Cinnamon Brow C of E Primary School

'For I know the plans I have for you… Plans to give you hope and a future.'

Jeremiah 29:11

Policy for supporting children with medical needs

Whole School Policy

Implemented	Autumn 2025
Agreed by Governors	TBC
Due for Review	Autumn 2027

Policy for supporting children with medical needs

This policy should be read in conjunction with DFE Statutory Guidance 'Supporting Pupils At School with Medical Conditions April 2014'.
This guidance supersedes other guidance produced to date.
The policy is in line with the Education Act 1993, Special Needs Code of Practice 0-25 (2014) and the Equality Act (2010).
This policy also covers the needs of those children with a short term illness.

Introduction

The school staff and Governors recognise their statutory responsibility to promote good attendance and ensure that all children with a medical condition have full access to education, including school trips and physical education. We recognise our responsibility to support these children through consultation with the children, their parents and health and social care professionals.

This policy should be read alongside the Health and Safety Policy, the Equality Policy, our Accessibility Plan, First Aid Policy, Parent Guidance and the Special Educational Needs and Disability Policy and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported. This may include monitoring, emergency interventions, delivering programmes agreed with relevant health professionals and the parents, and re-integrating children following a long term illness or hospitalisation.

Some of these children may have an Education Health Care (EHC) Plan which brings together health and social care needs as well as their special educational provision.
We are aware that there may be social and emotional implications (e.g. anxiety, depression) associated with medical conditions and we will seek to mitigate against these and support the child's emotional well-being.

Children with Short Term Illness

Children who have a short term illness should be at home until they are well enough to attend school. If a health care professional considers that they are well enough to attend school but require prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. School will agree to administer a lunch time dose of medication when the prescription is for **4 times per day**. School cannot administer medicines outside of the school day i.e. if a child attends Let's Be Kids. Parents should ask the prescribing health care professional about this. Where this is not possible then they should designate someone to come to school to administer the prescribed medicine.

Parents should not send children to school with medication for self –administration. If it is deemed that the child is well enough to attend school but the parents are unable to find someone to come into school and administer the prescribed medication, then we will make provisions for the child to receive the medication.

These procedures are set out below:

The Head Teacher, Deputy Head and Office staff have responsibility for administering any form of medication to a child in school. They have been given appropriate training and guidance and are aware of the possible side effects of the medicines and what to do if they occur. It is noted that in the absence of these two members of staff simultaneously, any member of staff can administer medication to pupils providing they follow the procedure as set out in this policy.

Unlike all other staff members, support/clerical staff may have the administration of medication as part of their contractual duties.

Support/clerical staff whose duties include this role, must ensure that each and every intermittent or regular medication given is in accordance with this policy and the procedures set out below.

The school office will use Form 4(see Appendix D) to record the medication that has been administered to a child. These forms will be stored in the school office in a central folder.

Before any medication can be administered to a pupil, it is vital that Form 2 (see Appendix B) is completed. Copies of this form are available from the school office and also on our school website under key information - policies. Completed forms are retained by the school in a central folder in the school office.

Children with Medical Conditions
Responsibilities

School will work with parents, children and health care professionals so that everyone is clear about their responsibilities in order to support the child.

Staff have a common law duty of care to children in the school. They are in 'loco-parentis' and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

Governors will:

- Ensure that arrangements are in place to support children with medical conditions.
- Ensure that such children can access and enjoy the same opportunities at school as any other child.
- Take reasonable steps to ensure that no child is denied admission to the school on the grounds of their medical condition.
- Ensure this policy is up to date and compliant with relevant legislation and guidance.
- Ensure that staff training needs are identified and appropriate training sourced.
- Be aware that giving medication does **not** form part of the contractual duties of school staff.

