



## Handale Primary School Supporting Pupils with Medical Needs in Schools

This document has been written in line with the Department for Education's 'Supporting pupils at school with Medical Conditions' guidance (December 2015), which replaced the 'Managing Medicines in Schools' guidance. Latest DFE guidance can be accessed here: [Supporting pupils with medical conditions at school - GOV.UK](#)

Parents / Carers have the prime responsibility for their child's health and therefore are responsible for making sure that their child is well enough to attend school. They are expected to keep their children at home, or make other arrangements for their care when they are acutely unwell. However, sometimes children are well enough to be in school but still require regular medication.

### **Who can administer medication?**

The administration of medication is a voluntary role for staff; however, as the school owes a duty of care to its pupils, staff are expected to assist a pupil in an emergency, provided they can do so without putting themselves at undue risk. Where the emergency would require a specialist medical technique for which staff have not been trained, the best assistance would be to immediately summon the ambulance service and/or the child's parent/carer, as appropriate. No medication will be administered unless an 'Administration of Medication' form has been completed by the parents or guardians. Parents must also provide all relevant information relating to the child's medical condition if staff are to support them in school.

Wherever possible, pupils, even the very young, should be enabled to administer their own medication, but this should be under a level of supervision appropriate to the individual child. If pupils refuse to take medication, school staff will not force them to do so, but will inform the child's parents or guardians as a matter of urgency. If refusal to take medication could result in a medical crisis, then the parents or ambulance service should be summoned immediately, as appropriate.

## Medication in school

### Prescribed and Non Prescribed Medication

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day. For all medicines, an 'Administration of Medication' record must be completed – and updated each time a dose is administered. (See appendix 1)

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). Each item of medication must be delivered to a member of staff by the parent, in a secure pharmacy labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

1. Pupil's name
2. Name of medication
3. Dosage
4. Frequency of administration
5. Date of dispensing
6. Storage requirements
7. Expiry date

The school will not accept items of medication in unlabelled containers.

Non Prescribed, over the counter (e.g. Calpol), medication must always be provided as dispensed by a pharmacist, clearly labelled by the pharmacy as detailed above.

All medicines must always be provided in the original container as dispensed by a pharmacist and include the instructions for administration and dosage. All medicines provided by parents will be securely stored in a locked cabinet (or fridge if required) in the school office. Medication will only be permitted in school when the child's doctor / pharmacist deems it to be essential and where the prescribed dose is four times per day. If the medicine is prescribed by a pharmacist and not a doctor (e.g. liquid paracetamol for a child who may have broken limb, or for recurrent headaches) it

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should be labelled with the child's name and dosage recommendation by the pharmacist. School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Three times per day prescribed medication will not be administered in school, unless expressly requested by a medical professional. The advice given for 3 times per day medication is to administer 1 dose before school, 1 dose immediately after school and the final dose as late as possible before the child goes to bed.

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate (Ritalin). Only trained members of staff may administer a controlled drug to the child for whom it has been prescribed and this must be witnessed by another trained member of staff. Staff administering medicine should do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Cambrai Primary School will keep controlled drugs in a locked container in the school office and only named staff will have access. A record will be kept for audit and safety purposes. A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### **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 impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of

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treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice (January 15 edition) 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. School needs to know about any particular needs 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. When appropriate a written individual health care plan, involving the parents, the Special Educational Needs Co-ordinator and relevant health professionals.

This includes:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- 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

### **Educational Visits**

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will be taken into consideration. Staff supervising excursions need to be aware of any medical needs, and relevant emergency procedures. There will be at least one trained member of staff on every educational visit where a pupil with a medical condition is attending. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.

### **Physical Activities / Physical Education (PE)**

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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. If there is a medical reason for a child not taking part in any physical activities, a letter must be sent into school.

### **Dealing with Medication in School**

Appropriate secure storage for medicines is arranged and records of medicines received and administered are kept. Emergency medication will accompany the child wherever he/she may be in the school. Any other medication brought into school will not be carried around by the pupil, but handed to the office staff or other appropriate person, so that it can be kept securely until required, in the main school office. The parents or legal guardians are responsible for promptly informing the school of any changes to the medication or its administration. Parents must also maintain an up to date supply of the medication to the school. Parents are given a form 'Administration of Medication' to record the details of medication required.

All medicines must be clearly labelled with the child's name. Where a pupil needs two or more prescribed medicines, each should be in their separate and appropriately labelled containers.

