ADAMSRILL PRIMARY SCHOOL

MEDICAL NEEDS POLICY

Adamsrill Core Values:

Respect

Responsibility

Resilience

Creativity Integrity

To Inspire Excellence for All

Approved by Headteacher:	Dr Increase Esoe	**Date:** June 2026
Approved by Chair of Governors:	Mrs Shirley Hamilton	**Date:** June 2026
Last reviewed on:	**June 2025**	
Next review due	June 2027	

Key updates include:

- Full compliance with the Department for Education guidance, *Supporting Pupils at School with Medical Conditions* (statutory guidance under Section 100 of the Children and Families Act 2014).
- Alignment with:
  - Department for Education guidance on supporting pupils with medical conditions
  - Children and Families Act 2014
  - Equality Act 2010
  - SEND Code of Practice
  - UK Health Security Agency guidance for schools
- Clearer roles and responsibilities for governors, the headteacher, staff, parents and pupils.
- Updated medication procedures, emergency arrangements and educational visit requirements.
- Explicit inclusion principles ensuring pupils with medical conditions are not disadvantaged.
- Retention of practical appendices and operational procedures relevant to Adamsrill Primary School.

1. Introduction

This policy provides clear guidance for staff and pupils on supporting medical needs in school.
It is aligned with the statutory DfE guidance: Supporting Pupils at School with Medical Conditions (2015) and applies to all maintained schools and academies in England.
DfE Guidance Link (2015):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

2. DfE Guidance Summary

Governing bodies must ensure that all schools:

- Develop and regularly review a policy for supporting pupils with medical conditions.
- Make this policy accessible to parents and staff.
- Appoint a named person with overall responsibility for implementation.

The policy must include:

- Who is responsible for ensuring that sufficient staff are suitably trained.
- A commitment to ensuring all relevant staff are made aware of a child's condition.
- Cover arrangements in case of staff absence or turnover.
- Briefing for supply teachers.
- Risk assessments for school visits, holidays, and other off-site activities.
- Monitoring of individual healthcare plans (IHPs).

3. Aims

This policy aims to ensure that:

- Pupils, staff, and parents/carers understand how the school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to access the same education as other pupils, including school trips and physical education.

The governing board will implement this by:

- Ensuring sufficient staff are suitably trained.
- Arranging training for staff and volunteers to support individual pupils.
- Informing relevant staff of pupils' conditions, where appropriate.
- Ensuring suitable cover arrangements are in place.
- Providing supply teachers with relevant information.
- Developing and monitoring individual healthcare plans (IHPs) in collaboration with parents/carers and healthcare professionals.
- Liaising with medical services as required.
- Supporting full access to education for pupils with medical needs.
- Keeping accurate records.
- Appointing Mrs Harracksingh as the named person responsible for implementation.

4. Legislation and Statutory Responsibilities

This policy complies with:

- Section 100 of the Children and Families Act 2014 – requiring schools to make arrangements to support pupils with medical conditions.
- The Equality Act 2010 – where a pupil's medical condition meets the definition of disability.
- The SEND Code of Practice (2015) – for pupils with an Education, Health and Care (EHC) plan or SEN.

The governing body will ensure:

- Pupils with medical conditions are not denied admission or excluded from school on medical grounds alone.
- Each child's individual needs are considered and arrangements reflect the impact of their condition on school life.
- Reasonable care is taken for all pupils, as a parent would, including during off-site activities.
- Parents provide the school with necessary medical information and medication.
- Arrangements inspire confidence in the school's ability to provide effective support.
- Staff are trained and confident in providing the care pupils require.

5. Roles and Responsibilities

Governing Body

The governing body has overall responsibility for ensuring:

- Policies are in place and implemented.
- Staff receive suitable training and regular updates.
- A healthcare professional confirms staff competency in medical procedures, where applicable.
- Systems are in place for sharing information about pupils' medical needs.

Headteacher

The Headteacher will:

- Ensure all staff are aware of this policy and their role in its implementation.
- Ensure sufficient trained staff are available, including in emergencies.
- Ensure appropriate staff are informed of a child's condition.
- Oversee the development and implementation of IHPs.
- Confirm staff are insured and aware of their responsibilities.
- Contact the school nursing service where a pupil with a medical condition is not yet known to them.
- Ensure up-to-date information on pupils' medical needs is maintained.
- Ensure parents keep pupils at home when acutely unwell.
- Ensure policies for administering medication are clear and followed.
- Ensure alignment with any registered daycare or extended school provision on-site.
- Seek medical advice where parents' expectations of support appear unreasonable.

