Medical Conditions Policy
November 2026
Mrs R Slater

The law on supporting children with medical conditions in school changed from 1st September 2014.
The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions (http://www.legislation.gov.uk/ukpga/2014/6/part/3).

Objectives:

- To ensure good attendance for all children
- To ensure pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life, including school trips and physical education.
- To ensure the health and safety of all stakeholders with regard to the use of medicines in school.
- To ensure staff receive suitable training and are competent before they undertake responsibility to support children with medical conditions. This may include consultation with health and social care professionals.
- To ensure staff who support children with medical conditions are able to access information and other teaching support materials as needed.

Introduction

In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete. Medicines will only be administered if it would be detrimental to a child's health not to administer it and it is impossible for it to be administered outside of school hours.

In these circumstances we will administer (or oversee the self-administration): -

- Prescribed medicines which are required to be taken more than 3 times per day (where a responsible adult e.g. parent/grandparent is not able to visit the school to administer
- Inhalers for medically diagnosed asthma
- Where there is an ongoing condition and parents have agreed a health plan with the headteacher/business manager.

The school reserves the right not to administer medicines that may be dangerous or where the failure to administer medicine at set times could have any adverse consequences.

General pain relief such as Calpol, Paracetamol, throat sweets, etc …should not be brought into school although parents may come to school to administer these themselves if the child is deemed well enough to be in school; or take the child home in the event of illness, if they so wish. However:

- Non-prescribed drugs should generally not be given to children under 8 years old
- Drugs containing aspirin should only be given to children under 16 with doctor's advice
- Food supplements and alternative medicine must be prescribed or supported in writing by a medical practitioner.

Encouraging self-administration is good practice and we encourage children to self-administer (ensuring safety at all times). No children will be allowed to self-administer without supervision.

Legal Aspects

Parents or guardians have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the Local Authority and the school to enable pupils to be in school wherever possible.

The employer has duties, under the Health and Safety at Work Act 1974, for ensuring that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs, including managing medication.

Drugs fall under the COSHH Regulations, 2002.

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. ***This is purely a voluntary role***. Staff should be particularly cautious agreeing to administer medicines where:

- the timing is crucial to the health of the child;
- where there are potentially serious consequences if medication or treatment is missed;
- a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and / or training specific to the child's medical needs. Staff who assist with any form of medication in accordance with the procedures detailed within this guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here.
Staff may request training through the School Business Manager who will contact the School Nurse for on-site training particularly in the event of pupils with particular medical needs such as Epipens.

In compiling this policy, consideration has been given to the requirements set down in the following legislation and guidance:

- www.dfes.gov.uk/circulars; www.dfes.gov.uk/medical
- Special Educational Needs and Disability Act (SENDA) 200
- DfEE Circular 14/96 Supporting Pupils with Medical Needs in Schools
- Medicines Act 1968
- Education Act 1996

School Procedures

- The school does not administer non-prescription drugs or creams.

- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

- If two medications are required, these should be in separate, clearly and appropriately labelled containers.

- Under no circumstances must any medication be administered without parental approval using the standard school consent form - no other permission is acceptable.

- With the exception of inhalers, children should not carry medicines in school and to and from school.

- Medicines should be brought to school by a responsible adult and handed to the office (teachers and teaching assistants will not receive medicines).

- All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the medicine fridge which is located in a cupboard in the main school office. The office is locked when unattended.

- Where drugs are controlled drugs, the Head teacher should be informed and only named persons should have access to them.

- No drugs should be given other than to the person they are prescribed for.

- Once removed from the cabinet, medication should be administered immediately and never left unattended.

- All medical needs are strictly confidential.

Trips and Outings

- Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children and taking an additional adult to supervise an individual child.
- Arrangements for taking any medicines on trips must be made and highlighted on the trip risk assessment. A copy of any health care plans should be taken on visits.

Roles and Responsibilities

<u>Parent/Carer</u>

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicines to the school office in person.
- Must complete and sign the medicine permission form.
- Must keep staff informed of changes to prescribed medicines.