Head Teacher, Deputy Head Teacher and Business Manager will:

- Consider the needs of each individual child (including those with mental health issues as well as medical conditions) and consider how their medical condition impacts on their school life – on both their ability to learn as well as their self-confidence and self-care.
- Ensure that risk assessments are carried out where necessary.
- Ensure staff administering medication are subject to an enhanced Disclosure and

Barring Service (DBS) check.

- Ensure that medical needs of children are correctly planned and policy and procedures followed.
- Consult fully with parents and, if appropriate, the child, about any plans for the child.
- Agree with the parents/carers, exactly how the school will support the child. Ensure that the relevant plans are completed and regularly reviewed (EHC Plan or Individual Health Care Plan Form 1, Appendix A).
- Seek further advice when required from the professionals involved in the child's care.
- Identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training (Form 6, Appendix F). These persons should be named in an Individual Health Care Plan or EHC Plan.
- Ensure they carry out their safeguarding duty towards other children and staff by not putting them at risk from infectious diseases. This may include not accepting a child in school at times when it would be detrimental to the health of others.
- Ensure that, where possible, in times of staff absence, the needs of the pupil are still met. Please note that for some complex medical needs there could be rare instances where it is difficult to provide immediate cover at the correct level. When this happens, school will liaise with the parents to discuss the short term impact of this on their child.
- Ensure that supply teachers and after school club providers are aware of the child's needs.
- Ensure that children transported to school by taxi, mini-bus or bus, have a statement in their Individual Health Care Plan or EHC Plan which details how medication will be delivered to school.
- Complete risk assessments for school visits.
- Ensure that parents are aware of this policy and put it on the school website.

School Staff will:

- Seek information to understand the nature of the condition and where the child may need extra attention and support.
- Establish and agree their role in the child's care, especially where this requires them to administer medication.
- Be aware of the likelihood of an emergency arising and know what action to take, should one occur (this applies to all staff - including temporary staff).
- Ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.
- Attend appropriate training.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their Individual Health Care Plan.
- Contribute to the writing of any EHC Plans or Individual Health Care Plans.
- Contribute to any review meetings in relation to the child.
- Liaise with parents to ensure that the views of the parent and child are taken into account when deciding actions.

Parents will:

- Take responsibility for making sure that whenever possible the child will attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits.
- Ensure school has contact numbers and arrangements are in place should their child become unwell.

- Meet with school staff to ensure the correct procedures are followed.
- Request, in writing, that medicines be administered.
- Provide the Head Teacher, Deputy Head Teacher and Business Manager with sufficient information about their child's medical condition and the medication and treatment or special care needed (Form 1, Appendix A).
- Reach an agreement with the Head Teacher and Deputy Head Teacher and, if necessary, health professionals on the school's role in helping with their child's medical needs (Form 2, Appendix B).
- Ascertain whether prescribed medication can be taken outside the school day. Parents should ask the health care professional about this.
- Confirm their agreement to the sharing of information with other staff to ensure the best care for their child.
- Be aware of those infectious diseases which should result in not sending their child to school.
- Be aware that there is no contractual obligation for school staff to administer medication.

Induction and Transition

On receiving notification that a child with a medical condition is joining the school, the school staff will meet with parents and any other previous settings to establish the child's needs and begin to plan for their induction. This will include working with health care professionals and establishing with Governors any resource implications (both human and material) for the child's successful integration.
Where a child is arriving mid academic year, then the school will make the best endeavours to try to complete this within two weeks.

On transition to another setting, the school will liaise closely with parents and that setting to ensure the smooth transition of the child.

Non-prescribed medication

- Staff will **never** give a non-prescribed medicine to a child unless there is specific, prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy and it is at their discretion.
- No child under 16 will be given medication without his or her parents/carers written consent.
- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hayfever. A member of staff **must** be aware that the child has taken medication, record it and must inform the parents/carers, in writing, on the day medication is taken.
- If a child suffers regularly from frequent or acute pain, the parents will be encouraged to refer the matter to the child's GP.

