Otterbourne Church of England Primary School

Trust, Respect and Determination

Medical Needs Policy

Name / Signature of Headteacher:	Martin Geraghty
Name / Signature of Chair of Governors:	Sue Barham
Date Policy approved and adopted:	September 2026
Date Due for review:	September 2028

VERSION CONTROL LOG

Date	Description of changes (person responsible)
29/09/2026	School Policy introduced based on published statutory guidance
30.09.2025	Change to condition (as per statutory guidance) Addition of online administration of medicine training. Date change
19/09/2024	Annual review of policy
18/10/2023	Annual review completed – date change
24/01/2023	Headteacher name changed. Review date changed. (KD) Removal of paragraph re: administration of paracetamol and Piriton: Removal of paragraph re: emergency asthma inhalers

Supporting Pupils with Medical Conditions Policy

In line with Section 100 of The Children and Families Act 2014, the governing body of the school and the Headteacher have a duty to make arrangements for supporting children with medical conditions access and succeed at the school. We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Otterbourne Church of England Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made. We will have regard to the guidance 'Supporting Pupils with Medical Conditions' produced by The Department for Education.

All medical information will be treated confidentially by the school and all administration of medicines will be arranged and managed in accordance with published guidance.

Throughout this policy, the term 'medicine' or 'medication' also relates to 'medical devices'.

Roles and Responsibilities

The Governing Body is responsible for:

- Ensuring that this policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions. Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
- A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively.
- Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- The Governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher is responsible for:

- Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensuring all staff are appropriately trained for their role in supporting children with medical conditions.
- Supporting staff in the execution of their roles and responsibilities.
- Ensuring that all staff are aware of the child's condition, as appropriate.

- Ensuring that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Overseeing the development of individual healthcare plans.
- Ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Ensuring the school nursing service is involved in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Supporting all staff in the early identification of medical needs, including working in partnership with parents/carers and other nominated adults, and health professionals.
- Ensuring that children are provided with the best available support for their condition, based on current evidence, as the school awaits a formal diagnosis and a full individual healthcare plan.

Teachers and Support Staff are responsible for:

- Providing support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Understanding the needs of pupils with medical conditions that they teach.
- Knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Supporting members of the SLT or the school's SENDCo with the effective handover of medical information for children transitioning to and from the school

Responsibilities of other key parties:

- Other healthcare professionals, including GPs and paediatricians– should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- The School Nurse should notify the school when a child has been identified as having a medical condition which will require support in the school.
- Other healthcare professionals will support the School Nurse in developing an appropriate support plan.
- The school may request the support of other healthcare professionals in the development of the Individual Healthcare Plan.
- Pupils with medical conditions will provide information about how their condition affects them.
- Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Parents, carers and other nominated adults should be involved in the drafting, development, support and review of their child's individual healthcare plan.

Individual healthcare plans (IHPs)

IHPs require information about:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Where a child has a special educational need identified in an Educational Health Care Plan (EHCP), the Individual Healthcare Plan (IHP) and EHCP will be linked.

Staff training and support

Any member of school staff providing support to a child with medical needs must have received suitable training. This will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupils' individual health care plans.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All new staff will be inducted on this policy when they join the school through their initial induction. Records of this training will be stored in their personnel folder.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include details of their role and responsibilities. The school will retain evidence that staff have been provided the relevant awareness training.

Where required, the school will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from.

This will include ensuring that the training is sufficient, so staff are competent and confident in their ability to support children with medical conditions.

The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allows them to fulfil the requirements set out in the individual healthcare plan. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice but should not be the sole trainer.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professionals, they will be supported to do this. This can be a vital step towards preparing pupils for the next stage of their education, where they will need to be more independent with self-care. This will be recorded in the IHP with all associated information, including how to support children who refuse to follow the agreed procedures.

Managing medicines on school premises

In the school, and where appropriate to do so, the child will carry their own medicines or have them available in the classroom. Medication that is kept in classrooms is stored in plastic containers in a clearly labelled and dedicated space. Other medication is kept in the first aid room or school office.

The administration of medicines is, ultimately, the responsibility of the parents/carers. Where clinically possible, parents will be encouraged to arrange for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours.

The school will not give prescription (or non-prescription) medicines to a child without prior written consent from an appropriate adult. The school will keep a log of all medicines received and when they are administered. At the end of a prescription period all associated paperwork is scanned onto the child's record within Arbor.

The school will only administer medicines where the dose, expiry and shelf-life dates have been checked and are valid. Medicines must be provided in original packaging, with the date clearly visible, full and clear labelling and as dispensed by the pharmacist. Instructions must be clearly legible, including but not limited to dosage and storage instructions. The school will not accept any medication where there is a concern related to provenance or a risk associated with unclear information.

The school will never give medicine containing aspirin unless prescribed by a doctor.

Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.

Parents will be informed in the event of a refusal to take medication.

We recognise that in the cases of children needing insulin in school, this must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.

Children who can use their inhalers independently with confidence, are encouraged to carry them at all times. If, for any reason, the school doesn't deem the child to be personally responsibility for their inhaler, staff will make sure that medication is stored in a safe but readily accessible place, and clearly marked with the child's name.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises during school time.

Controlled drugs held on site, whether for use by staff or to support the needs of children, will be securely stored in a non-portable container which only named staff will have access to. Controlled drugs will still be easily accessible for emergency purposes. For children, a record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical professional. Where controlled drugs are stored for use by staff members, the responsibility for these remains with the named member of staff.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Non-prescribed medicines

The school will administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short-term basis. Where the school has concerns, they will seek further guidance from the School Nurse.

The school will always seek permission from an appropriate adult before administering non-prescribed medicines in the cases of a child needing Calpol or Piriton from the school supplies. Non-prescribed medicine will not be administered without first checking maximum dosages and the administration history.

Any homoeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Record keeping

The school will ensure that written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Emergency procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child. Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrive, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips, residential visits and sporting activities

The school actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so.

The school and the Governing Body will ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school leadership will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip and this will be detailed in associated risk assessments.

The school will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments

Leaders will consult with parents and pupils and receive advice from the relevant healthcare professional to ensure that pupils can participate safely.

Good Practice

At all times, the school will ensure that:

- children can easily access their inhalers and medication and administer their medication when and where necessary
- children are treated as individuals and those with the same condition are not assumed to require the same treatment
- the views of the child or their parents are heard
- medical evidence and opinion is respected (although this may be challenged)
- children with medical conditions attend school as much as possible and are not sent home for reasons associated with their medical condition unless it is unavoidable
- All children are able to stay for normal school activities, including lunch, unless this is specified in a child's individual healthcare plan
- If a child becomes ill and needs to be relocated to an appropriate space for care, they are escorted safely
- Pupils will be supported to drink, eat or take toilet (or other breaks) whenever they need to in order to manage their medical condition effectively;

Liability and indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements. The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the

school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided, they can discuss their concerns directly with the Headteacher. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.