Shocklach Oviatt

C.E. Primary School

Supporting Children with Medical Needs

Date: October 2026

Review Date: October 2028

We aim high in our hearts and minds as we blossom in God's garden.

Blessed is the one who trusts in the Lord and whose confidence is in Him. They will be like a tree planted by water... and never fail to bear fruit. – Jeremiah 17:7-8

Administering Medicines in School

Our school aims to:

· Provide a safe and secure environment for all students

· Assist parents in providing medical care for their children

· Educate staff in respect of special medical needs

· Adopt and implement any national or LEA policies in relation to medication in schools

· Arrange training for staff who volunteer to support individual students with special medical needs

· Liaise as necessary with medical services, parent/carers, in support of the student

· Keep controlled drugs in a locked non-portable container

· Accurately record all medications taken in our school

ROLES AND RESPONSIBILITIES

Leadership team

· To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice

· To ensure that there are sufficient appointed persons for the school to be able to adhere to this policy

· To ensure that staff receive appropriate support and training

· To ensure that parents are aware of the school's Administering Medicines Policy

All staff

· To follow the procedures outlined in this policy using the appropriate forms

· When required, to complete a health care plan in conjunction with parents and relevant healthcare professionals for students with complex or long term medical needs

· To share medical information as necessary to ensure the safety of a student

· To retain confidentiality

· To take all reasonable precautions to ensure the safe administration of medicines

· To contact parents with any concerns without delay

· To contact emergency services if necessary without delay

Parents/ Carers

· To give the school adequate information about their child's medical needs prior to a child starting school; and any changes, such as higher/ lower dosage

· To follow the school's procedure for bringing medicines into school

· To only request medicines to be administered in school when essential

· To ensure that medicines are in date and that asthma inhalers are not empty

· To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

School nurse or school healthcare professionals

· When available will help update the school's medical conditions policy

· Help provide regular training for school staff in managing the most common medical conditions

· Help staff and parents complete Individual Healthcare plans

· Provide information about where the school can access other specialist training

Prescribed Medicines

Medicines will not be accepted in school that require medical expertise or intimate contact unless it has been agreed by the Executive Headteacher or Head of School.

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Schools will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

If medication brought into school needs to be stored in a fridge, it will be stored in the fridge situated in the Staff Room.

It is the responsibility of the child's parents to request the return of medication at the end of the school day.

Non-Perscribed Medicines

We will only administer non-prescribed medicines, such as pain relief and antihistamines, if a Full First Aider or those qualified to administer medicines, deems it necessary.

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed. It is not expected that parents requests should become onerous. The school does not take responsibility for any administration of over the counter medication being missed.

Allergies/Anaphylaxis Procedures

Please see our Allergy Safety Policy for how we support children with allergies, including anaphylaxis.

Food Intolerances and Coeliac Disease

Some pupils have a food intolerance or coeliac disease. These are different from food allergy and cannot cause anaphylaxis, but they can still make a child unwell and affect their comfort, concentration and attendance. Coeliac disease is an autoimmune condition, and children with coeliac disease must follow a strict gluten-free diet.

Parents should tell the school about any food intolerance, coeliac disease or other medically required diet on admission and whenever it changes.

An Individual Healthcare Plan will be put in place where the condition has a significant impact on the child at school or needs arrangements beyond those generally available. Pupils with dietary needs eat alongside their friends and are included in all activities, including visits, with suitable food arranged in advance.

For food allergies, please see our Allergy Safety Policy.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate. The Executive Headteacher or Head of School must be informed of any controlled drugs required by children.

· Any Full First Aider or any adult who is named on the medical form may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and complete the relevant medical form.

· School will look after other controlled drugs, where it is agreed that it will be administered to the child for whom it has been prescribed.

· We will keep controlled drugs in a locked cupboard in the office area and only named staff should have access. A record will be kept for audit and safety purposes.

· The child will be aware of where their medication is stored.

· A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal.

· Misuse of a controlled drug, such as passing it to another child for use, is an offence.

· A child who has been prescribed an inhaler, may legally have it in their possession.

Asthma Inhalers

A child diagnosed with Asthma will be asked to complete an Asthma Record Card which will allow the child to understand their need and allow others to be aware of any triggers and alerted to any signs or symptoms where the child may need medical assistance. (See appendix A)

A child who has been prescribed an inhaler, may legally have it in their possession and will be able to access their inhaler at any time - this includes off site educational visits. When a child has the need to use their inhaler at school, the child's class asthma form will be completed stating times and doses taken. (This will allow the parents and school to be alerted should the child's need increase.)

