POLICY FOR SUPPORTING CHILDREN WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE

FGB Approved Autumn 2026
Next Formal Review Summer 2027

1. Aim

At East-the-Water Primary, we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

3. Insurance

The school's insurance will cover liability relating to the administration of medication.

4. Roles and Responsibilities

4.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements

- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Deana Smith, SENCo.

4.2 The SENCo will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of IHPs
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Advise on risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff

- Be involved in the development and review of their child's IHPs, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

4.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs. In line with DfE guidance, and after discussion with parents/carers, pupils with medical conditions may carry their own medication/equipment if they are competent and is suitable, or they should know exactly where to access it

5. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively 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 consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

6.Wellbeing

The school recognises that a child's medical condition can affect their emotional, social and mental wellbeing as well as their physical health. We are committed to creating a safe, inclusive and supportive environment where pupils feel valued and able to participate fully in school life. Staff work in partnership with parents, carers, healthcare professionals and the pupil, where appropriate, to identify any wellbeing needs and provide appropriate support. We promote inclusion, encourage independence where suitable, and monitor the impact of medical conditions on attendance, learning, friendships and emotional wellbeing. Any concerns are shared promptly with the appropriate members of staff to ensure pupils receive timely support.

7.Identification of medical need

Procedures to be followed when notification is received that a student will be starting school with a medical condition or the student has a new diagnosis:

- Parent to fill out S11/1 Data Collection on Admission to School: Pupil Information *(NB form only required for pupils new to the school),* The Parental Agreement to administer prescription or non-prescription medicine form if required (Appendix 1), and Making School a Better Place for Learning document (Appendix 3).

- A Record of Medicine administered form must then be completed when medication is given (Appendix 2)
- Office staff to ensure that medical conditions are shared with Julie Servaes and Deana Smith prior to or on the day of admission (ie as soon as the information is received)
- Julie Servaes to draw up Individual Health Care Plan where applicable
- Relevant staff in the class will be notified and informed of any medical condition immediately by Kery Jordan or Deana Smith

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

We ask that parents/carers proactively inform us by either phone call to the school or an email if their child's medical needs change during the school year.

8.Individual Health Care Plans (IHCPs)

Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between East-the-Water Primary School, healthcare professionals and parents (including the student if possible) so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Any children with diabetes or epilesy will always have an IHCP. Children with anaphylaxis will always have an Allergy Action Plan (please see Allergies Policy). The IHCP will include (See Appendix 4):

- The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
- Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
- Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
- Arrangements for written permission from parents for medication
- Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
- The designated individuals to be entrusted with the above information
- Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
- What to do in an emergency including whom to contact and contingency arrangements

Any pupil whose medical condition requires "supportive arrangements" from the school should have an IHP or an Allergy Action Plan which captures these specific arrangements. This includes pupils without a formal diagnosis.

Adam Buckeridge, Headteacher, will have the final decision on whether an Individual Health Care Plan is required.

9.Medication Arrangements for Students without an Individual Health Care Plan (IHCP)

Non-prescription medication

The school is prepared to administer non-prescribed medication as long as the following is followed:

1. When it would be detrimental to the pupil's health or school attendance not to do so **and**
2. Where we have parent/guardian's written consent
3. The DCC 'The Parental Agreement to administer prescription or non-prescription medicine' form will be used to record parental consent
4. First aiders and the school office staff are authorised to issue the medication and a record kept of students' names, time, date, dose given and the reason on the 'Record of Medicine Form'
5. Medication for Year 1 – 6 is kept in the first aid cabinet in the office. Medication for Early Years is kept in the first aid cabinet in the EYFS Unit. Both cabinets are kept locked at all times and the key kept in a safe location.
6. On residential trips or off-site visits 'under the head teacher's discretion' medication may be administered
7. In circumstances when a young person suffers headaches, menstrual pains or toothache, the establishment may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain if provided by the parent. Analgesics should only be given to children under the age of 16 when parents have given prior written permission.
8. Students under the age of 16 should never be given medicine containing aspirin unless it is prescribed by a doctor.
9. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed at the end of the day so that dosage levels are safe.

Prescribed medication

It is helpful, where clinically possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours, for example, medicines that need to be taken three times a day may be managed at home, e.g. can be taken in the morning, after school hours and at bedtime. Parents should be encouraged to ask the prescriber about this.