<u>Staff</u>

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked. If the member of staff requires any training or instruction, they should consult their line manager who will refer to a member of SLT if necessary.
- Should ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.
- Should be aware of a pupil's right to dignity and privacy and keep any medical information confidential. They must also be vigilant to any bullying issues which may arise from medical support needed by individual pupils.
- Should ensure they administer medicines in a careful and competent way. If they are at all unsure, advice should be sought by SLT and/or parents.

- Review of all medical risk assessments once per year in accordance with parent guidance to check that the condition of the child has not changed and treatment/action required in school remains the same

Refusal of Medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

Documentation and Record Keeping

Samples of documentation are included in the appendices.

VERBAL MESSAGES ARE NOT ACCEPTABLE.

Individual Care Plans/Medical Risk Assessments
Pupils with complex medical needs will have an Individual Care Plan and/or a Medical Risk Assessment.

- The Care Plan must be checked and reviewed annually.
- It is the parents'/guardians' responsibility to notify school of any change in medication or administration.
- Procedures in the Care Plan (sample in appendix) should identify:
  Full details of the medical condition, symptoms and medication.
  Where the medication is stored.
  Procedures in case of emergency including: -
  - Who should stay with the child.
  - Who will telephone for an ambulance/medical support.
  - Contact arrangements for parents/carers.
  - Recording systems.

Safety checklist for Staff

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures
- Children under 16 should NEVER be given medicines containing aspirin or ibuprofen unless prescribed by a doctor
- Never change a prescribed dosage - even at parental request

Safe storage and disposal of medicines

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack.
All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children.
The school will store no more than is necessary and will only store medicines while the child is in attendance at school.
Children should be told where their medicine is stored and who has access to it.

Inhalers, adrenaline pens and other emergency medicines will not be locked away – they will be safely stored but readily accessible in the classroom in a place designated by the class teacher.
Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.
Any unused or outdated medication will be returned to the parent for safe disposal.

Accidental failure of the agreed procedures

Should a member of staff fail to administer any medication as required they will inform the parent as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school.

Children with infectious diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/ or the School Nurse or local health authorities. There is a list of Infectious Diseases, updated annually kept in all the school offices and in the staff room along with a contact number for advice if needed.

Allergies

Where a parent has indicated their child has a food allergy, details will kept in the school electronic records, communicated to teachers and staff and a photograph of the child with details of the allergy given to the school kitchen if the child has school meals.

Staff Medications

Staff (and other adults in school) should take full responsibility for the secure storage and appropriate usage of their own prescribed and non-prescribed medications. They should act as a 'responsible parent' with regard to the use of these medications.

Contacting the Emergency Services

Request for an Ambulance:-

Dial 999, ask for ambulance and be ready with the following information: -

1. School Telephone Number – 01942 634734
2. School Address – Bristle Hall Way, Westhoughton, Bolton BL5 3QA
3. Exact location in school of person the ambulance is required for
4. Your name (the person making the call)
5. The name of the child (or person the ambulance is required for) and a brief description of the symptoms
6. Inform Ambulance Control of the best entrance to use and state that the crew will be met and directed to the location of the emergency.

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

A copy of this is located in the main office.

- **STAFF SHOULD NEVER TAKE PUPILS TO HOSPITAL IN THEIR OWN CAR**

- **IN AN EMERGENCY, NEVER LEAVE A CHILD ALONE, ENSURE AN ADULT IS PRESENT**
- **IN AN EMERGENCY, A MEMBER OF SLT SHOULD BE CALLED AS SOON AS POSSIBLE**

APPENDIX 1

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Medicine and Cream Slip

Name of child:_____

Class: _____ **Date:** _____

Administration of creams and medicines

I give permission for:

- a member of staff to administer a prescribed medicine/cream* to my child.
- my child to self administer medicine/cream under supervision

Name of cream/medicine:

_____
_____
_____

Dates from and till (inclusive):

_____
_____

- Delete as appropriate

Instructions for administration

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signed:_____ (Parent/Guardian)

- **To be completed each time medicine is administered.**
- **To be kept with medicine and returned home each time.**

DATE							
TIME							
INITIALS							

ASTHMA POLICY

What is Asthma?

Asthma is the narrowing or obstruction of the airways as a reaction to various triggers. Triggers vary between individuals but common ones often include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking.

In an asthma attack, the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult.