In accordance with the Human Medicines (Amendment) (No2) Regulations 2014, we will keep emergency salbutamol inhalers and spacers for use in our school by children who have been diagnosed with Asthma. These inhalers will only be used by pupils whose parent /guardian have given the school signed consent to do so.

In the event of a child using an emergency inhaler, the child's parent/guardian will be contacted by telephone by the First Aider and the amount given will be entered onto the child' asthma form. The Emergency Inhaler form must also be filled in and signed by both the First Aider and the child's parent/guardian.

If a child is taken to hospital as a result of an asthma attack, their care plan including any medication given and their inhaler must go to the hospital with them. When possible a copy of the care plan should be made and kept in school.

Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). Students with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Where a student needs assistance or supervision to administer insulin, staff will need to be trained and permission from senior leadership team and consent from parents will be required. In the event of a serious hypoglycaemic episode, school will decide if an ambulance needs to be called and then contact parents/emergency contact number. In the event of a hyperglycaemic episode, the student will be supported in using their own monitoring device to determine the amount of insulin required to bring their blood sugar level down. All children with diabetes will have an individual health care plan, draw up by Parents and Health Care professionals, which will be followed in school.

Staff must be aware of the pupils in their care who are diabetic. Staff leading educational visits will ensure they carry all relevant supplies. The visit leader will check that all pupils with medical conditions, including diabetes, carry their medication and any necessary equipment. If a pupil's medication or equipment is not available, the visit leader will contact parents and, with the Executive Headteacher or Head of School, find a safe way for the child to take part. Parents will not be required to attend a visit for their child to take part.

Training is provided by a Health Care professional when pupils enter a new class. All first aiders are trained in responding to hypo/hyper episodes.

Epilepsy

Epilepsy is repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout and can happen to anyone at any time. If Parents and Health Care Professionals are aware that a child has Epilepsy they should provide information to the school, to be incorporated into the child's individual health care plan. If a child does experience a seizure in school, details should be communicated to parents. This should include:

Any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset).

Unusual 'feelings' reported by the child prior to the seizure.

Parts of the body demonstrating seizure activity e.g. limbs or facial muscles.

When it happened and how long it lasted.

Whether the student lost consciousness.

Whether the student was incontinent.

During a seizure it is important to make sure the student is in a safe position, movement is not restricted and the seizure is allowed to take its course. After a convulsive seizure has stopped, the child may be placed in the recovery position and stayed with until they are fully recovered. (It is not always necessary for a child to be sent home after a seizure.) Parents and an ambulance will need to be called if it is the child's first seizure.

Children's Role in Managing their own Medical Needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should administer medicines and manage procedures for them.

Invasive Procedures

Some children require types of treatment which school staff may feel reluctant to provide eg the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for Headteachers and staff to undertake these responsibilities and in such circumstances the matter should be referred to the LA. Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel. For the protection of both staff and children a second member of staff must be present while more intimate procedures are being followed.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in our school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this, will minimise the time that they need to be absent. However such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. The medication/lotion should only be accepted by a Fully Qualified First Aider or those qualified to administer medicines. School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are specifically prescribed for the child named.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Schools will never accept medicines that have been taken out of the container as originally dispensed, have been prescribed to another person, nor make changes to dosages on parental instructions.

The Parental Permission Form must state:

· The Child's name

· Date of Birth

· Child's Class

· Medical condition or illness

· Medicine/Lotion name

· Time to be taken

· Amount to be taken and method

· Duration of course

· Expiry date of medication

· Any other instructions/special precautions

· Any side effects

· Procedures to take in an emeregency

· Name and telephone number of GP

·The Parents Name, signature and Contact number

Each time the child is given the medication, a record of the date, time, dose given and the signature of the adult giving the medication, will be entered on to the Administration of Medicines form.

Reasons for any non-administration of medication will also be recorded on the Permission to Administer Medicine Form and the child's parent/carer informed that day. A child should never be forced to accept medication. 'Wasted doses' (e.g. tablets dropped on the floor) should also be recorded.

If a child needs to have lotion applied, where possible they should self-administer, but if an adult needs to administer the lotion gloves must be worn at all times.

If a child is given any paracetamol based medicine a phonecall will be made to the parent/carer for verbal permission. If this is part of ongoing treatment, a note will be made in the child's Home School Contact Book of the date and time.