Self-management

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this. The medication will be stored in a safe place.
- Form 5 (Appendix E) will be used with pupils who are able to carry their own medication.
- Children with asthma will be encouraged to self-medicate and inhalers will be kept in an agreed place within each classroom which is easily accessible to both pupils and staff. All

members of staff, who work with that class, will be made aware of where this is.

Intimate or Invasive Treatment

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.
- Parents and Head Teachers will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.
- Each school has a school health adviser and other health professionals who can be approached for advice.
- The Head Teacher and Governing Body will arrange for appropriate training for staff with the appropriate health professional.
- The school should arrange for two adults, preferably one of the same gender as the child, when possible, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment (Form 7, Appendix G).
- Staff should protect the dignity of the child as far as possible, even in emergencies. Please also see the intimate care form (Form 9, Appendix I).

Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must 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.

Residential and Day Visits

- All children should participate on trips and managed outings, wherever safety permits.
- Additional staff arrangements may need to be made and, if necessary, a risk assessment carried out by school and parents.
- Staff and parents may need to make a pre-visit and discuss the child's needs with the venue.
- When getting Local Authority permission for a residential visit (using EVOLVE), the needs of the child will be recorded and the appropriate risk assessments sent as attachments.
- Arrangements for taking medication on outside trips may involve additional staff and volunteers being advised of any medical needs and relevant emergency procedures (see school trip information). The need for confidentiality will be made clear.
- A copy of the Individual Health Care Plan or EHC should be taken on visits.
- Medication will be handed to the group leader prior to departure.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views, Local Authority advice and medical advice from the school's health service or the child's GP. See DFE guidance on planning educational visits.

Record Keeping

Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail (Form 4, Appendix D).

- Parents must supply information about medication that needs to be administered in the school.
- Parents should let the school know of any changes to the prescription.
- School should ensure forms are used to provide clarity and consistency.
- Medical information will be recorded in Arbor (the school's data base). This is only updated for long-term illnesses or medical conditions.

Storing Medication, including Controlled Drugs

- School will not store large volumes of medication except for exceptional circumstances to support individual medical needs.
- When the school stores medicines, staff will ensure that the supplied medication is labelled with:
  - ✓ the name of the child;
  - ✓ the name and dose of the medication;
  - ✓ the frequency of administration;
  - ✓ the date of issue.
- A measuring spoon or dropper must be supplied if appropriate.
- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container(Form 2, Appendix B).
- Frequently required medication may be stored in the First Aid Cupboard (piriton, calpol, emergency inhaler, additional Epipens) and in an easily accessible location that is not locked so staff can retrieve within 5 min near the child's classroom (insulin, individual Epipens).
- Some medication need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container, clearly labelled and stored in the staffroom fridge.
- The child should know where their own medication is located.

Controlled Drugs

- The use of controlled drugs in school is sometimes essential. School will keep controlled drugs in the locked First Aid cupboard, and only named staff will have access. A record will be kept for audit and safety purposes.
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- 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.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. (see School alcohol and drug misuse policy).

Disposal of medicines

- Parents will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked at the end of each academic year by a named member of staff.

Refusing Medicines

- If a child refuses to take medicine, staff will not force them to do so, but should note this in the records and follow agreed procedures.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the school's emergency procedures should be followed.

Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a

school agrees to administer medication, 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 (COSSH - 2002).

Emergency Procedures

- All staff must know emergency procedures, including how to call an ambulance (see Form 8, Appendix H).
- All staff must also know who is responsible for carrying out emergency procedures.
- Staff will not take children to hospitals in their own car without their parent or carer. An ambulance will be called.
- Parents will be informed as quickly as possible if a child has to be transported to hospital. If the parent has not arrived before an ambulance leaves then a member of staff will accompany the child to hospital and stay with the child until a parent or their nominated representative arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available. The appropriate personal information should be taken to the hospital.
- Individual Health Care Plans and EHC Plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. (Form 1, Appendix A).

