stored in the office in a white box, only for emergency use.) **See appendix 1**

Controlled drugs,eg ADHD medication, must be:

- Controlled drugs must be given to the school office, by a responsible adult, not a child. The correct amount of medication given to school must be filled in on a current **Medication Form** by the parent. It should then be countersigned by two members of staff to agree that the correct amount has been received by school.
- A current medication form filled in by the parent and checked by an adult in school.
- The medication has to be in a sealed box with a pharmacy label on it, with the correct child's details, which will be checked by the adults.
- The medication has to be counted and checked by two adults in school to correlate with the amount of tablets it says on the box/label. The medication then has to be signed for and countersigned by both school adults to agree with the amount that they have been given. This is to be signed and dated on the medication sheet, alongside tablet details.
- The medication must then immediately be stored in the locked medicine cabinet in the staffroom, as this is a controlled drug they are subject to special legislation because they are either extremely toxic or subject to misuse or both.
- In the event of storage of a controlled drug the storage container must be secured to the wall.
- ALL MEDICATIONS GIVEN TO SCHOOL MUST BE KEPT IN THE STAFFROOM IN THE LOCKED MEDICINE CUPBOARD OR IN THE MEDICINE FRIDGE. AT NO TIME SHOULD ANY MEDICATION OR MEDICINE FORMS BE KEPT IN THE CLASSROOM, EXCEPT FOR INHALERS/INSULIN OR EPIPENS. NURSERY HAVE THEIR OWN LOCKED CUPBOARD AND FRIDGE TO STORE MEDICATION EXCEPT FOR CONTROLLED DRUGS WHICH NEED TO BE KEPT IN THE LOCKED CABINET IN THE STAFFROOM.

4. Record keeping

- written healthcare plans will be drawn up for children with complex medical conditions
- written records are kept of all medicines administered to children. The record is to offer protection to both staff and children
- parents are asked to inform the school of any known health conditions on the admission form when first joining the school
- should a child develop a medical condition during the school year the parents must inform the school, so support can be put in place

5. Emergency procedures

- where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do,
- all relevant staff to be aware of emergency symptoms and procedures for each child (this is done in a number of ways)
- 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 needs to be taken to hospital, a member of staff will stay with the child until a parent arrives

6. Individual Healthcare Plans/Medical Plans

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- 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,
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide support, their training needs, expectations of the role and cover arrangements for when they are unavailable.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed and recorded, use of rest periods or additional support in catching up with lessons
- who in the school needs to be aware of the child'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 child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that can be used to inform the development of their school healthcare plan

7. Unacceptable practice

The school will not:

- prevent children from easily accessing their inhalers 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 (although this may be challenged) or ignore medical evidence or opinion
- 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 or medical room 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
- 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

8. Complaints and concerns

- should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the class teacher. If for whatever reason, this does not resolve the issue, parents should speak to the Headteacher
- parents may also make a formal complaint via the school's complaints procedure.
- making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted

9. Monitoring and evaluation of policy

Policy to be reviewed annually

- to review how the policy is being implemented
- discuss and take into account the views of key stakeholders
- written records of medicines administered are kept up to date
- policies regarding the safe management of medicine are in place and carried through
- suitable staff training is in place
- all staff and parents are aware of the policy and the expectations listed
- individual healthcare plans are in place
- appropriate insurance is in place

This policy was written in consultation with parents.

There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902)

Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust http://www.cftrust.org.uk/

Diabetes UK http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/

Epilepsy Action http://www.epilepsy.org.uk/info/education

The Anaphylaxis Campaign http://www.anaphylaxis.org.uk/schools/help-for-schools

Non-routine administration of medicines

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school nurse for advice.

Appendix 1

Asthma

1. If a child has severe asthma then they will have an IHCP
2. Parents will complete a medical form for their child if they have asthma detailing dosage and any known triggers.
3. The office maintains a centralised register of asthmatics in school and share this at the start of each school year.
4. Inhalers and their spacers will be kept in cupboards where they can be easily accessed when needed. Inhalers will be taken out with the child for residential trips, day visits and PE lessons.
5. An emergency inhaler and spacer is kept in the office and monitor termly by Mrs Deakin. Parents will sign a permission slip to say they allow the emergency inhaler to be used if required.
6. Children will be supervised, and aided if needed, when using their inhaler and spacers.
7. Parents will be informed by the office that the children have needed the inhaler after each occasion that they have been used.