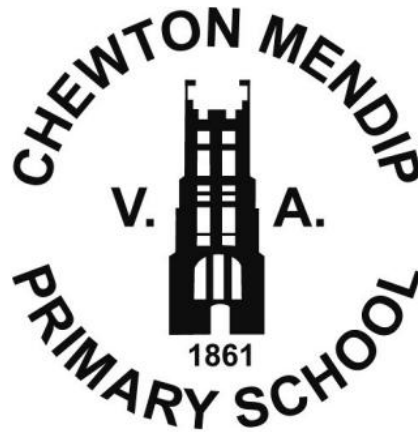


Chewton Mendip Church of England
Voluntary Aided Primary School



Supporting Pupils with Medical Needs Policy

Last reviewed : July 2025

Next review: July 2026

Introduction

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 a broken bone or finishing a course of medication.

Other pupils have on-going medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs.

Support for Pupils with Medical Needs: Who is responsible?

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. The School Nursing team, Physical Impairment and Medical Support (PIMS) team and specialist voluntary bodies may also be able to provide additional background information for school staff.

There is no legal duty that requires school staff to administer medicines.

For some support staff, the administration of medicines or the delivery of other procedures, e.g. therapies, is built into their core job description.

Chewton Mendip CEVA Primary School ensures that they have sufficient members of staff who are appropriately trained and competent to manage medicines and the delivery of identified medical procedures as part of their duties when specific needs are identified.

Close co-operation between Chewton Mendip CEVA Primary School, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

Parents and Guardians

Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents should provide the Headteacher or Special Educational Needs & Disability Co-ordinator (SENDCo) with sufficient information about their child's medical condition and treatment, and special care needed at school. They should, jointly with the Headteacher or SENDCo, reach agreement on the school's role in helping with their child's medical needs.

The Headteacher or SENDCo should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information appropriately is important if staff and parents are to ensure the best care for a pupil.

It only requires one parent to agree to or request that medicines are administered.

If parents have difficulty understanding or supporting their child's medical condition themselves, the school will provide additional assistance in these circumstances by liaising with the appropriate health agency. Parents' cultural and religious views should always be respected.

Parents are responsible for supplying to the school, medicines and associated equipment which have been prescribed for their child.

Parents are responsible for renewing medicines when needed and for disposing of out of date medicines.

The Local Authority

The Local Authority (LA) is responsible, under the Health and Safety at Work Act 1974, for making sure that a school has a Health and Safety Policy. This policy includes procedures for supporting pupils with medical needs, including managing medication and personal care.

The LA ensures that their insurance arrangements provide full cover for staff acting within the scope of their employment. Staff that volunteer to assist with any form of medical procedure in line with the Healthcare Plan and following appropriate training (where required) are acting within the scope of their employment and are indemnified by the LA. In the event of legal action over an allegation of negligence, the LA rather than the employee is likely to be held responsible.

The Governing Body and School

It is the school's responsibility to make sure that correct procedures are followed.

Keeping accurate records in the school is essential in such cases. Teachers and other staff are expected to follow this policy and procedures at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The school is also responsible for making sure that staff have appropriate training to support pupils with medical needs.

The school should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A healthcare professional should confirm that they have observed the non-healthcare professional (member of staff) demonstrating proficiency and understanding in medical procedures.

The staff in receipt of the training should confirm their own understanding of what is required and their role in requesting further training as needed. A record of this should be held in the school, e.g. with staff training records.

The school is responsible for ensuring that health and safety for the member of staff and the pupil have been considered and the necessary risk assessments completed, and that training and equipment are in place.

It is the school's responsibility to ensure that basic First Aid training has been provided and First Aiders are in place.

The Headteacher and SENDCO

The Headteacher is responsible for implementing the governing body's policy in practice and for developing detailed procedures.

When staff agree to give pupils help with their medical needs, the Headteacher should also agree to their doing this, and must ensure that staff receive proper support and training where necessary.

