Edwalton Primary School Medical Needs Policy

Reviewed September 2026
Next review due September 2027

Edwalton Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness during their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Managing medicines
On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the Head Teacher and the named First Aid leads, Julia Kang and Katie Pert and any practical and organisational implications need to be addressed prior to assuming responsibility for this.

General Principles
The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

Short-term illness
Children who are suffering from short-term ailments and who are clearly unwell should not be in school and Head Teacher are within their rights to ask parents/carers to keep them at home.
Some parents may send children to school with non-prescribed medicines (e.g. cough mixture – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, see http://www.npc.nhs.uk/rapidreview/?p=311). Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.
There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902)

Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Chronic illness/disability
It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

Acute illness
The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

Good practice Documentation:
Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

1. Name and class of the child
2. Medication involved
3. Circumstances medication should be administered
4. Frequency and level of dosage

Training:
Teachers and support staff should receive appropriate training and guidance via the School's Health Service for non-routine administrations.

Giving regular medication:
We encourage parents whose child is taking medication three times a day (or 'tds'), to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).
If medicine has to be taken four times a day (or 'qds') and a lunchtime dose is necessary, the standard practice (see below) is followed.

Standard Practice
1. Ask the Parent/Carer to complete a Medicine Administration request form.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.

6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine, and another member of staff should counter sign.
10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

Medicine storage
It is the responsibility of the head-teacher to ensure safe storage of medicines.
All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for administration.

All children with medical conditions should have easy access to their emergency medication.

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in the original containers, clearly labelled with the child's name and administration advice.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

General medical issues:

Record keeping
Enrolment forms – should highlight any health condition.
Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These needed to be updated after a medical emergency or If there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location, but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
Centralised register of children with medical needs and at Edwalton Primary School we have a medical cupboard with photos of pupils with medical needs, in year groups, to enable staff to identify specific pupils if needed.
Request to administer medicines at school.
Log of training relevant to medical conditions

Medi-alerts (bracelets/necklaces alerting others to medical conditions)
As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility
Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Off-Site visits
Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.
Any pupil with an inhaler or epipen must have them readily available in case of an emergency when attending any off-site visits.

Employee's medicines
Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection
"Universal precautions" and common-sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.
Always wear gloves.
Wash your hands before and after administering first aid and medicines.
Use the hand gel provided.

Staff Indemnity
Flying High Partnership fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol.
In practice, dependant on each case, the indemnity means that the organisation and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to e sued for negligence and any action is usually between the parent and the employer.

Appendix A - Medicines likely to be brought into or used at schools.

Non-prescribed medicines
Parent supplied - parents may wish to send children to school with medicines such as cough mixtures. This should be discouraged as school cannot take responsibility for such medicines.
School supplied – whilst it is the parent/carer's responsibility to supply medicine for their child, in some circumstances, it may be appropriate for the school to administer medicine. We try to keep children in school wherever possible, so where a child has a minor ache or pain that could be treated with paediatric paracetamol (e.g. Calpol) or ibuprofen (e.g. Nurofen), the parent will be contacted, and permission sought. Only where parental permission is given, will the child be given the medicine. The dose should be recorded on the medicine record administration form.
Paediatric paracetamol and ibuprofen are useful over-the-counter medicines and widely used to treat childhood fever and pain.

Be wary of confusion – brand names (e.g. Calpol, Nurofen) are often interchangeably used with generic names (paracetamol, ibuprofen) and this can lead to confusion, particularly now that some pharmaceutical companies have broadened their range (e.g. Calprufen is ibuprofen made by the manufacturers of Calpol)

Prescribed medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers ("relievers") are used to relieve symptoms and brown steroid inhalers ("preventers") are used to prevent exacerbations and control the severity of the illness.

If the school and the parent feel that the child is capable and responsible, the child can self – administer their inhalers but should always alert staff so that they can monitor usage. Cases should be considered individually after consulting with parents, the child's doctor or school nurse as appropriate.

Inhalers are very safe and it is unlikely that a child using another's inhaler is likely to come to any harm (although obviously medicines should only really be used by those that they have been prescribed for).

Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (e.g. Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust http://www.cftrust.org.uk/

Diabetes UK http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/

Epilepsy Action http://www.epilepsy.org.uk/info/education

The Anaphylaxis Campaign http://www.anaphylaxis.org.uk/schools/help-for-schools

Appendix B - Non-routine administration of medicines

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school's medical Trained Staff (First Aid Leads) for advice.

Conditions requiring emergency action

As a matter of routine, all Staff who is dealing with the emergency must have a clear procedure for summoning an ambulance in an emergency (Appendix D).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.
Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.
Examples of these conditions follow – but should be more fully explained during training and in the individual's protocol:

1. **Anaphylaxis** (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances e.g. bee sting, nuts and require an immediate injection of adrenaline. These epi-pens are kept in the classroom in a clearly labelled cupboard and a spare school supplied epipen is kept in the box in the school office . All pens must be kept in the original packaging which is labelled.

2. Major fits

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. Diabetic hypoglycaemia

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive, or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

Appendix C - Request for school to administer medication (see attached form)

Available from the school office

Appendix D – Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.
If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.
Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.
The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

Appendix E – First Aid

Children should not help with First Aid, the current list of First Aider are listed on **Appendix F**

Appendix F – List of First Aiders

Trish Gilbert – 3 day First Aid at work, Paediatric first aid
Katie Pert – 3 day First Aid at work, Paediatric first aid
Julia Kang – 3 day First Aid at Work, Paediatric First Aid and 1 day first aid
Carole Priestly – Paediatric First aid and 1 day first aid
Josh Sibson – 1 day first aid
Chris Owen Jones- 1 day first aid
Claire Dickinson- 1 day first aid
Alex Allen - Paediatric first aid
Hannah Shaw- Paediatric first aid
Selena Stocks – 1 day first aid