RUARDEAN CHURCH OF ENGLAND PRIMARY SCHOOL
SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS incorporating MANAGING MEDICINES ON SCHOOL PREMISES
POLICY

Love of Learning - Love of Life - Love of One Another
Matthew ch22 v33-40

Policy Reviewed:	**Annually**
By:	**Performance, Standards & Community Committee**
Agreed:	**24/09/2026**
Next Review:	**Autumn 2027**
Policy Owner/s	**Headteacher/SENDCo**

Related Policies
Safeguarding Child Protection Policy and Offer of Early Help
Intimate Care
Single Equality
Allergy and Anaphylaxis Policy
Health and Safety

1. Introduction
- This policy sets out how pupils at Ruardean Church of England Primary School with medical conditions will be properly supported so that they have access to education.
- It reflects the consensus of opinion of the teaching staff and has the full agreement of the staff and Governors.

2. Aims
- To ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that pupils with medical conditions access and enjoy the same opportunities as any other child in school.
- Recognise that children's health needs may change over time in ways that cannot always be predicted, sometimes resulting in extended absences.
- In making decisions about the support which we provide, we will establish relationships with relevant health services to help. We will ensure that we, as a school, work together with the LA, health professionals and other support services to ensure children with medical conditions receive a full education.
- We will aim to receive and consider advice from health care professionals and listen to and value the views of parents and pupils.
- In making any arrangements we will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

- Arrangements in place not only show an understanding of how medical conditions impact on a child's ability to learn but also aim to increase their confidence and promote self-care.
- We will ensure that staff members are properly trained to provide the support each child needs.

3. Implementation
- The Headteacher is responsible for ensuring that sufficient staff are suitably trained.
- All relevant staff will be made aware of a child's condition.
- The class teacher is responsible for briefing a supply teacher on a child's medical condition. If this cannot take place due to long term absence, then this role falls to the Special Educational Needs and Disability Co-ordinator (SENDCO) or in their absence the Headteacher.
- The trip Leader is responsible for compiling a risk assessment for school visits and other school activities outside the normal timetable, liaising with the Headteacher. The Headteacher is responsible for monitoring the risk assessment.
- The SENDCO/Headteacher are responsible for monitoring any Individual Healthcare Plans.

4. Procedures when notified a pupil has a medical condition
- When a pupil leaves school their records will be passed to the next school and the SENDCO will contact the relevant professional at the new school to discuss the child's medical condition.
- The SENDCO will work with the Headteacher and other health care professionals in ensuring a suitable reintegration plan is in place after periods of absence. This will also be carried out in consultation with the parents and if possible, the pupil.
- For children starting a new school, arrangements should be in place in time for the start of the relevant school term.
- If there is a new diagnosis or the child is moving to a new school mid-term, every effort should be made to ensure arrangements are in place within 2 weeks of their arrival at school.

5. Individual Healthcare Plans (IHP) - Appendix 3
- The SENDCO and Headteacher are responsible for developing an IHP in supporting pupils with medical conditions.
- The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, then the Headteacher has the final decision.
- The IHP will be drawn up in partnership between the school, parents and relevant healthcare professional. Pupils can also be involved whenever appropriate. The responsibility for ensuring the plan is finalised and implemented rests with the school.
- The Governing Body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should 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 minimises disruption.

6. Roles and Responsibilities
- The Governing Body must ensure that the school is accessible for children with medical conditions and the school environment is inclusive to all and their monitoring ensures this policy is adhered to.

- The Headteacher must ensure that the policy is developed and effectively implemented with partners. Also, that all staff who need to know are aware of a child's condition.
  Ensure sufficient trained members of staff are available to implement the policy and deliver against IHPs.
- School Staff - Any member of school staff may be asked to support pupils with medical conditions, including the administration 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 needs that they teach.
  School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- School Nurse- Responsible for notifying the school when a child had been identified as having a medical condition which will require the support of the school. They may support staff on implementing a child's IHP and provide advice and liaison.
- Other Healthcare professionals - Responsible for notifying the school nurse when a child had been identified as having a medical condition which will require the support of the school.
  They may be able to provide advice on developing IHP and providing support for children with particular conditions (e.g. asthma, diabetes).
- Pupils - Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.
- Parents– should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