Known needs should be highlighted prior to pupils entering school as part of transition planning.

Consideration will need to be given to ensuring that pupils continue to have medical needs met when supply teachers are employed.

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

For a child with complex medical needs, the Headteacher will need to agree with the parents the nature of the support required. Complex medical assistance is likely to mean that identified staff will need special training. Headteachers should ensure that staff are enabled to attend training by support agencies.

There is a requirement to undertake individual risk assessments on pupils, to identify any control measures for pupils with complex medical needs, and these should be contained in their care plans.

Teachers

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.

Other School Staff

At different times of the school day other staff will be responsible for pupils (e.g. lunchtime supervisors). They are also provided with appropriate information, training and advice.

School Staff Giving Medication

Any member of staff who agrees to accept responsibility for administering prescribed medication or medical procedures to a pupil, must have training and guidance so that they feel fully confident to carry out these responsibilities. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

He or she must also be aware of possible side effects of any medication and what to do if they occur.

Short Term Medical Needs

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this. Medication should only be taken to school when absolutely essential.

However, occasionally pupils will need to take medication (or be given it) at school. Mostly this will be for a short period only; to finish a course of antibiotics or apply a prescribed lotion. To allow pupils to do this will minimise the time they need to be off school.

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and they should always be in their original container and include the prescriber's instructions for administration. Parents will need to complete the form in Appendix 1a.

Non-Prescription Medication

Pupils sometimes ask for pain killers (analgesics) at school. School staff should not give non-prescribed medication to pupils unless there is specific prior written permission from the parents. Parents will need to complete the form in Appendix 1a.

Self-Management of Medication

It is good practice to allow pupils who can be trusted to do so, to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only need to supervise this. Written parental consent is always required using Appendix 2a.

Refusing Medication

If pupils refuse to take essential medication, school staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in an individual pupil's Healthcare Plan. The school should inform the child's parents of the refusal on the same day. If necessary, the school should follow agreed emergency procedures.

Medication Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. All medicines should be taken by parents to the school office where they will be stored safely and securely. Medication will not be accepted by class teachers or teaching assistants at the classroom door or be accepted from children. Parents will be directed to the school office to complete the correct paperwork. Should a child bring a medication to school, it will be taken by a staff member and taken to the school office where the parent will be contacted to complete the correct consents and be made aware of the procedures. The parent or doctor should provide written details including:

- Name of pupil, address and date of birth
- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects
- Expiry date

Staff should check that any details provided by parents are consistent with the instructions on the container.

Keeping records offers protection to staff and proof that they have followed agreed procedures. Staff will complete the form in Appendix 1b each time they administer a planned medication.

Dealing with Medicines Safely

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Access to Medication

When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration.

Where a pupil needs two or more prescribed medicines, each should be in a separate container.

Non-healthcare staff should never transfer medicines from their original containers.

The Headteacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored. All medications are stored in the school office in a box labelled 'Medicines' which is safe place and out of reach of children.

Medications that require refrigeration will be stored in the staff fridge and should be in an airtight container which is clearly labelled. Children should not be granted access to staff areas unless accompanied by an adult.

Some medicines, such as asthma inhalers and Epipens, must be readily available to pupils and must not be locked away. These will be stored in classrooms and will be clearly labelled. All staff should be aware of where these medications are stored so they are able to access these quickly in an emergency. Staff follow parents' guidance as to whether the child or the class teacher has responsibility for looking after such medicines. All other non-emergency medicines will be stored in the school office and not in classrooms.

Due thought and consideration should take place before the school locks away medication that a pupil might need in an emergency.

All staff should know where to obtain keys to the medicine cabinet and be aware of the policy and procedures for locked medicines relevant to their work area.

Disposal of Medicines

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged through the local district council.

