

WEETON PRIMARY SCHOOL MEDICAL NEEDS POLICY

STATEMENT OF PRINCIPLES

This policy has been drawn up in accordance with the DfE Managing medicines in schools. It was compiled in consultation with staff and approved by the governing body.

Section 100 of the Children and families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in school activities which they are on a course of medication.
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

This policy defines the ways in which Weeton Primary School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

AIMS

- Assist parents in providing medical care for their children.
- To ensure that children with medical needs receive proper care and support at school.
- To operate guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
- To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body.

PRACTICE

1. Parents/ carers are responsible for ensuring that their child is well enough to attend school.
2. Parents/ carers must provide the Headteacher with sufficient information about their child's medical condition and support and care required at school.
3. Parents/ carers and Headteacher must reach an agreement on the school's role and responsibility for support for the child.
4. In the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be responsible. The need for accurate records in such a case is crucial. Therefore, thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting a pupil with medical needs.
5. The Headteacher will ensure that staff who care for a pupil with medical needs falls within their job description should receive appropriate training to assist them in the that role.
6. The Headteacher ensures that all parents are informed of the school's policy and procedures for medical needs.
7. The Governing Body ensures that the school has clear systems in place, in relation to this area of school life.
8. Some pupils may require an individual healthcare plan. This will be decided on an individual basis in discussion with the school, healthcare professionals and parents.
9. The school office will keep an up to date electronic register of all pupils who have medical needs. This will be updated when new children join the school.
10. The School Office will keep a record of medication in school (which is stored in the medical cupboards in each classroom) and check that all medication is in date on a half termly basis. Parents/carers and staff will then be informed if any medication needs updating/renewing. Parents/carers are responsible for ensuring medication is up to date once they have been informed.
11. If staff give a child any medication it must be recorded in the medical administration book (in the office) and staff must complete a medical slip to send home to inform parents.
12. If your child has a long term health condition which requires medication to be administered during the school day, school will write

a health care plan in conjunction with parents and medical professionals.

13. It is parents' responsibility to inform school if their child has any allergies or food intolerances. Office staff will ask parents to complete the relevant forms to gather information needed. If medication is required, school will write a healthcare plan. If no medication is required, your child's name will be recorded on school's allergy and intolerance list. Parents

MANAGING MEDICINES ON SCHOOL PREMISES

Administration

- Parents must complete a medical administration form which will be kept in the main office.
- All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under supervision by a member of staff.
- Weeton Primary School will administer non-prescribed medication e.g. paracetamol for a short period if required. A consent form is available from the school office. School will sometimes seek permission to give school paracetamol to children if they are slightly unwell or in pain, if they are well enough to stay in school. In these situations, verbal consent will be accepted over the telephone. This will be stored in the office.
- Once parent consent has been given the office staff will inform the staff in class using a medicine administration form on brightly coloured paper.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Many members of staff are happy to take on the voluntary role of administering medication.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written or verbal consent of the pupil's parent.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed i.e. epipen and epilepsy.
- All school staff are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

- If a child's medication changes or is discontinued, or the dose or administration method changes, parents should notify the school immediately.
- If a pupil refuses their medication, staff record this and parents are informed as soon as possible. The staff will not force the child to take the medication. Parents will take responsibility for their child's medical needs at this point, by coming in to collect their child/ supervise medication personally, advising emergency action or deeming that the child may remain un-medicated in school. The school will, if in any doubt about the child's condition, contact the emergency services, with or without a parent's request/ consent.