If this is not possible, the school is prepared to administer prescribed medication as long as the following is followed:

1. When it would be detrimental to the pupil's health or school attendance not to do so **and**
2. Where we have parent/guardian's written consent
3. The DCC 'The Parental Agreement to administer prescription or non-prescription medicine' form will be used to record parental consent.
4. The school will only accept prescribed medicines that are: In-date, labelled and provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
5. First aiders and the school office staff are authorised to issue the medication and a record kept of students' names, time, date, dose given and the reason on the 'Record of Medicine Form'. Medication is kept in the first aid cabinet in the office. Parents will always be informed at the end of the day so that dosage levels are safe.
6. On residential trips or off-site visits 'under the head teacher's discretion' medication may be administered

10.Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

11.Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12.Errors/Incidents in Administration of Medicines

It is recognised that mistakes may occasionally happen for various reasons. Every member of staff has a duty and responsibility to report any errors to his/her manager. Managers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential detriment to the student. In the event that medication has been administered incorrectly, the priority is to ensure the safety of the student, including the provision of first aid where appropriate. Contact should then be made with the student's parents/GP/pharmacist for advice. Schools must have suitable procedures for the recording and reporting of incidents both within the school. Devon Health & Safety Service will report to the HSE where necessary.

Near Misses and Serious Incidents

When a near miss or a serious incident occurs with a pupil with a medical condition occurs, the incident should be recorded. It should be reported to the parents and the governing body alongside any statutory reporting. Lessons should be learnt, prompting a review of relevant policies and arrangements.

13.Staff Health and Safety Issues

Most medicines are not hazardous to health when handled. However, staff should avoid direct contact with potentially hazardous medicines. Where this is unavoidable, appropriate measures should be used e.g. when staff have to apply steroid creams directly to a student, non-latex gloves should be used. In addition, infection control principles should be followed by staff administering medication and staff should be familiar with effective hand washing principles; see the document HS26 (Infection Control Arrangements).

14.Delivery, Receipt, Storage and Disposal of Prescribed Medicines

Medicines should only be accepted if they are in date and provided in the container as originally dispensed by the pharmacist. The label on the container supplied by the pharmacist should not be altered under any circumstances. Containers should be clearly marked with the student's name, date of dispensing and the name of medication and include the prescriber's instructions for administration, dosage and storage. The exception to this is insulin which still must be in date but will be supplied in a pump rather than its original container.
It is not appropriate or acceptable for students to bring in their own medication. All medication should be handed directly to the office by the parent or carer.

Medication should be stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be ready available and not locked away.

Medicine cupboard/cabinets should be of a suitable size to store all medication and have a quality lock fitted where required. When storing a controlled drug the storage container should be secured to a wall and locked. Only first aiders, the office staff and SLT should have access to the medication.

Rooms in which medication is kept should not be accessible to students. Medication requiring refrigeration should be stored, clearly labelled in a room not used by students.

The master file of parental consent and record of administration forms is kept in a file next to the first aid cabinet.

Parents should ensure that medicines given to a school on a student's behalf are in date for the period of administration. School should not dispose of any medication - if medicines become out of date or the treatment ceases, parents should be informed immediately and asked to collect, dispose and replace if necessary.

15.Managing Medical Conditions.

Schools will need to ensure that there is a reasonable number of designated staff to provide sufficient coverage, including when staff are on leave. These staff should have appropriate training and support relevant to their level of responsibility. It would be reasonable for all staff to:

- Be trained to recognise the range of signs and symptoms of anaphylaxis, diabetes and epilepsy.
- Understand what to do in the event of an emergency.
- Understand the necessity for quick action particularly with regard to anaphylaxis.
- Be aware of how to check if a pupil is on the medical register.
- Be aware of how to access emergency medication if appropriate.
- Be aware of who the designated members of staff are and the policy on how to access their help.

16.GDPR

The paper records of parental permission slips and administration of medication, if there is no issue arising from administering that medication, should be kept no longer than a year.

17.Complaints

If any parent/carer or pupil is dissatisfied with the support provided, they should discuss their concerns directly with the SENCo. If for any reason this does not resolve the issue, they may make a formal complaint via complaints procedure to the East-the-Water Primary School's Governing Body.

18.Procedures for Specific Conditions

Asthma

For asthma procedures– please see East-the-Water Asthma Policy

Allergies

For allergy procedures– please see East-the-Water Allergy Policy

Defibrillator

Location:
School entrance opposite main doors

Procedure for using an AED in an emergency

- Call 999 and ask for an ambulance
- First aider to start CPR and get someone to bring the AED – call for paediatric first aider if not already on the scene
- Turn on the AED by pressing the green button and follow its voice and visual instructions
- Peel off the sticky pads and attach them to the patient's skin, one on each side of the chest, as shown in the picture on the AED. This may be front and back of the patient if it's a small child. (Please see defib for instructions)
- Once the pads have been attached, stop CPR and don't touch the patient. The AED will analyse the heart rhythm and tell you if a shock is needed or not
- If a shock is needed, make sure no one is touching the patient, and press the orange button to deliver the shock. If the AED is fully automatic, it will deliver the shock by itself
- After the shock, the AED will tell you to resume CPR. Continue until the ambulance arrives or the patient shows signs of life, such as breathing normally, coughing or moving

All procedures at East-the-Water Primary School will be monitored and reviewed by Deana Smith and Julie Servaes.