Long-Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. The school needs to know about any medical needs before a child starts school or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written Healthcare Plan which adopts a holistic approach detailing all aspects of the pupil's condition as well as the medicines and support required, should be completed for such pupils, involving the parents and relevant health professionals.

Appendix 3 provides an example of a Healthcare Plan, which Chewton Mendip CEVA Primary School uses.

School Nurses will deliver training in the school setting, primarily for anaphylaxis and epilepsy if there is no specialist nurse involved and the medication has been prescribed by a GP.

No pupil under 16 should be given medication or any other kind of (non-emergency) medical intervention without his or her parent's written consent using Appendix 1a.

It is essential for staff to complete, sign, date and time record cards each time they give medication to a pupil. Appendix 1b can be used for this purpose. It is essential to have the dosage and administration witnessed and signed by a second adult.

Drawing up Healthcare Plans

The main purpose of an individual Healthcare Plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive.

We agree with parents how often we should jointly review the Healthcare Plan (at least annually). It remains the responsibility of the child's parent to inform the school of any changes to their child's medical condition, medications or action that should be taken in an emergency.

Each Healthcare Plan will contain different levels of detail according to the needs of the individual pupil.

Appendix 3 shows an example Healthcare Plan that we use at Chewton Mendip CEVA Primary school.

Those who may need to contribute to a Healthcare Plan are:

- The child
- Parent or guardian

- Headteacher and/or SENDCo
- Class teacher(s)
- Teaching assistant or support staff (if applicable)
- School staff who have agreed to administer medication or be trained in emergency procedures
- SEND support services as appropriate
- The School Health Service, the child's GP or other healthcare professionals (depending on the level of support the child needs).

A Healthcare Plan should include:

- Details of a pupil's condition.
- Special requirements e.g. dietary needs, pre-activity precautions
- Procedures that should be carried out
- Medication and any side effects (in a separate document – Appendix 1a)
- What constitutes an emergency
- What to do, and who to contact in an emergency
- The use, storage and maintenance of any equipment
- Arrangements for reviewing the plan
- Risk assessments and safe system of work (separate document)

Training of school staff in medical procedures

In supporting pupils with long-term health needs there are a number of clinical procedures which school staff may be trained to undertake:

- Diabetes monitoring and care
- The administration of emergency medication (epilepsy, for example)
- The use of equipment to assist breathing
- The administration of oxygen to pupils
- Procedures in the event of anaphylactic shock and the use of an adrenalin device such as EpiPen
- Gastrostomy and nasogastric tube care
(This is not an exhaustive list.)

Such training will be provided by an appropriate health professional, often a Community Children's Nurse or nurse specialist. It may be very appropriate for parents and the young person themselves, where they are able, to contribute to the training but they must be supported in this by an appropriate health professional.

Schools need to make appropriate provision:

- In order to ensure that key staff are trained to an appropriate level
- To ensure the safety and well-being of the child or young person
- To ensure that staff who receive training and become responsible for the delivery of medical care are confident in the care they provide and are suitably indemnified by insurance
- To maintain a consistent team to support the child or young person's medical needs, introducing new staff and recycling staff only when it is identified as being in the child's best interests
- To ensure that the child is not dependent on one person who is trained to meet their medical needs, but to identify a small team who can work flexibly and interchangeably.

To ensure this, the SENDCo must:

- Liaise with the PIMS team, healthcare staff, children's community nurses and/or school health advisors, as appropriate
- With guidance from the healthcare professionals agree a training plan, outlining how much time will be required and providing a suitable place where training can happen, free from interruptions and where confidentiality can be maintained

- Facilitate the training to take place, ensuring that all key staff are released from other duties and have sufficient time to take on training from healthcare staff. It is not appropriate for school staff to train one-another or cascade training.
- Ensure that careplans are reviewed and refreshed with the involvement of healthcare professionals at agreed intervals (at least once a year) but also whenever circumstances change and new advice may be needed.
- Give support to those staff who are being trained so that they understand their own roles and responsibilities:
 - To follow guidelines and procedures and to consult appropriately with healthcare professionals if circumstances change and they feel they need further training.
 - To identify their own need for further training, updates or refreshers.