Should medication need to be changed or discontinued before the completion of the course or if the dosage changes, school must be notified immediately by the parent/guardian and the appropriate forms must be completed. Any medication needing to be replenished should be done so in person by the Parent/guardian.

Safe disposal

Parents will be asked to collect any out of date medication.

If parents do not collect out of date medication then it will be delivered to the local pharmacy for safe disposal.

The office team are responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check will be completed termly and will be documented in the Administering Medicine File.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP. Sharps boxes will be stored in the disabled toilet/first aid room.

Collection and disposal of the sharps boxes will be arranged by the office team.

Medicine on School Trips

Students with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all students to participate fully and safely on school trips. Staff should discuss any concerns about a student's safety with parents.

1a. The trip leader is responsible for designating a person trained in administrating relevant medicines for the trip. This person will be responsible for ensuring the correct medicines and health care plans are taken on the trip (including first aid equipment).

1b. The trip leader is responsible for ensuring that arrangements are in place for any student with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip.

1c. The designated school person (named in 1a) on the trip will administer any medicines required and record the details on return to school.

1d. The person (named in 1a) will return the IHCPs to the child's classroom, and any unused medicines to the office on return to school.

1e. All medications must be kept safe by the person named in 1a.

Attendance of those with Health Needs

Children who are unable to attend school as a result of their medical needs may include those with:

· Physical health issues.

· Physical injuries.

· Mental health problems, including anxiety issues.

· Emotional difficulties or school refusal.

· Progressive conditions.

· Terminal illnesses.

· Chronic illnesses.

Shocklach Oviatt CofE Primary School aims to support the LA and ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

We understand that we have a continuing role in a pupil's education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

The LA must arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. The school has a duty to support the LA in doing so.

Managing Absences

Parents are advised to contact the school on the first day their child is unable to attend due to illness.

Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the pupil's parents to arrange schoolwork as soon as the pupil is able to cope with it or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their family and relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named person with responsibility for pupils with health needs will notify the LA, who will take responsibility for the pupil and their education.

Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the pupil's absence.

For hospital admissions, the appointed named member of staff will liaise with the LA regarding the programme that should be followed while the pupil is in hospital.

The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil's education to work together.

The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education otherwise than at school.

The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

· The pupil has been certified by the school nurse as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and

· Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from the school nurse, even if the LA has become responsible for the pupil's education.

Date of Policy: October 2026

PERSON RESPONSIBLE FOR POLICY:	***MICHAEL HEATHCOTE***
APPROVED:	
SIGNED:	
TO BE REVIEWED:	**OCTOBER 2028**

Appendix A

Asthma Inhalers in Primary Schools

Dear

Asthma Inhaler

Your child _____ has an asthma inhaler in school.

I am writing to inform you of the School's guidelines with regard to asthma inhalers in school.

1. All children who have an asthma inhaler in school will need to have an Individual Healthcare Plan in school.

2. All asthma inhalers and spacers (if provided) will be kept in the child's classroom in a designated box.

3. All asthma inhalers and spacers will be named.

4. With the inhaler there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their inhaler rather too frequently, then the parent can be informed.

5. We strongly encourage independence, so your child will not be restricted from using their inhaler during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.

6. If your child needs their inhaler during break-times, a request to a member of staff must be made first before entering the building. If the child always needs their inhaler during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure they collect their inhaler from the Midday Supervisor following lunch.

7. Your child must always have their inhaler with them during P.E lessons and swimming lessons.

Would you please sign and return the slip below indicating your agreement to our Asthma inhalers in school policy.

Yours sincerely

C Mackenzie

Executive Headteacher

Asthma Inhalers

I agree and accept the above guidelines regarding asthma inhalers in school

Signed _____ Parent/Guardian

Date _____

Child's name _____

Record of when I have used my Inhaler

This record will help me to recognise when and how frequently I need to use my inhaler in school. It may also help indicate activities that trigger the need for me to use my inhaler.

CHILD'S NAME Date of Birth Class

Date	Time	Activity Preceding dose	Amount taken	Child's initials	Staff initials

Individual Healthcare Plan

Name of school	Shocklach Oviatt Cof E Primary School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information

Contact Name	
Phone number (work)	
Phone number (mobile)	
Phone number (home)	
Contact Two Name	
Relationship to child	
Phone number (work)	
Phone number (mobile)	
Phone number (home)	

Clinic/Hospital Contact

Contact Name	
Phone number	

Who is responsible for providing support in school

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

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

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

Arrangements for school visits/trips etc

Other information

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)

Plan developed with

Staff training needed/undertaken – who, what, when