Supporting Pupils with Medical Conditions and Administration of Medication

Hempstalls Primary School

Approved by:	Local Governing Body	**Date:** 18th November 2026
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Context

The policy refers to school as Hempstalls Primary School, but within that this includes the provision in Hempstalls Cubs and Hempstalls Before & After School Club.

Pupils with Medical Needs

- Pupils with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled diabetes, epilepsy or cystic fibrosis including injections.

- Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. A spare inhaler is kept in the school office and all children have received permission to use as part of a care plan.

- Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

- An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Support for Pupil with Medical Needs

- Pupils at school with medical conditions should be properly supported so that they have full access to education including school trips and physical education.
- Governors 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.
- Parents have the prime responsibility for their child's health and should provide our school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.
- The school health service can provide advice on health issues to children, parents, education and early years' staff, education officers and Local Authorities. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.
- Staff managing the administration of medicines should receive appropriate training and or support from health professionals. There is a robust system in place to ensure that medicines are managed safely including the use of locked medical fridge and a locked medicine cabinet. At Hempstalls staff have appropriate job roles and training to administer medicines under the Head Teacher who has the overall responsibility for

policy implementation. When administering medicines there always needs to be a minimum of two adults present unless in an emergency such as epipen use and asthma inhaler where staff are assisting children in doing so.

- Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child or young person's individual needs.

Non-Prescribed Medicines

Hempstalls Primary does not administer any non-prescribed / over the counter medicines. Parents can come into school to administer such medications to their child.

Prescribed Medicines

- No child under the age of 16 should be given medicines without their parent's written consent.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken out of school hours. Administering medicines should be kept to a minimum and only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or day;
    - Required doses of 4 times a day – the school will administer one dose or in the case of a child staying for After School Care Club the school will administer 2 doses.
    - Required doses of 3 times a day – all doses should be administered by the parents/carers at home in the morning, after school and bedtime unless the child stays for After School Care Club provision.

- Schools and settings should 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 and dosage. Staff administering medicine should do so in accordance with the prescriber's instructions.
- Staff administering prescribed medicines in school must check the following;
    - The medicine has been prescribed by a Medical Practitioner (Doctor/Dentist)
    - A child under 16 should **never** be given aspirin-containing medicine unless prescribed by a doctor.
    - The child's name is on the bottle / packet
    - Prescribed dose can be clearly read
    - Time of previous dose
    - Expiry date
    - Any written instructions provided by the prescriber
    - A Medicine Consent Form has been completed by the parent/carer
    - The dose given is checked by the second staff member present
    - The Medicine Consent Form is signed and completed by the staff members administering the dose.
    - That this procedure is followed for each and every dose administered.
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.
- No prescribed medicine should be administered without a Medicine consent form having been completed and signed by a parent/carer. Written records each time medicines are given must be kept. Schools should also arrange for staff to complete

and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care. In all cases it is essential to have the dosage and administration witnessed by a second adult.

- At Hempstalls Primary School (including Before & After School Care Club), the Office Staff administer medicines and medication, whilst the Head Teacher is responsible for the implementation of this policy. All staff should know however what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A medication fridge is located in the medical room for medication requiring cool storage and a locked safe is also located in the main office for safe storage of other medications.
- Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Long-Term Medical Needs

- It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.
- The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.
- Schools and settings need to know about any needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

- Hempstalls Primary School and Hempstalls Before & After School Care Club has adopted to use a health care plan. This needs to be completed prior to the child starting school as part of the transition or as soon as a child develops a medical need.
- Our school arrange for staff to complete and sign a record each time they administer medication to a child. Good records help demonstrate that staff have exercised a duty of care.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines under the supervision of a first aider.

If children can take their medicines themselves, staff may only need to supervise. With the safety of others in mind children are not permitted to carry their own medicine on them, it is to be handed in to the school office for safe keeping until required.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records; parents should be informed of the refusal immediately. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Educational Visits

It is good practice to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The children must have their medical needs supported to participate in trips and educational visits and they must not be prevented from doing so.

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the Head Teacher **must** ensure that the risks to the health of others are properly controlled.

Storing Medicines

- All medicines received in school must be transported to and collected from the main office by either the parent or a staff member. Medicines should be stored strictly in accordance with product instructions (paying note to temperature) and in the original container in which dispensed.
- Children should know where their own medicines are stored and who has access to them. The Head Teacher is responsible for making sure that medicines are stored safely including the use of locked fridges, locked cabinets. All emergency medicines, such as adrenaline pens, are readily available and kept in the main office unlocked. The children's inhalers are kept in the first aid box in each classroom but a school inhaler is also stored in the main office.
- A few medicines need to be refrigerated; these will be kept in the fridge in the main office. The temperature of the fridge is checked weekly.

Disposal of Medicines

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Purpose of a Health Care Plan

- The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

- Staff should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.
- Not all children will require a health care plan, but the school, healthcare professional and parent should agree that the health care plan will not be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.
- Health Care plans need to be reviewed annually or earlier if evidence is presented that the child's needs have changed.
- Where a child has a special educational need identified as part of an Education Health Care Plan, the individual healthcare plan should be linked or be part of the Education Health Care Plan.

Health care plans are written by Mrs Kirkham and shared with the wider school where necessary.

Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the Head Teacher should arrange appropriate training in collaboration with local health services. Local health services will also be able to advice on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all schools and settings.

Current medical training includes:

- Stoma care
- Paediatric First Aid
- Allergy Awareness (Benedicts Law)
- Epi-pen
- Diabetes

Training records are held digitally in a central location.

Confidentiality

The Head Teacher and staff should always treat medical information confidentially. The Head Teacher should agree with the parent who else should have access to records and other information 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.

Sporting Activities

- Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

The Head Teacher or Head of Setting

- For a child with medical needs, the Head Teacher will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Head Teacher should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. In early years settings advice is more likely to be provided by a health visitor.
- The Head Teacher is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Head Teacher or to who it is delegated to, as set out in their policy.

Teachers and Other Staff

- All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and or guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Ofsted

During an inspection Ofsted will check that day care providers have adequate policies and procedures in place regarding the administration and storage of medicines.

Emergency Procedures

- Children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is displayed in the main office close by to the telephone. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Staff can take children to hospital in their own cars providing they are accompanied by another member of staff as long as they have the correct car insurance.
- Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

- The school's insurance is appropriate and appropriately reflects the level of risk. The school insurance covers staff providing support to pupils with medical conditions.
- The school has a procedure for complaints linked with the support provided to pupils with medical conditions. Should parents be dissatisfied with the support provided they should discuss these concerns directly with the school. If the issue is not resolved parents are able to make a formal complaint via the school's complaints procedure.

Appendix 1 – Parental Consent for Administering Medication

Parental Consent
Administering Medicine During the School Day

Name of Child: **Year Group:**

Name of Medication: **(eg Penicillin, Calpol etc)**

Dosage: **(5ml / 10ml / 1 tablet etc)**

Time/s to be administered:

Start Date: **End Date:**

Please give details in the box below of any medication your child has been given before arriving at school;

Name of Medication
Dosage Given

I understand that all medicine administered in school will be recorded below, signed by the member of staff administering the medicine and countersigned by an additional member of staff present. This record will be filed and stored in school.

Signed: **(Parent/Guardian)** **Date:**

OFFICE USE ONLY					
Date	**Medication**	**Dosage** **Eg 5ml or 2 tablets etc**	**Time**	**Signature** **Staff Administering Medicine**	**Signature of Staff Witness**