Defibrillators

- Sudden Cardiac Arrest (when the heart stops beating) can happen to anyone at any age without warning.
- Quick action through CPR and defibrillation can help save lives.
- At Cinnamon Brow CE Primary School we have a defibrillator stored on the wall outside the office. There is also a defibrillator outside the school grounds which staff have access to.
- Staff have been trained in how to use the defibrillator.

Confidentiality

- All medical information held is confidential. It should be agreed between the Head Teacher and Deputy Head Teacher, child (if appropriate) and parent, who else should have access to records and information about a child.

Appendix A

FORM 1

Individual Health Care Plan for a child with medical needs

Name	**Photograph**
Date of Birth	
Condition	
Class/Form	
Name of School	Date
	Review Date
CONTACT INFORMATION	
Family contact 1	**Family contact 2**
Name	Name
Phone No. (work)	Phone No. (work)
Phone no. (home)	Phone no. (home)
Relationship	Relationship
Clinic/hospital contact	**G.P.**
Name	Name
Phone No.	Phone No.
Describe the condition and give details of child's individual symptoms:	

Daily care requirements (e.g. before sport/at lunchtime)
Named member of staff administering medication
1
2
Describe what constitutes an emergency for the child, and the action to take if this occurs
Follow up care
Who is responsible in an Emergency (state if different on off-site activities)
Form copied to

Appendix B

FORM 2

Request for school to administer medication

Form for parents to complete if they wish the school to administer medication	
The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that staff can administer the medication.	
CHILD DETAILS	
Surname	Male/Female
Forename (s)	Date of Birth
Address	Class/Form/Group
	Condition or Illness
Medication	
Name/Type of Medication (as described on the container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and method	
Timing	
Special Precautions	
Side effects	
Self-Administration	
Procedures to take in an Emergency	
Contact Details	
Name	Address
Daytime telephone number	
Relationship to child	
I understand that I must deliver the medicine personally to: …….	
Date	Signature(s)
Relationship to child	

Appendix C

FORM 3

Confirmation of the headteacher agreement to administer medication

Example form for school to complete and send to parent if they agree to administer medication to a named child
I agree that *(name of child)* will receive *(quantity and name of medicine)* every day at *(time of medicine) to be administered, e.g. lunch time or afternoon break. (Name of child)* will be given/supervised whilst he/she takes their medication by (*name of member of staff).* This arrangement will continue until *(either end date of course of medicine or until instructed by parents)*
Date
Signed (the headteacher/named member of staff)

Appendix D Record of medication administered in school

Date	Child's Name	Time	Name of Medication	Dose Given	Any Reaction	Signature of staff	Print Name

Appendix E

FORM 5

Request for child to carry his/her medication

Example form for parents to complete if they wish their child to carry his/her own medication **This form must be completed by parents/carer**
Child's name
Class/Form/Group
Address
Condition or illness
Name of medicine
Procedures to be taken in an emergency
Contact Information
Name
Daytime telephone number
Relationship to child
I would like my son/daughter to keep his/her medication on him/her for use as necessary
Signed
Date
Relationship to Child

Appendix F

FORM 6

Staff training record – administration of medical treatment

Example of form for recording medical training for staff
Name
Type of training received
Date training completed
Training provided by
I confirm that…..has received the training detailed above and is competent to carry out any necessary treatment
Trainer's signature
Date
I confirm that I have received the training detailed above Staff signature
Date
Suggested Review Date

Appendix G

FORM 7

Guidelines for administration of Rectal Diazepam

Joint Epilepsy Council
Individual care plan to be completed by or in consultation with the medical practitioner
(Please use language appropriate to the lay person)
Name of child **Age**
Seizure classification and/or description of seizures which may require rectal diazepam (Record of all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus (describes epileptic attacks following each other almost continuously), note whether it is convulsive, partial or absence)
i.
Usual duration of seizure ii.
Other useful information
Diazepam Treatment Plan
1. **When should rectal diazepam be administered?** (note here should include whether it is after a certain length of time or number of seizures)
2. **Initial dosage: how much rectal diazepam is given initially?** (note recommended number of milligrams for this child)
3. **What is the usual reaction (s) to rectal diazepam?**
4. **If there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?**

5. Can a second dose of rectal diazepam be given? YES/NO
After how long can a second dose of rectal diazepam be given? (State the time to have elapsed before re-administration takes place)
How much rectal diazepam is given as a second dose? (State the number of milligrams to be given and how many times this can be done after how long)
6. When should the child's usual doctor be consulted?
7. When should 999 be dialled for emergency help? e.g. i. **If the full prescribed dose of rectal diazepam fails to control the seizure**
ii. **Other** (Please give details)
8. Who should (a) Administer the rectal diazepam?
(b) Witness the administration of rectal diazepam?
e.g. another member of staff of same sex
9. Who/where needs to be informed? **<u>Parent/Carer</u>**
a) Tel:
Prescribing Doctor
b) Tel:
<u>Other</u>
c) Tel:
10. Insurance cover in place? <u>YES/NO</u>
11. Precautions under what circumstances should rectal diazepam not be used e.g. Oral Diazepam already administered within the last..... minutes

All occasions when rectal diazepam is administered must be recorded (see overleaf)		
This plan has been agreed by the following:		
Prescribing Doctor (Block capitals)		
Signature		**Date**
Authorised person/s trained to administer rectal diazepam		
Name(block capitals)	Signature	Date
Name(block capitals)	Signature	Date
Name(block capitals)	Signature	Date
Child's name (if sufficiently mature) (Block capitals)	Signature	Date
Parent/Carer (Block capitals)	Signature	Date
EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM		
(Block capitals)	Signature	Date
Head of School/Setting (Block capitals)	Signature	Date
This form should be available for review at every medical review of the child		
Copies to be held by		
Expiry date of this form		
Copy holders to be notified of any changes by		
Useful telephone numbers: Members of the Joint Epilepsy Council: British Epilepsy Association 0800 309 030; Epilepsy Association of Scotland 0141 427 4911; Irish Epilepsy Association, Dublin 557 500; Mersey Region Epilepsy Association 0151 298 2666; The David Lewis Centre 01565 872613; The National Society for Epilepsy 01494 873991		

						RECORD OF USE OF RECTAL DIAZEPAM FOR (Name of Child)
Date						
Recorded by						
Type of seizure						
Length/ no. of seizures						
Initial Dosage						
Outcome						
Second Dosage (if any)						
Outcome						
Observations						
Parent/Carer Informed						
Prescribing Doctor Informed						
Other Information						
Witness						
Parent/Carer supplying Dosage						
Date Delivered to school						

Appendix H

FORM 8

Emergency Planning

Request for an ambulance to
Dial 999, ask for ambulance and be ready with the following information:
1. Your telephone number
2. Give your location as follows: (insert school/setting address and postcode)
3. State that the A-Z reference is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:
Speak Clearly and slowly and be ready to repeat information if asked

Appendix I

Form 9
Intimate Care Plan

Intimate Care Plan

Child's name:.....

- I understand staff named below may assist changing my child, if necessary, e.g. if they have a toileting accident.
- I understand it may be necessary for named staff to have contact with my child's anus and genital area to ensure that they are thoroughly clean.
- I agree for named staff to apply nappy cream provided from home, if deemed necessary.
- Please note: soiled wipes and nappies will be disposed of in the nappy bin in a designated area within school and changing procedures may be reviewed termly

Parent/Carer:

Signed: _____ (parent/carer) Date: _____

Named Staff:

(All staff who may need to assist with your child's intimate care)

Signed: _____(Teacher/Manager) Date: _____

Signed: _____(Teacher/Manager) Date: _____

Signed: _____(Teaching Assistant) Date: _____

Signed: _____(Teaching Assistant) Date: _____

Signed: _____(Midday Assistant) Date: _____