7. Staff Training and Support

- Any member of school staff providing support to a pupil with medical needs should have received suitable training.
- The relevant healthcare professional would normally lead on identifying and agreeing with the school the type and level of training required and how this can be obtained.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training.
- All school staff will be made aware of this policy and their role in implementing it. Any new members of staff will have this policy included in induction

arrangements. Parents will be asked for their views and to provide relevant information to school staff as to how their child's needs can be met.
- After discussions with parents, children who are competent should be encouraged to take responsibility for managing their own medicine and procedures.
- Wherever possible children are allowed to carry their own medicine (such as inhalers and for diabetes) and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take medicines themselves or manage procedures may require an appropriate level of supervision.
- If a child refuses to take a medicine or carry out necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents should be informed so that alternative options can be considered.

8. Managing Medicines on School Premises.

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered**.** See **Appendix 1 – Parental Agreement For Administration Of Medication.** It only requires one parent to agree or request that medicines be administered.
- 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.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as 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 to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. All non-emergency medicines will be kept in the Office. Where relevant, they should know who holds the key to the storage. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. These would usually be kept in the classroom in a named container. This is particularly important to consider when outside of school premises e.g. on school trips.
- Any medicines kept in the refrigerator will be kept in the staffroom fridge in a separate box for medicines, clearly labelled and in an airtight container.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

9. Record keeping

Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. See **Appendix 2 – Record Of Medication Administered** to an individual child. Parents should be informed if their child has been unwell at school.

10. Emergency Procedures

- Where a child has an individual healthcare 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 needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

11. Unacceptable Practice

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

12. Complaints

- Should parents or pupils be dissatisfied with the support provided 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 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.

13. Publications and Review

- This policy has been devised taking into account the DfE advice in the publication 'Supporting Pupils at School with Medical Conditions -

Appendix 1

Parental Agreement For Administration Of Medication

***Data Protection Act**. The information being collected on this form will only be used for the purpose of school administration under DfE guidelines. The data will not be disclosed without your written consent to any external sources other than in an emergency, or to the Local Education Authority.*

Medication cannot be administered until this form is completed and signed.

Name of Child _____
Date of Birth _____
Class _____
Medical condition/illness _____

Name of Medication as described on the container _____

Date & time last dosage given _____

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

Date dispensed _____
Expiry date _____
Dosage and method _____
Timing _____
Any known allergies / side effects _____
Any other instructions _____
Self-Administration Yes/No (delete as appropriate)

Emergency Contact Phone No. of Parent / Carer _____

Name and phone no. of GP _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer the medication in accordance with the school and LEA guidance. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Parent/Carer's Signature_____

Name_____ Date_____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 2

Record Of Medication Administered

Name of Child _____

Name of medicine _____

Date medicine provided by parent _____

Dose and frequency of medicine _____

Date	Time	Dose given	Any reactions	Signature of staff	Name (print)	Position

This is based on a form in the DfE publication 'Supporting pupils with medical needs

RUARDEAN C of E PRIMARY

Confirmation of the Headteacher's agreement to administer medicine

It is agreed that _____ *[name of child]* will receive _____ *[quantity / name of medicine]* every day at _____ *[time medicine to be administered]*.

_____ *[name of child]* will be given/supervised whilst he/she takes their medication by _____ *[name of member of staff]*.

This arrangement will continue until_____ *[end date of course of medicine or until instructed by parents].*

Date: _____

Signed: _____

Name: _____

Headteacher

Appendix 3

Ruardean C of E Primary School

Date:
Review due:
Plan Number:

Medication:
Dose:

My Individual Health Care Plan

All about me:

My name is:
I was born on:
I am in Year:
My views:

Insert Photo Here

Family Contact 1	**Contact 2**
Name:……	Name:……
Address……..	Address……..
……	……
Phone No:……	Phone No.:……
Work/Mob:……..	Work/Mob:……..
Relationship:……	Relationship:……
GP:	**Specialist Contact:**
Details of Medical condition: signs and symptoms Triggers	
Routine Healthcare requirements	

What to do in an Emergency

Class Teacher: Medication:					
Date	Pupil	Dose	any reaction	signature	Print name