Appendix 1

PARENTAL AGREEMENT TO ADMINISTER
PRESCRIPTION OR NON-PRESCRIPTION MEDICINE

East-the-Water Primary School

Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.
Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (eg: sealed blister pack) for non-prescribed medicine.
Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Medication details

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to *the school office*	
Number of tablets/quantity to be given	
Time limit – please specify how long your student needs to be taking the medication	_____day/s _____week/s

I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Principal/Headteacher (or his/her nominee) to administer the medicine to my son/daughter.

I confirm that the medicine detailed is in the original packaging [in the case of non-prescription medication].

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature _____ Date _____
(Parent/Guardian/person with parental responsibility)

Appendix 2

East-the-Water Primary School

Record of medicine administered to an individual child

Name of child	
Medication	
Group/class/form	
Expiry date	

Staff member informed	Date and time staff informed	Admin Signature	Date

Log of Medicines administered

Date	Time given	Dose given	Staff name	Notes/issues

Appendix 3

East-the-Water Primary School

Making School a Better Place for Learning

We are committed to making sure that school is a happy and successful time for all of our children. Where a child has a particular difficulty or need, we will do our best to put things in place to overcome this. It would be helpful if you could complete this questionnaire, whether or not your child has any difficulties. Please complete one form for each of your children at this school.

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils. The back page of this questionnaire provides more information about who this information will be shared with. If you need help to fill in this questionnaire please go to the school office and ask for Deana Smith or Julie Servaes.

Child's First Name .....

Child's Surname / Family Name .....

Date of Birth (dd/mm/yy) ...../..... .. /..... .. Gender (please circle): Boy ☐ Girl ☐

1. Please tick whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply. *By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would expect for a child of that age*	
Mobility – moving around indoors or outdoors	☐
Hand movements – touching or holding	☐
Personal care – going to the toilet, dressing	☐
Eating and drinking without help	☐
Incontinence – wetting or dirtying	☐
Taking medication	☐
Communication - speaking with others, or understanding them	☐
Learning – numbers, letters, words	☐
Hearing	☐
Vision	☐
Behaviour – very active, has a short attention span, behaves unacceptably	☐
Has fits or seizures	☐
Diagnosed with autism or Asperger Syndrome	☐
Has a life-limiting condition or requires palliative care	☐
Can be depressed, or anxious, or has an eating disorder	☐
Wears glasses	☐
Other (please describe other areas of great difficulty)	

2. Does your child take any medication, use any physical aids or require any special diet or supplements? If YES, please provide further details	Yes ☐	No ☐
3. If your child did not take this medication, use this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?	Yes ☐	No ☐

4. Has your child seen any professionals, such as a paediatrician, a psychologist, a speech and language therapist, a social worker, the school nurse or a health visitor because of the difficulty?	Yes ☐	No ☐
If YES, please provide further details: **Would you be happy for the school to contact these professionals so that we can provide the best possible care for your child?** Yes ☐ No ☐		

5. If you have said that your child has difficulties, have these affected his or her:	**Yes**	**At times**	**No**	**Don't know**
Classroom learning in a previous school/nursery/pre-school?	☐	☐	☐	☐
Interaction with children of the same age?	☐	☐	☐	☐
Joining in other activities e.g. breaks, social and leisure activities?	☐	☐	☐	☐
Attendance at school/nursery/pre-school?	☐	☐	☐	☐
Day to day life outside of school/nursery/pre-school	☐	☐	☐	☐

6. What sort of help or special equipment do you think your child needs so that they get on well at school?

7. In addition, are there any substantial difficulties <u>you as a parent</u> face that you feel school staff should be aware of? Please tell us about them.

Please sign and date the form then return to the school. **Signature** **Date** **We would be pleased to meet with you to talk about your child's need. Please tick if you would like us to arrange this.**	☐

What Happens To The Information You Give Us?
We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupils' difficulties and disabilities is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that information can be used in this way. Information will then be shared with those staff in the school who support your child unless you ask us not to.

Appendix 4

Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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, access to food/drink, etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision (NB ensure medication form completed)

NB – in the event of the student refusing to take medicine or carry out a necessary procedure, call parents straightaway

Daily care requirements

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

Arrangements for school visits/trips etc

Other information (include where medication if provided is stored)

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

Form copied to

NOTE – Class Teacher is responsible for ensuring cover teachers are aware of this plan

Appendix 5 - Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)