Safe storage

- There is an identified member of staff who ensures the correct storage of medication at school (office staff).
- Three times a year (once per term) identified members of staff, check the expiry dates for all medication stored at school (office staff).
- All medication is supplied and stored in classroom medical cupboards and where possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication may need to be refrigerated. All refrigerated medication will be stored in the staffroom fridge on the designated medical shelf where possible. It will be clearly labelled (refrigerators used for the storage of medication must be in a secure area, inaccessible to unsupervised pupils)
- Pupils with a medical condition, such as asthma, know where their medication is stored.
- Emergency medication (Epipens, inhalers, epilepsy medication) will be stored in classroom medical cupboards above the sink and out of reach of children.
- The identified members of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- Children who need to access their medicines immediately, such as those requiring inhalers, will be shown where they are kept.
- All medication is sent home with pupils at the end of the school year. Medication is not stored in the summer holidays. It is the parent's

responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Record keeping

- Weeton Primary School keeps an accurate record of each occasion an individual pupil is given or supervised taking medication.
- Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed. The medicine book is kept in the main office.
- Medical records are updated upon arrival of any new pupils during the school year. Office staff will inform staff of any new needs.

SCHOOL TRIPS

The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of the other pupils is not compromised by their inclusion.

On educational visits, medicines will also be available and they will be looked after by a relevant member of staff. This will be recorded on the trip risk assessment.

The trip leader will take additional measures as necessary, and/ or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the party leader has full information on medical needs and any relevant emergency procedures.

Appendix

Asthma Policy for Pupils

Statement of Intent

About one in seven children have asthma and numbers are increasing. We want to make sure that having asthma does not mean children losing out when they are at school. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma while they are at school. This policy supplements the 'Administration of medication in school' and 'Health and Safety' policies.

Asthma register

- When a child joins the school part of the data that is asked for is if their child has any medical needs, including asthma.
- An electronic register is then updated by the school office staff and circulated to staff.

Indemnity

- Staff who are happy to administer medication will be provided with indemnity.
- In emergencies staff should act as any prudent parent would, which may include giving medication.
- Each inhaler provided by parents / carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label.

Access to Inhalers

- Individual pupils' inhalers are kept in a named bag in the medical cupboard in each classroom.
- Children are allowed access to their inhalers at any time in the school day, should they feel the need to use it.
- Inhalers should accompany them when taking part in offsite activities, or residential trips.

Staff Awareness and action in asthma emergencies

- All staff need to be able to manage attacks. Staff will do what a 'reasonable parent' would do in the circumstances prevailing at the time.

- Parents are responsible for providing school with an Asthma Care plan from a medical professional which details dosage and triggers.
- For mild attacks children should take their usual reliever inhaler, as per instructions.
- For severe attacks, children should take a metered dose, as per guidance on their asthma plan.
- If the child does not
 - feel better in 5-10 minutes,
 - is distressed or exhausted,
 - is unable to talk in sentences,
 - has blue lips
 - or you have any doubts

then action required is...

- one adult should stay with pupil and use reliever inhaler via spacer while another adult dials 999 for ambulance and states that the child is having a severe asthma attack requiring immediate attention.
- Continue to give relief inhaler while help arrives as per instructions on inhaler.
- Inform parents of the situation and actions taken.
- The incident should then be recorded in the Medical/Accident book in the Headteacher's office by the person who dealt with the attack, and the entry should be signed and dated by them.

Forgotten or Lost Inhalers

- If a child's condition does not indicate the need to dial 999 i.e. not a severe attack, contact parents to bring in inhaler or collect child.
- If the child is experiencing a severe attack call 999 without delay.

Training

- Head teachers are responsible for assessing and arranging for training needs to be met.
- The school nurse provides any necessary training for staff.

Home/School Liaison

- Parents are asked to complete and update asthma records on admission, and to update them annually. They are also required to update them more frequently if the condition or medication changes.
- Absence of parental consent should not stop staff from acting appropriately in emergencies.
- The use of an inhaler will be recorded in school, in the medical book, and a slip will be sent home to parents to inform them.

Policy due for review September 2026

Asthma Record

Surname

First Name

My child's details and contact numbers:

Date of Birth

Parent(s) name(s)

Telephone Home Work
Mobile

Known triggers/allergies

Any other medical problems?

My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. diskhaler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

Emergency Treatment

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) Date

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.
