



SHAWFIELD PRIMARY SCHOOL

POLICY FOR SUPPORTING CHILDREN AT  
SCHOOL WITH MEDICAL CONDITIONS

Date Written: February 2015  
Reviewed: May 2025  
Next Review: May 2028

## **Shawfield Primary School**

### **Supporting pupils with medical conditions**

This policy has been drawn up with guidance from and meets the requirements of:

- Children and Families Act 2014
- Health and safety at Work 1974
- Disability Discrimination Act 1995
- Misuse of Drugs Act 1971
- Equalities Act 2010

#### **Introduction**

This Policy puts in place an effective management system to support individual pupils with medical needs. For this policy to be effective there must be good communication between parents, health professionals and the school staff.

A positive response by the school to a pupil's medical needs not only benefits the pupil directly but can also positively influence the attitude of the whole class. Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs.

The safety of staff and pupils must be considered at all times. Procedures for ensuring the administration of medicines must be in place at all times to ensure a safe and supportive environment for pupils with medical needs.

#### **Aims**

- To ensure that where reasonable the needs of children with medical needs are met at Shawfield Primary School
- To ensure that all children have access to the whole school curriculum including educational visits.
- To ensure that parents and staff are aware of the school's policy and procedures for meeting medical needs in school.

#### **Legal Framework**

School staff are under no general common law obligation to administer or supervise the administration of medicines to pupils.

In an emergency situation, staff acting in loco parentis would be required at common law to secure help and take such action to assist a pupil as would a reasonably prudent parent.

No parental consent is necessary in such circumstances.

Even in an emergency, however, staff will not be expected to carry out complex or risky procedures for which he or she is not trained.

If for any reason agreed arrangement cannot be maintained (e.g., staff absence), then alternative emergency protocols will operate.

These alternatives will be detailed in the Individual Treatment Plan.

## **Communication**

The summary of the school's policy of medical needs will be communicated to parents at induction. All school staff should be made aware of the school's policy on medical needs.

Ideally, the Headteacher should seek parental agreement before passing on information about their child's health; but sharing information is important if staff and parents are to ensure the best care for the pupil.

The Headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. For each child with medical needs the Headteacher will need to agree with the parents exactly what support the school can provide. Further advice can be sought from the local School Health Team, the child's GP, the local Designated Doctor for Education, or if felt appropriate the LEA. Teachers (including supply) and other relevant staff coming into contact with such pupils should be made aware of the pupil's condition.

## **Confidentiality:**

Once consent has been obtained from the parent, sensitive information about a pupil should be shared only with those who need to know. Escorts and others should only be told what is necessary for them to know to keep the child safe.

## **Staff**

There is no legal duty which requires school staff to administer medication; this is a voluntary role. Volunteers (school staff) may indicate their willingness to administer medication though it must be clear that there is no requirement for them to do so. Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Headteacher and the parents, access to information and training, and reassurance about their legal liability. When school staff volunteer to give pupils help with their medical needs, the Headteacher should where appropriate agree to their doing this and must ensure that teachers/others receive proper support and training wherever necessary.

## **Staff Indemnity:**

Designated Volunteer Staff should also be assured that, so long as the practices and procedures outlined in this document are followed, they would be indemnified by the school's insurance policy against complaints of malpractice.

School staff should not as a general rule administer medication without first receiving appropriate information and/or training.

All who may be in contact with a child with medical needs should be included in training (e.g., midday supervisors).

If school staff volunteer for one type of activity it is not a blanket acceptance of being involved in all other such activities. The school should not take for granted a teacher's/others willingness (or otherwise) to participate in administration of medicine, and any teacher/other who refuses to be involved should not be treated differently because of that refusal.

No pupil should be given medication without the parent's written consent.

In an emergency staff should not generally take pupils to hospital in their own car. If, in the circumstances, that may be the best course of action, then wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.

Staff should have access to protective disposable gloves and take care when dealing with spillage of body fluids and disposing of dressings or equipment.

## **Levels of Care**

### **Introduction:**

There are two main sets of circumstances in which requests may be made to the Headteacher to deal with the administering of medicines to pupils at school:

- Cases where children recovering from a short-term illness are well enough to attend school but are receiving a course of antibiotics, cough mixture, etc.
- Cases of chronic illness or long-term complaints, such as asthma, diabetes, epilepsy, anaphylaxis.

### **Caring for sick pupils:**

If a child is unable to attend school because of illness, the school should always be informed.

The parent/guardian should provide the school with information about their medical condition and any treatment or special care needed at school. The school should be kept up to date about any new or changing needs.

When children are unwell while at school, contact will be made with parents /guardians, to ensure that suitable arrangements are made for them to be looked after. However, no child will be sent home unaccompanied.

### **First Aid in school:**

Advice on treating minor injuries and accidents is in the Health and Safety Policy.

If a child is injured or becomes unwell at school (other than minor cuts and bruises) the school will arrange for them to be looked after in the medical room and arrange for the parent to take the child to the GP surgery or hospital as appropriate.

Parents will be informed via Medical Tracker of any injuries occurring at school.

### **Non-prescribed medicines:**

In some circumstances it is necessary for a child to take a non-prescribed medicine. Parents will need to fill out appendix 2 of this policy and the medication needs to be in its original container.

### **Prescribed medicines:**

For less serious illnesses:

Anti-biotics: in most cases the parents will be asked to ensure that the child's dosage-times avoid school hours.

Inhalers: will be kept in the child's classroom and taken out to the field for PE and on any school trip even short local visits. It is the responsibility of the class teacher to look after the inhaler.

Medicines for chronic conditions will be administered by a designated person. Occasional treatments will be administered by a member of the office staff.

### **Procedures**

Written consent should be obtained from the parent in favour of the Headteacher or the designated staff member involved in administering the medicine. This request should be reviewed termly. In spite of any form of disclaimer, the Headteacher must continue to exercise a duty of care. If a pupil brings to school any medication for which the Headteacher has not received written notification the staff of the school will not be held responsible for that medication.

### **Carriage of Medicines to school:**

Medicines should be brought to school by the parent or other responsible adult, and handed to a member of staff, in clearly labelled containers. In exceptional circumstances the Headteacher may agree that the child brings their own medication to school. Parents are responsible for ensuring that the medicines are within the expiry date.

### **Receipt of medicines:**

All medication should be clearly labelled with

- the child's name
- the name of the medicine
- the dosage and timing
- the expiry date
- the times at which the medicine should be taken

### **CIRCUMSTANCES REQUIRING SPECIAL CAUTION**

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves. In such exceptional circumstances the Headteacher is advised to consider the best interests of the child as well as considering carefully what is being asked of the staff concerned.

These are:

- where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken.
- where some technical or medical knowledge or expertise is required.
- where intimate contact is necessary.

Clear records should be kept of any medication administered in school and parents should be informed whenever a child is given such medication which is not part of a regular regime. Record of medication administered is entered into Medical Tracker which informs parents.

## **Administering Medicine**

**No pupil should be given medication without written consent from the parents.**

Day to day decisions about administering medicines will normally fall to the Headteacher.

A record should be kept of the names of persons who have been trained to administer specific medicines. E.g., epi pen, insulin. See appendix C

All medicines to be administered in school should be accompanied by written instructions on a school medication request form from the parent. See Appendix A

### **Practices and Procedures:**

When administering medicine, standard practice is as follows:

Check written instructions received by the school and confirm with details on the medicine container.

Check the prescribed dosage.

Check the expiry date of the medicine. (Note: it may be helpful to remind parents if the expiry date is approaching)

Check the timing/frequency details.

Check record of last dosage given (to avoid double-dosing).

Check the child's name on the medicine again.

Measure out the prescribed dose.

Complete the written record of dosage given including time, date, signature.

### **Access/storage/disposal**

**The safety of staff and pupils must be considered at all times.**

Particular attention must be paid to the safe storage, handling, and disposal of needles. Training for staff should include guidance in safety procedures.

#### **Access to medicines:**

Relevant school staff and the pupil concerned should know where the child's own medication is kept and who holds the key if the medicine is locked away.

A few medicines such as asthma inhalers must be readily available to pupils (e.g., EpiPen) and must not be locked away.

#### **Storage of medicines:**

The Headteacher (or designated delegate) is responsible for making sure that medicines are stored safely.

Parents should be asked to provide weekly or monthly supplies.

Each medicine should be in its original container showing name of pupil, the drug, dosage frequency and expiry date.

Where a child needs two or more medicines, each should be stored in a separate container.

Inhalers will be stored in the child's classroom and their location will be clearly indicated with a label and the child's photograph.

EpiPen's will be stored in the medical room clearly indicated with a label and the child's photograph.

Other medicines should be kept in a secure place not accessible to pupils.

If medicine is locked away, all staff should know where to obtain keys to the medicine.

Where a child is managing their medication, themselves they should not be expected to give up their medication for storage. In allowing children to retain their medication, an assessment needs to be made of the potential risk to others.

There are two types of medicine likely to require storage: -

A] Medicines for asthma, anaphylaxis, diabetes, epilepsy (Exception: Inhalers for children with asthma need to be readily available.)

B] Medicines needing refrigeration they must be kept in the staff room fridge.

### **Individual Healthcare Plan**

For a child with defined medical needs, the Headteacher will need to agree with the parent exactly what support the school can provide. See appendix D. For children with severe allergies, also see Appendix B.

An individual health care plan should underpin the care of children with health care needs in school.

### **Medic alert bracelets / necklaces:**

These are worn to alert others of a specific medical condition in case of emergency.

These items may pose a threat of personal injury in games or sports and where appropriate should be removed and given to the person in charge for safekeeping.

Relevant staff will need to be alerted to the significance of these items and be clear which bracelet/necklace belongs to which child.

### **Emergency assistance:**

Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

In all circumstances, particularly in emergencies, teachers and other staff are expected to use their best endeavours.

**The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.**

**Parents:**

Parents, as defined in the Education Act 1944, are a child's main carers.

Parents have prime responsibility for their child's health and should provide schools with information about their child's medical condition and any treatment or special care needed at school. These details should be provided in conjunction with their child's GP or paediatrician, and the pupil if he/she is mature enough, as appropriate.

Parents are responsible for their child's medication.

It should be made clear to parents that they will be responsible for ensuring that medication kept in school does not exceed its expiry date.

If there are any special religious or cultural beliefs which may affect any medical care that the child needs, it is the responsibility of the parent to inform the school and confirm this in writing.

Parent's cultural and religious views should always be respected.

Such information should be kept in the child's personal file at school.

Ideally, the Headteacher should seek parental agreement before passing on information about their child's health; but sharing information is important if staff and parents are to ensure the best care for the pupil.

Parents should reach an understanding on the school's role in helping with their child's health needs.

**The Headteacher:**

The Headteacher is responsible for deciding whether the school can assist a pupil who needs medication. Such decisions should, as far as is practicable, encourage regular attendance and full participation in school life.

For each child with medical needs the Headteacher will need to agree with the parents exactly what support the school can provide.

When school staff volunteer to give pupils help with their medical needs, the Headteacher should where appropriate agree to their doing this and must ensure that teachers/others receive proper support and training wherever necessary.

Where no voluntary provision is available for the administration of medicines, the Headteacher (or, in their absence, the delegated person) should organise measures in conjunction with appropriate Health Board personnel.

The Headteacher should seek parent's agreement before passing on information about their child's health to other school staff.

The Headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs.

**The pupil:****Self-management:**

It is good practice to allow pupils who can be trusted to do so to manage their own medication. If this is the case it must be part of the written agreement with the child's parents and the school.

If pupils can take medicine themselves, staff may only need to supervise.  
An example might be inhalers for pupils with asthma.

In addition, medical advice on self-administration should be available and noted in the written agreement. However, it cannot be taken as an alternative to parental consent.

Self-medication where feasible should be encouraged.

Pupils must not allow access to their medication by others; this should be a condition of allowing them to self-manage, and the parents and the child should make written acceptance of this proviso.

Misuse of prescribed medication can occasionally take place in schools. If such an event comes to light the Headteacher should deal with this as appropriate.

**Sporting activities:**

The school should be sufficiently flexible for all pupils to take part in ways appropriate to their own abilities.

Any restrictions on a pupil's ability to participate in PE should be clearly identified and incorporated in their Individual Treatment Plan. In some cases, precautionary measures may need to be taken e.g., asthma-reliever inhaler before exercise. Teachers should be aware of pupils with specific health needs. Any restrictions to a pupil's ability to participate should be noted in the child's health care plan.

**School Visits:**

It is good practice to encourage pupils with medical needs to participate in school trips, wherever safety permits.

The school may need to take additional safety measures for such visits, e.g., an additional supervisor or parent may usefully accompany the pupil.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.

Whether or not Headteacher agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician.

This has implications for school journeys, educational visits and other out of school activities. There may be occasions, if appropriate safeguards cannot be guaranteed, when individual children have to be excluded from certain activities.

If a child is being taken on a school journey where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey.



**SHAWFIELD PRIMARY SCHOOL**  
PUPIL MEDICATION REQUEST

**Note: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

GP Name: \_\_\_\_\_ Location \_\_\_\_\_ Tel No. \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

- My child will be responsible for the self-administration of medicines as directed below.
- I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree it is my child's responsibility to come to the school office at the appointed time for medication.

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical consultant.

I will ensure that the medicine held by the school has not exceeded its expiry date.

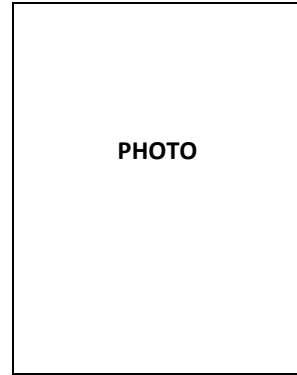
Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent/carer)

Name of Medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine
<b>Special Instructions</b>				
<b>Allergies</b>				
<b>Other prescribed medicines child takes at home</b>				



**ALLERGY AND ANAPHYLAXIS TREATMENT PLAN**

**THIS STUDENT HAS A SEVERE ALLEGRY TO:**



Name .....

Date of Birth .....

Class .....

**KNOWN TRIGGER FACTORS** .....

**MILD ALLERGIC SYMPTOMS/TREATMENT**

.....  
.....

**SEVERE ALLERGIC SYMPTOMS ARE:**

.....  
.....

**TREATMENT**

**EIPEN** .....mgs

1. Remove EpiPen from packaging.
2. Remove the grey safety cap.
3. Place black tip on thigh at right angle to leg.
4. Press hard into thigh until auto-injector mechanism functions.
5. Hold in place for 10 seconds
6. Remove the EpiPen and massage are for 10 seconds

If no response after ..... mins, and if prescribed give second pen

**CONTACT INFORMATION**

**No.1**  
Name.....  
Relationship .....

Phone No. Home.....  
Work .....

Mobile .....

**No.2**  
Name .....

Relationship .....

Phone No. Home.....  
Work .....

Mobile .....

**Review date**.....



**Shawfield Primary School – List of Key Personnel**

<b>Name of First Aiders</b>	<b>Duration and Type of Training</b>	<b>Date by which training must be reviewed</b>
Sofie Wakins	Paediatric First Aid	February 2028
Sam Durrant	Paediatric First Aid	January 2028
Elaine Hill	Paediatric First Aid	February 2028
Denise Buxton	First Aid Trained	September 2026
Emma Lemon	First Aid Trained	September 2026
Hannah Godbolt	First Aid Trained	September 2026
Debbie Green	First Aid Trained	September 2026
Elaine Hill	First Aid Trained	September 2026
Jana Liddle	First Aid Trained	September 2026
Caroline Page	First Aid Trained	September 2026
Sophie Manning	First Aid Trained	September 2026
Donna Randall	First Aid Trained	September 2026
Beth Winstanley	First Aid Trained	September 2026

<b>Name</b>	<b>Administration of Auto-Injector Pens</b>	<b>Date of Training</b>
Denise Buxton	Auto-Injector Pens	September 2023
Hannah Godbolt	Auto-Injector Pens	September 2023
Elaine Hill	Auto-Injector Pens	September 2023
Debbie Green	Auto-Injector Pens	September 2023
Emma Lemon	Auto-Injector Pens	September 2023
Jana Liddle	Auto-Injector Pens	September 2023
Sophie Manning	Auto-Injector Pens	September 2023
Caroline Page	Auto-Injector Pens	September 2023
Donna Randall	Auto-Injector Pens	September 2023
Beth Winstanley	Auto-injector Pens	September 2023

<b>Name</b>	<b>Diabetic Training</b>	<b>Date of Training</b>
Denise Buxton	Diabetic Training	November 2019
Elaine Hill	Diabetic Training	November 2019
Sophie Manning	Diabetic Training	November 2019
Stephen Corcoran	Diabetic Training	November 2019



## Shawfield Primary School

### Individual Healthcare Plan

Name of School	
Child's Name	
Class	
Date of Birth	
Child's Address	
Medical diagnosis or condition	
Date	
Review date	

### **Family Contact Information**

<b>Name</b>	
Phone number (work)	
Home	
Mobile	
<b>Name</b>	
Relationship to child	
Phone number (work)	
Home	
Mobile	

### **Clinic/Hospital Contact**

Name	
Phone number	

### **G.P.**

Name	
Phone number	

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.