A few medicines, which need to be used regularly or in an emergency, such as that contained in asthma inhalers, or EpiPens must always be readily available to pupils and therefore will not be locked away. A child's inhaler or EpiPen, clearly labelled, will be kept in a box within his/her class. The child's class teacher, or first aider, will keep a record of when the inhaler or EpiPen has been used by the child. There is also a need to refrigerate some medication. Access to a refrigerator holding medication is restricted to members of staff – by being located in the main office. The door is also lockable.

Pupils must never take or have administered medication which has been prescribed for another pupil. This includes the use of asthma inhalers. School will take appropriate disciplinary action if medicines are misused by, either the pupil for whom they are prescribed or other pupils.

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### Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. A record of all medication given to pupils, and the staff involved, is kept in the office. Records of asthma inhalers and EpiPen will be kept in the child's class. Records will offer protection to staff as they provide proof that staff have followed the agreed procedures.

(See appendix 1)

### Administering Medicines

No child will be given medicines without their parent's written consent. Handale Primary are prepared to administer medicines if parents complete an 'Administration of Medicines in School' form and return it to the school before medicine is administered. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- expiry date
- method of administration
- time/frequency of administration
- any side effects
- expiry date

There will always be two members of staff present to administer any medicine; one to administer it according to the written instructions, one to check this and verify it. A medication record sheet is completed. This is retained in the child's personal file. Before administering medication, the responsible member of staff should always check the 6 Rights:

1. Right pupil – ask the pupil to say their name and check it against the name on the medicine container.

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2. Right medicine – check the name on the medicine, the medical care plan and expiry date.
3. Right dose – check the instructions on the label every time.
4. Right route – check to see how the medication is administered.
5. Right time – check the time and frequency of giving the medication and ensure the child has not already had it.
6. Right to refuse – do not force them! Record any refusals and inform SLT and the parents/carers.

### **Allergies**

If a child has an allergic reaction to anything parents / carers need to inform the school and an update to the child's school medical records and an individual healthcare plan completed. This form asks for details of the allergy, symptoms, any medication required and contact details in an emergency.

### **Treatment of minor cuts and bruises**

Minor cuts and grazes will be washed with water. If necessary a Melolin dressing and Micropore will be used to cover the wound. Ice packs will be applied to minor bumps and bruises. In all cases parents/carers will be informed.

### **Emergency Treatment**

If a pupil needs to go to hospital, then their parents will be notified immediately, so that they may accompany them or meet them at the hospital. If a young child's parents can not be contacted, then a member of staff will accompany them in the ambulance. Staff will not take pupils to hospital in their own cars unless instructed to do so by Ambulance Control, such as in the case of poisoning. Even in such circumstances, this can only be done if the car has insurance cover for business use and another adult accompanies the driver, otherwise staff must wait for the ambulance to arrive.

The parents' cultural and religious views will always be taken into account and respected when dealing with medical conditions and medical emergencies. However, in an emergency, the school will exercise its duty of care by immediately calling the

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ambulance service as well as informing the parents. Once in the care of the paramedics, in the absence of the parents, all decisions on treatment will be deferred to the medical practitioners in attendance.

### **Procedures for Managing Medicines on Visits and Outings**

Children with medical needs, particularly of a long term nature are encouraged to take part on visits and where necessary risk assessments are carried out for these children. The administration of medicines follows the same procedures as for administration in school. A copy of health care plans will be taken on visits in the event of the information being needed in an emergency.

### **Staff Training in Dealing with Medical Needs**

Each year lists are compiled for each class informing staff of known medical conditions. These lists are distributed to teachers so that they are aware of any incidents that may occur. When the condition is of a more serious nature an individual health care plan is created which contains the child's photograph and is distributed to relevant staff and displayed in the staffroom so that all staff are aware of the likelihood of an emergency arising and what action to take if one occurs.

All staff who agree to accept responsibility for administering prescribed medicines to a child will be given the appropriate training and guidance.

### **Dealing with Medicines Safely**

All medicines may be harmful to anyone for whom they are not appropriate therefore it is essential that they are stored safely. We can only store, supervise and administer medicine that has been prescribed for an individual child. All medicines of this type should be handed in at the office in the morning and collected from there at night. All emergency medicines, such as inhalers and Epipens are readily available in the classroom for use when needed. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. They should also collect medicines held at the end of each term.

Sharps boxes are used for the disposal of needles. Collection and disposal of the boxes is arranged by an external medical waste company to ensure their safe disposal.

### **Hygiene and Infection Control**

All staff are familiar with normal precautions for avoiding infection and follow basic

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hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Confidentiality**

The headteacher and staff will always treat medical information confidentially. Staff will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a 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.

### **Date of Implementation:**

March 2026

Review Date: March 2027

Signed:

Headteacher: R.L.Farrier

Chair of Governors: D.Fowler