

Botley C of E Primary School
Administration of Medicines and Supporting Pupils at School
with Medical Conditions Policy



1.0 Policy Statement

- 1.1 Section 100 of The Children and Families Act 2014 places a duty on the governing body of Botley CE(C) Primary School to make arrangements for supporting children with medical conditions on their premises. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.
- 1.2 We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.
- 1.3 It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.
- 1.4 Where children have a disability, the requirement of the Equality Act 2010 will apply.
- 1.5 Where children have an identified special need, the SEN Code of Practice will also apply.
- 1.6 We recognise that medical conditions may impact social and emotional development as well as having educational implications.

2.0 Key Roles and Responsibilities

- 2.1 **Governing Body:** must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed. As such, the Health and Safety Governor will review the administration of medicines on an annual basis.
- 2.2 **Headteacher:** should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

Headteacher should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- 2.3 **School Staff:** any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. 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. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- 2.4 **Healthcare Professionals (including GPs and paediatricians):** should notify the school when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- 2.5 **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.
- 2.6 **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.
- 2.7 **Local Authorities:** are commissioners of school nurses for maintained schools. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities (8) sets out that they should be ready to make arrangements under this duty when it is clear that a child will

be away from school for 15 days or more because of (9) (whether consecutive or cumulative across the school year) (references 8 and 9 are listed on page 13 of the DfE publication Supporting Pupils at School with Medical Conditions – September 2014)

3.0 Local Arrangements

- 3.1 The school will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and following the process outlined in the document ‘Process for identifying children with a health condition’ produced by the Southern Health School Nursing Team in conjunction with the Children’s Services Health and Safety Team. We will use the ‘Health Questionnaire for Schools’ (Appendix B) to obtain the information required for each child’s medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.
- 3.2 Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

4.0 Individual Health Care Plans

- 4.1 It is recognised that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.
- 4.2 Where children require an individual healthcare plan it will be the responsibility of the SENDCo to work with parents and relevant healthcare professionals to write the plan.
- 4.3 A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The SENDCo will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children’s community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.
- 4.4 The school will refer to the flowchart (see Appendix 7) ‘Process for identifying children with a health condition’ for identifying and agreeing the support a child needs and then developing the individual healthcare plan.
- 4.5 We will use the individual healthcare plan template produced by the DfE to record the plan (see Appendix 1) unless an alternative format is provided by medical professionals involved in supporting the child.

- 4.6 If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- 4.7 Individual Health Care Plans will be reviewed annually (or sooner if the child's needs have changed) by the SENDCo.

5.0 Staff Training

- 5.1 All new staff will be inducted on this policy when they join the school through the Health and Safety Induction. Records of this training will be stored on the Health and Safety Spreadsheet on the school network.
- 5.2 All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually and/or following a review of this policy.
- 5.3 The awareness training will be provided to staff at the start of each academic year. We will retain evidence that staff have been provided the relevant awareness training on the policy by a signed staff training record for administration of medicines; this will be completed to document the type of awareness training undertaken, the date of training and will be carried out by the SENDCo.
- 5.4 Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.
- 5.5 Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.
- 5.6 A record of training will be recorded on the administration of medicines training record form (Appendix 2).

6.0 The Child's Role

- 6.1 Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

6.2 Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

7.0 Managing Medicines on School Premises

7.1 The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

7.2 We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent; a parental agreement for setting to administer medicines form will be used to record this (Appendix 3). We will discover if this is needed as every parent will complete a medical induction form (Appendix 4).

7.3 The name of the child, dose, expiry and shelf life dates will be checked on the medicine form and signed for by the member of staff before medicines are administered.

7.4 On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

7.5 We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

7.5 Controlled drugs will be securely stored in the school office first aid cupboard. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

7.6 We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (where the school have concerns we will seek further guidance from their link School Nurse).

7.7 We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

7.8 Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

- 7.9 Emergency medicines will be checked on a half-termly basis by the office staff to ensure that they are present and within date. If this is not the case parents will be informed and will need to rectify any identified issues.
- 7.10 Emergency medicine will be stored in individual boxes that are clearly named for the individual child.

8.0 Storage

- 8.1 All medication other than emergency medication will be stored safely in a locked cabinet in the school office.
- 8.2 Where medicines need to be refrigerated, they will be stored in the first aid fridge in the school office. There must be restricted access to a refrigerator holding medicines.
- 8.3 Children will be made aware of where their medicines are at all times. Where relevant they should know who holds the key to the storage facility.
- 8.3 Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. These are stored in the medical bags in the back of each classroom door. We will also ensure that they are readily available within these bags when outside of the school premises or on school trips.
- 8.3 Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

9.0 Disposal

- 9.1 It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/carers will be documented on the tracking medication form.
- 9.2 Any epi pens used will be given to the ambulance staff on their arrival. Should a child attend school with medical care involving needles a contractor will be employed for collection and disposal of these items.