Recognition features.

- Difficulty in breathing, with a very prolonged breathing-out phase.

There may also be –

- Wheezing as the casualty breathes out.
- Difficulty speaking and whispering
- Distress and anxiety
- Coughing
- Features of hypnoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds.

What to do if a reaction occurs.

- Call a 1st Aider
- Administer medication and/or inhalers immediately following medicine permission form signed by parent/carer.
- Encourage the pupil to stay calm and reassure the pupil.
- Encourage the pupil to breathe slowly and deeply.
- Encourage the pupil to sit in a position that they find most comfortable, often leaning forward with arms resting on a table or the back of a chair. **DO NOT LIE THE CASUALTY DOWN.**

What to do if there is no improvement.

- A mild asthma attack should ease within 3 minutes but if it doesn't, encourage the casualty to use their inhaler again.
- Monitor and record the breathing and pulse rate every 10 minutes.
- Contact the 1st Aider.
- Call 999 and ask for Paramedic Ambulance.
- Contact parers/carers.

School Procedures for Administration of Inhalers

- Parent/carer should complete the Inhaler In School Parent Consent Form.
- The original will be filed in the main office in the ASTHMA REGISTER folder.
- A copy will be placed with the inhaler (s) in a zipped plastic wallet which will be clearly labelled with the child's name and class. The wallet will be handed to the Class Teacher who will place the wallet in the secure

designated place in the classroom. The pupil and all staff must be made aware of where the wallet is stored in case of emergency.

- Classroom staff administering inhalers should record treatment given on Medical Tracker to notify parents that this has been given.

Inhalers prescribed for coughs/colds

Some doctors are prescribing inhalers to treat coughs/colds/chest infections. There is not requirement to complete an asthma care plan for this short term prescription. The office will need to complete the medicine and cream slip as per the standard practice for prescribed medicines in school – this should be returned to the parent at the end of the course.

Curriculum Related Issues

Pupils should be encouraged to participate in all activities. Any particular activity which appears to trigger a reaction should be noted and shared with the family and Health Care Practitioners. Inhalers should be readily available at PE and Games times and when going out on trips out of school.

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ASTHMA CARE PLAN

Name of child:

Class: **Date:**

- Level of Asthma: Severe Medium Mild
- Symptoms to look out for: _____
- Inhalers to be kept in school: -

Name/colour:
Instructions:

Self medication: Yes / No (please delete)

Name/colour:
Instructions:

Self medication: Yes / No (please delete)

Name/colour:
Instructions:

Self medication: Yes / No (please delete)

Procedures in case of emergency attack:

Contact in an emergency:

I WILL ENSURE THE INHALERS ARE CHECKED REGULARLY AND WILL REPLACE WHEN EMPTY

INHALER GUIDANCE

There are two main types of asthma medicine which are equally important but do different things. They are called relievers and preventers.

- Reliever inhalers are usually blue and you take them when you have symptoms (like wheeze or cough). They work quickly by relaxing the muscles surrounding the narrowed airways making it easier to breathe. Reliever inhalers are essential in treating asthma attacks. If you need to use your reliever inhaler 3-4 times a week, you should go back to your doctor or nurse and have your asthma reviewed so that you can keep it under control. If you continue to need a lot of reliever medicine over a long time there is a risk that it will become less effective in you and your asthma may worsen.
- Preventer inhalers usually come in brown, red or orange. They work by controlling the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. The effect of preventer inhalers builds up over a period of time and they need to be taken every day, usually morning and evening, even when you are feeling well. Preventers contain a steroid medicine. It is important to understand that the steroids contained in preventer medicines are not the same as anabolic steroids used by athletes to improve their performance.

There are other types of medicine that can be added to your reliever and preventer inhaler if needed, such as preventer tablets, long-acting relievers and combination inhalers (usually red and white or purple). For information about other medicines speak to your doctor or asthma nurse.