Emergency Procedures

- As part of general risk management processes, we have arrangements in place for dealing with emergency situations. A member of staff would always accompany a pupil taken to hospital by ambulance, and stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Individual Healthcare Plans include instructions as to how to manage a pupil in an emergency.

Infectious conditions

Health Protection Agency Guidance on Infection Control in Schools and other Child Care Settings gives guidance on the most common infectious diseases and the recommended periods for which children should be kept away from school or nursery.

Hygiene and Infection Control

All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should 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 school staff must treat medical information confidentially. The Headteacher or SENDCo must agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil

The Legal Framework

- SEN and Disability Act 2001.
- Health and Safety at Work etc Act 1974.
- The Management of Health and Safety at Work Regulations 1999.
- Control of Substances Hazardous to Health Regulations 2002.
- Misuse of Drugs Act 1971 and associated regulations.
- Medicines Act 1968.
- The Education (School Premises) Regulations 1999.
- The Education (Independent Schools Standards) (England) Regulations 2003.
- National Standards for under 8s day care and childminding – Premises.
- Special Education Needs – Education Act 1996.
- Care Standards Act 2000.
- The Equality Act 2010.

Appendix 1a:

Chewton Mendip VA Primary School
Parental agreement for school to administer medicine

Name of Child:

Date of Birth: Class:

Medical condition/illness:

Medicine

Name/Type of Medicine (as described on the container):

Date dispensed: Expiry date:

Dosage and method:

Timing:

Special Precautions:

Are there any side effects that the school/setting needs to know about?

.....

Procedures to take in an Emergency:

.....

Contact Details

Name Daytime Telephone No:

Relationship to Child:

Address:.....

.....

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date: Signature(s):

Relationship to child:

Appendix 1b:

Record of medication administered in school

Name of child..... Date of Birth.....

Class:

Date							
Time							
Dose given							
Any Reactions							
Signature of staff giving medication							
Signature of witness							

Chewton Mendip VA Primary School

**Parental Request for Child/Young Person to Carry and Administer
own Medication (Including inhalers)**

DETAILS OF CHILD/YOUNG PERSON

Name of child:

Date of Birth..... Class

Condition or Illness:

.....
.....

MEDICATION

Name/type of medication (as described on the container):

.....

For how long will your child take this medication:

.....

Full Directions for use:

Dosage:

Timing:

Any known effects:

Any other relevant information:

Date..... Signatures:

Relationship to child.....

TO BE COMPLETED BY SCHOOL

I agree that (name of child) will be responsible for carrying and administering their own medication. This arrangement will continue until instructed otherwise by parents.

Date..... Signed.....

Chewton Mendip VA Primary School

Log of Child/Young Person Administering own Medication (Including inhalers)

Date	Time	Dose	Witness

Appendix 3:

Chewton Mendip CEVA Primary School
Healthcare Plan for Pupil with Medical Needs

Name:	Date of birth:
Name of medical condition/allergy:	
Date of plan:	Plan review date:

Contact Details		
	Family Contact 1	Family Contact 2
Name:		
Relationship to child:		
Mobile phone no:		
Home phone no:		
Work phone no:		
Email address:		
Home address:		
	GP	Clinic/hospital Contact (if relevant)
Name:		
Phone no:		

<u>Describe condition and give details of pupil's individual symptoms, triggers, frequency, etc:</u>

Daily care requirements (including name of any medication – complete separate form for medical administration instructions):

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

Necessary arrangements for school trips, off-site visits, etc:

Any specific support needed for educational, social and emotional needs related to medical need:

Additional information re: child/parents' wishes regarding their care:

Completed by:

Circulated to:

Pupil file / Class SEND file / Teachers & Support staff / Parents