10.0 Record Keeping

- 10.1 A record of what has been administered including how much, when and by whom, will be recorded on either a record of medicines administered to an individual child form (Appendix 5) as an ongoing record for that specific child or on the record of medicine administered to all children form (Appendix 6). These forms will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

11.0 Emergency Procedure

- 11.1 Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency e.g. informing a teacher immediately if they are concerned about the health of another child.

12.0 Day Trips / Off-Site Activities

- 12.1 We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.
- 12.2 We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

13.0 Unacceptable Practice

- 13.1 Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits; it is not 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.

14.0 Liability and Indemnity

- 14.1 Staff at the school are indemnified under the County Council self-insurance arrangements.
- 14.2 The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

15.0 Complaints

- 15.1 Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

The content of this Policy has been fully reviewed and agreed by the School's Governing Body.

Signed: 

Date: 12.03.25

Chair of Whole Governing Body

Review Date: March 2027

Review Date	Changes made in addition to review and renewal date changes	Changes
25.2.25	No	N/A

**Botley C of E Primary School
Individual Healthcare Plan**

Appendix 1

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	
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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

Form copied to

Botley C of E Primary School

Appendix 2

Administration of Medicines Staff Training Record

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Headteacher's signature _____

Date _____

Suggested review date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine to the School Office	

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

Signature(s) _____ Date _____

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child Date of Birth

Home Address.....

Does your child have a medical condition/ health concern?

YES NO

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES NO

If YES please give details

Does your child take medication during the school day?

YES NO

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES NO

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

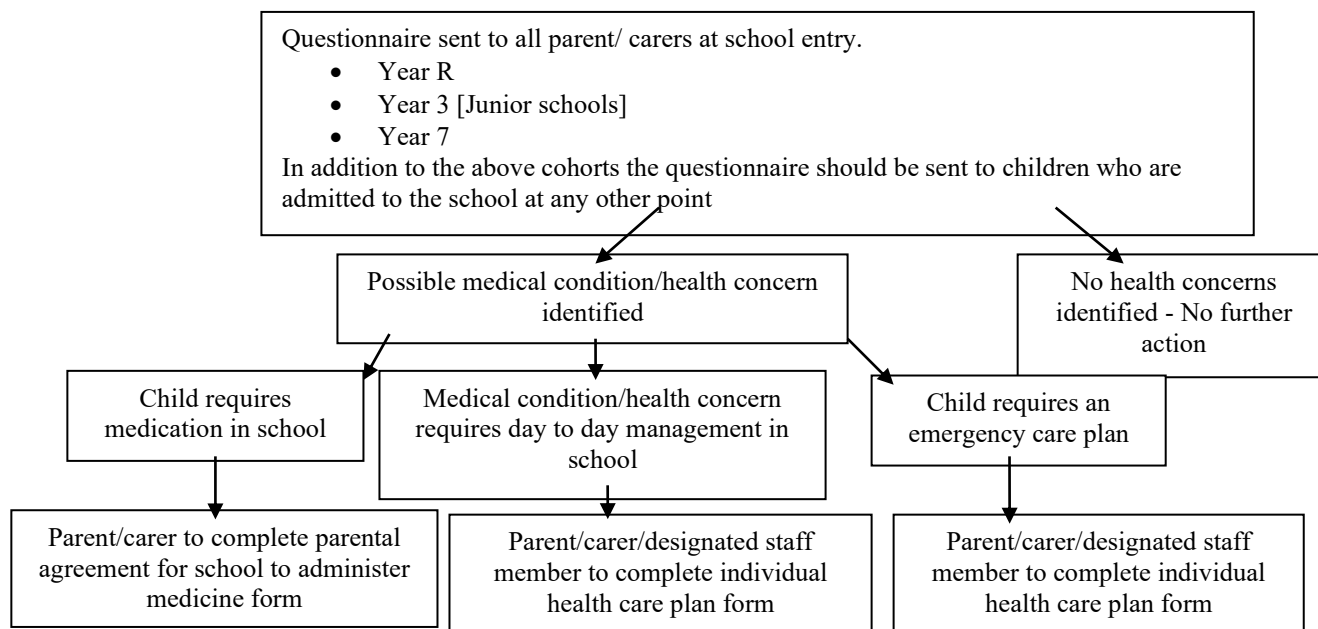
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance

