

**“Learning and Growing
Together; Inspired by the
Love of Jesus.”**

St Aidan’s Catholic Primary School

Supporting Pupils with Medical Needs Policy



Christ Centred Aim:

Inspired by the love of Jesus, we are committed to creating a school community for all, by developing everyone to support Catholic values and show love and forgiveness to all.

Education Aim:

By learning and growing together, everyone can discover and develop their gifts, use their knowledge and skills and aspire to do their best in all areas of the curriculum.

Community Aim:

Together we foster respect for each other and for our environment creating a welcoming, non-judgemental community that works together in peace and harmony as one school, parish and global family.

Ratified on: 2nd December 2025

Date to be reviewed: Autumn 2026

Most children and young people will have, at some time, a medical condition which could affect their attendance or participation in activities. This may be short-term, for instance, completing a course of medication, or a more long-term condition, which, if not properly managed, could limit their access to school and the activities that are on offer.

Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might include in exceptional circumstances, administering medicine and/or taking action in an emergency). Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations.

Aims of the policy

- To make sure that everyone, including parents and carers, are clear about their respective roles
- Ensure effective management systems to help support individual children and young people with medical needs
- To make sure that medicines are handled responsibly.
- Ensure that all staff are clear about what to do in the event of a medical emergency

Roles and Responsibilities

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between the setting, parents', health professionals and other agencies will help provide a suitably supportive environment for children and young people with medical needs.

Parent/Carer

It only requires one parent/carers to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day to- day contact.

Parents/carers are responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the school office by parents/carers, so the relevant form can be completed. It is the parent's/carers' responsibility to inform the Headteacher via the school office in writing when the medication or the dosage is changed or no longer required.

After the first receipt of medication additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication must be notified in writing to the school.

If a child needs to attend a hospital or clinic medical appointment during the school day a letter must be brought to the school office so a copy can be placed on the child's records.

Headteacher

It is the Headteacher's responsibility to make sure that:

- there is a designated staff member with responsibility for children with medical needs
- proper procedures are in place
- staff are aware of the procedures
- systems are in place for monitoring implementation of the policies and procedures
- governors receive information regarding the implementation of policies and procedures
- staff are appropriately trained
- training has given staff sufficient understanding, confidence and expertise, and that arrangements are in place to update training on a regular basis

The Designated Staff Member for Children with Medical Needs

In our school, the designated staff member for children with medical needs is Mrs Robinson, the School Business Manager. Day-to-day decisions will normally fall to the School Business Manager in consultation with the Headteacher, where appropriate. The School Business Manager has responsibility for:

- ensuring that staff are aware of medical needs/care plans associated with individual pupils
- ensuring that care plans are updated as necessary
- communicating training needs to the Headteacher, in a timely manner
- communicating with health care professionals and parents as appropriate, to meet the needs of children
- monitoring the implementation of the agreed policy and procedures
- Complete relevant forms on receipt of parent's consent to administer medication

Teachers and support Staff

It is the responsibility of all teaching and support staff to:

- familiarise themselves with the policy and procedures
- work in accordance with the agreed policy and procedures
- familiarise themselves with individual care plans and emergency procedures
- attend training deemed necessary to meet the needs of children

Governors

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of the policy for children with medical needs.

Non-Prescription medicines

St Aidan's Catholic Primary School has a policy not to accept non-prescribed medication. This includes lip balms, creams and 'medicinal' sweets. This policy is adhered to at our school.

Parents/Carers can attend school to administer non-prescription medication to their child if required during the school day.

Prescription medicines

Medicines will only be accepted when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school's 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each item of medication must be delivered to the School Office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the school's use. Where this is appropriate, this will be negotiated with the parent.

Items of medication in unlabeled containers will be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Medication will never be accepted if it has been repackaged or relabeled by parents.

Controlled drugs

Some controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must 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. However, at our school, prescribed controlled drugs will be stored in the school safe and will only be accessible by senior staff members. Where self-medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights at agreed, appropriate times. 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).

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs.

If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a 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 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 2015 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered. The school will need to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary.

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people. The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short-written agreement with parents may be all that is necessary. An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

A letter will be sent home at least annually prompting a review of the care plan.

Administering Medication

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container and within the medication packaging

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional.

Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

If medicine or controlled drugs need to be administered to a child at a specified time, then the member of staff responsible for administering the medicine should carry an alarm. An alarm should also be kept in the classroom of the child as a backup should the member of staff not be present at the time.

Self-administration

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of and be responsible for their own medicines would vary. As children grow and develop, they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents and young people, the appropriate time to make this transition.

The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. In these circumstances, parents will be required to complete the appropriate form.

Refusing medicines

If a child or young person refuses to take medicine, staff should not force them to do so but should note this in the records and parents should be informed immediately. Where refusal to take medicines results in an emergency, the emergency procedures should be followed as written down in the child or young person's care plan.

Storing Medication

- Large volumes of medicines will not be stored
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container

- Staff should never transfer medicines from their original containers
- Children and young people should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away; a risk assessment regarding storage of emergency medicine should be considered in each case.
- Children may carry their own inhalers
- Other non-emergency medicines will be kept in the locked medicine cupboard or school office, not accessible to children
- Where medicines need to be refrigerated. They can be kept in the staffroom refrigerator which may also contain food but should be in an airtight container and clearly labelled. Access to these areas is restricted to adults only or children who are supervised
- Local pharmacists can give advice about storing medicines

Access to medicines

Children and young people need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Record Keeping

Records offer protection to staff and proof that they have followed agreed procedures. General records will be kept in the school office.

Educational Visits

It is essential that when planning an educational visit, that all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

The school will ensure that:

- The proposed visit is discussed and with the parents/carers and (wherever possible) the child or young person as early as possible

- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs

Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff
- Staff must always inform a senior staff member of an emergency situation
- Staff must know how to call the emergency

A member of staff will always accompany a child or young person taken to hospital by ambulance and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

Equal Opportunities

Children and young people with medical needs have the same rights of admission to the school as others. Most children and young people with medical needs can attend school regularly and take part in normal activities, sometimes with some support. Staff may need to take extra care in supervising some activities or consider reasonable adjustments or adaptations to planned activities to make sure that these children and young people, and others, are not put at risk.

Some children and young people with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled children and young people in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities.

Our School will make reasonable adjustments for disabled children and young people including those with medical needs at different times of their life, and for the individual disabled child or young person in our practices and procedures and in our policies.

Unacceptable Practice

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child
- Use stigmatizing or discriminative language and behaviour towards the child's medical condition or its symptoms

Liability & Indemnity

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Complaints

The Governing Body will ensure that the school follows policy on how complaints concerning the support provided to pupils with medical conditions may be made and will be handled

Confidentiality

Staff should always treat medical information confidentially. The Head should 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.

Appendix 1: Individual Healthcare Plan

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



ST AIDAN'S
CATHOLIC PRIMARY SCHOOL

Appendix 2: Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



Appendix 3: Record of medicine administered to an individual child

Name of child
Date medicine provided by parent
Class
Quantity received
Name and strength of medicine
Expiry date
Quantity returned
Dose and frequency of medicine

Staff signature

Signature of parent

Date
Time given
Dose given
Name of member of
staff
Staff initials

Date
Time given
Dose given
Name of member of
staff
Staff initials

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

[illegible]



Appendix 5: Staff training record – Administration of medicines

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 6: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows:
St Aidan's Catholic Primary School, Adswood Road
4. State what the postcode is – **L36 7XR**
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.