School hold an emergency inhaler that can be administered in the event the child does not have their own inhaler in school. This is located in the office. Parents are asked to sign a consent form if they wish their child to receive this in an emergency situation.

http://www.asthma.org.uk/
Tel: 0800 121 62 55

APPENDIX 3

The Gates Primary School Westhoughton

MEDICAL RISK ASSESSMENT FORM

NAME OF CHILD: **DATE OF BIRTH:** **CLASS:**	**ASSESSMENT DATE:**	**REVIEW DATE:**
BRIEF DETAILS OF CONDITION/INJURY:	ASSESSMENT BY:	SIGNATURE: CO SIGNED BY: (Headteacher) CO SIGNED BY PARENT:

CONTACTS **Parent:** **Doctor:** **Nurse:**

Hazards identified	Risks Arising from Hazards	Persons at Risk	Existing controls, procedures and arrangements	What additional controls, procedures, arrangements are required?	Date completed
Medication					
In class					
At playtimes					
At lunchtime					
PE					
OTHER					

Risk assessment to be copied to:-1. Class Teacher (available for supply/cover staff) 2. Staff Room board 3. Lunchtime Supervisor 4. Office

APPENDIX 4

HEALTH AND SAFETY MANAGEMENT SYSTEM

PUPIL BASED RISK ASSESSMENT

Name of Pupil: School: Date of Birth: Living Arrangements:	Address: Next of Kin:

1. Relevant background information including any medical diagnosis:

EYA ☐ EYA+ ☐ STATEMENT ☐ SA ☐ SA+ ☐ STATEMENT ☐

1.a. Current health and any medical issues:

1.b. Current level of function:

Item	Hazard	Control Measures/Precautions already in place	Remaining Risk Identified	Risk Level	Further action required/considered to manage risk

Item	Hazard	Control Measures/Precautions already in place	Remaining Risk Identified	Risk Level	Further action required/considered to manage risk
2. Physical Environment					
3. Equipment provided by/for use by the Pupil					
4. Activities					
5. Risk to the Pupil and Others					

Item	Hazard	Control Measures/Precautions already in place	Remaining Risk Identified	Risk Level	Further action required/considered to manage risk
6. Risk From Others					

7. What other control measures / precautions did you consider but did not implement and why? N/A
8. Are there any issues/needs that cannot be addressed/met, which may lead to health & safety issues? No

9. Cross reference with other information relevant to pupil.
10. Overall Risk *(considering everything within this assessment, what do you consider the overall risk to the pupil/establishment (eg school)* D
11. Arrangements for implementation. To be shared with all relevant staff (Sarah Jarrett).
12. Action to be taken in the event of change in circumstances
13. Arrangements for Monitoring and review

14. This Pupil Risk Assessment has been agreed by:

HeadTeacher/Deputy Head …… Date:

Senco ……. Date

Other professional …….. Date:

Parent/Carer ……. Date:

Advice from Occupational Safety and Health Specialist Service 01204 331210

Review record:

CATEGORIES OF LIKELIHOOD	
Likely	It could reasonably be expected to happen in the foreseeable future.
Possible	There are reasons to suggest that it could happen.
Unlikely	Could occur under exceptional circumstances.
Very Unlikely	There are no reasons to suggest that it will happen.

CATEGORIES OF CONSEQUENCE SEVERITY

RISK RATING				
	Likely	Possible	Unlikely	Very Unlikely
RISK CLASSIFICATIONS				
Catastrophic	**A**	**A**	**B**	E
Major	**A**	**B**	**C**	E
Significant	**B**	**C**	**D**	E
Minor	**C**	**D**	E	E
Negligible	E	E	E	E

Catastrophic	Multiple deaths and/or life threatening injuries.
Major	A single death and/or life threatening injury or injuries to a number of people who require hospitalisation.
Significant	A single injury, which requires hospitalisation or injuries to a number of people who require first aid treatment.
Minor	A single injury, which may require some first aid treatment; visitors/staff feel anxious and are concerned about their safety.
Negligible	No real harm; no more than inconvenience, discomfort or frustration.

A	Intolerable risk. Immediate action(s) must be taken to eliminate the hazard or to eliminate its source, regardless of cost.
B	Should not be tolerated unless risk reduction is impractical or if it's grossly disproportionate to the improvement gained.
C	Should not be tolerated unless the cost of risk reduction exceeds the improvement gained.
D	Broadly acceptable risk. But risk reduction should still be made if an inexpensive measure can be found.
E	Trivial risk. No further actions required.