



Crawford Village
Primary School & Nursery

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Medicines Policy

Supporting pupils at school with medical conditions

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body must have regard to guidance issued by the Secretary of State under this section. Section 100 will come into force on 1 September 2014.

Key points

Key points on which this policy is based:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

Crawford Village 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. Children with medical conditions have the same rights of admission to the school as other children.

The role of the Governing body and the 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 an 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 pupil's 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.

Procedures to be followed when notification is received that a pupil has a medical condition.

When a pupil with a medical condition starts Crawford Village 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 school mid-term, every effort will be made 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 medical evidence from health care professionals 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 Healthcare Plans (IHCP)

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. The initiation of an IHCP, and their review, will be done in consultation with the parents, a member of school staff and a healthcare professional, as well as the pupil wherever appropriate.

The governing body, through the work of the SENCo, 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 and SENCo will make a decision on the appropriateness of a plan.

An 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. IHCPs 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 SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to, or become part of, the statement.

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 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, 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 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

The **Governing Body** will make arrangements to support pupils with medical conditions in school. They will ensure that sufficient staff have received suitable training and are competent before they take on extra responsibility to support children with medical conditions.

The **Headteacher** will ensure that the school's policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy and understand their role in supporting pupils with medical conditions. The Headteacher will also ensure there are sufficiently trained members of staff will be available to implement and deliver the policy, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans and should make sure that staff are insured to support pupils as required. The Headteacher will also contact 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 identified as such.

School staff may be asked to provide support to pupils with medical conditions (including the administering of medicines) although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Staff will receive suitable and sufficient training to support any pupils with medical conditions.

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.

Pupils with medical conditions will be fully involved, as appropriate, in discussions about their medical support needs and will contribute as much as possible to the development of their IHCP.

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

The headteacher 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.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

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, 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 a locked cupboard 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.

The management and administration of non-prescribed medicines

The governors acknowledge that parents are responsible for the administration of medicines to their children and as such there is no requirement for the headteacher or staff to undertake these responsibilities. It is the responsibility of parents to ensure their child is not sent into school if at all unwell. Staff should never give non-prescribed medicine e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the form, Parental Agreement to Administer Medicine prior to any medicine being administered by school staff. In such cases, only one dose should be given to a child during the day. Details of the medicine administered must be recorded. Children in the EYFS should never be given non-prescription medicines. Normally, medicines will be kept under the control of the school office unless other arrangements are made with the parent. The form, 'Record of all medicines administered to children by staff' will be kept in the school office. This must be completed on each occasion that medicine is administered to a child. Parents/carers may attend school at lunch or break times to administer medicines if they wish to do so.

When a child refuses medicine, the parent should be informed, if practical, the same day.

Where a pupil requires medication to manage a diagnosed allergy, including an Adrenaline Auto-Injector (AAI) where prescribed, the school will follow the arrangements set out in the school's Allergy Management Policy and any associated Individual Healthcare Plan.

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 (e.g. when it is part of an IHCP).
- 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.
- For children who do not have an IHCP, only prescribed medicines needing to be given **four** times a day will be given (at lunchtime). The exception to this is if a prescribed medicine is to be given **three** times a day and the child attends after-school club, then this will be given at 3.30pm.
- 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 bursar's office or, if necessary, in the fridge in the staff room. Children should know where their medicines are at all times and be able to access them immediately. The headteacher or the bursar will access the medication from the cupboard when necessary.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away; these will be stored in the classroom cupboards where class teacher, teaching assistant and pupil 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.
- 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 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.

Sun Creams

Parents are asked to apply sun cream to their child before they come into school each morning and it is recommended that this is an 'all day' brand.

Once children move into Reception, children can re-apply sun cream themselves just before lunch under the supervision of a member of staff. The cream should be sent into school in a clearly labelled container.

Nursery children may require some assistance with this. Therefore, when it is deemed necessary, staff may apply sunscreen, before lunch, to children who are staying all day. Prior permission must be obtained from parents.

Emergency asthma inhalers

Following a change in the law from the 1st 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 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 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. 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 to pupils with medical conditions, 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 procedure.

Policy written: December 2015

Reviewed: November 2017, 2019, 2021, 2023, 2024, 2025

Next review: September 2026