Teaching and Support Staff

At Adamsrill Primary School, all staff working with children who have medical needs are informed about the nature of the condition and when and where the children may require additional attention. Supporting pupils with medical conditions during school hours is a shared responsibility; it is not the sole responsibility of one person. Any member of staff may be asked to support pupils with medical conditions, including administering medication, but they will not be required to do so unless appropriately trained and willing. Information about a child's condition is provided by parents and healthcare professionals.

Staff must be aware of the likelihood of an emergency arising and the appropriate action to take. This information is shared with staff and included in each class's medical box and the "Key Children Information" folder. Contingency cover is arranged when staff responsible for medical needs are absent. Lunchtime supervisors and other support staff receive appropriate training and advice to ensure children are supported throughout the school day.

Adamsrill ensures there are sufficient members of trained staff to manage and administer medication. All staff who accept responsibility for administering medication receive suitable training and guidance, including awareness of potential side effects and emergency procedures. The type of training depends on individual cases.

Administration of Medicines in School

The school discourages the administration of medication in school unless it is essential for pupils with chronic illnesses, allergies, or short-term illnesses requiring prescribed medication during the school day.

The school will supervise children taking prescribed medication only when:

- Written information from a medical professional is provided;
- The school has been informed in writing of the child's medical condition;
- The medication is essential during the school day.

Staff will not administer medication unless trained to do so.

Policy Development and Stakeholder Engagement

This policy has been developed in consultation with key stakeholders, including pupils, parents/carers, school nursing staff (linked to EYFS and pupils with chronic illnesses), the Inclusion Team, teaching staff, governors, and relevant local health services.

The policy is supported by a communication plan to ensure staff, parents/carers, and other stakeholders are informed and reminded of its provisions.

Policy Coverage

The policy includes procedures for:

- Managing prescription medication during the school day and on school trips
- Roles and responsibilities in medication administration
- Parental responsibilities
- Supporting children with long-term or complex needs
- Safe storage and disposal of medication
- Hygiene and infection control
- Emergency procedures

Parental Responsibilities

Parents/carers must provide sufficient information about their child's medical needs. They are encouraged to train their child to self-administer medication, where practicable. If this is not possible, and staff are involved, agreement must be reached with the Headteacher or senior leadership.

Medication should, where possible, be prescribed to avoid administration during school hours (e.g. three-times-a-day doses). If medication is needed four or more times a day, parents must complete the 'Parental Consent for School to Administer Medication' form (Appendix 2).

Important Note: The school will not administer medicines containing aspirin or ibuprofen unless prescribed.

Equal Opportunities

The school supports full participation in trips, visits, and sports activities by pupils with medical needs. Reasonable adjustments and risk assessments are carried out to ensure inclusion.

The school:

- Supports pupils' right to full education and attendance;
- Recognises the rights of staff to receive appropriate training and raise concerns;

- Provides guidance, clear procedures, and legal support for staff involved in administering medication.

Procedures for Managing Prescription Medication During the School Day

1. Medicines are only accepted when essential for a child's health.
2. Only medicines prescribed by a doctor, dentist, nurse, or pharmacist are accepted.
3. Medicines must be in original packaging, clearly labelled with instructions and the child's details.
4. Staff will not accept medicines that have been removed from their original container or adjust dosages based on parental instructions.
5. Non-prescription medicines will not be given unless specifically authorised in writing by parents.
6. No child will be given medication without written consent.
7. Staff must check:
   - Child's name
   - Prescribed dose
   - Expiry date
   - Instructions on the label
   - Parental consent form (Red Form)
8. Staff must log each administration (Appendices 3 and 4).
9. If a child refuses medication, this is recorded, parents informed, and SLT involved if an emergency arises.
10. Children must have access to required medication/equipment during physical activities and off-site visits.

Educational Visits

1. All efforts are made to include children with medical needs on educational visits with necessary adjustments.
2. Medical training, where needed, is organised in advance.
3. Supervising staff are informed of medical needs and care plans accompany the child.
4. Staff must follow medication protocols outlined above.

Being Notified of a Medical Condition

When the school is notified that a pupil has a medical condition:

- The need for an Individual Healthcare Plan (IHP) is assessed with healthcare professionals.
- Plans are implemented within two weeks or at the start of term for new pupils.

Individual Healthcare Plans (IHPs)

- The Inclusion Officer is responsible for developing IHPs.
- Reviewed annually or sooner if needed.
- Developed in partnership with parents, pupils (where appropriate), and healthcare professionals.
- Linked to Education, Health and Care Plans (EHCPs) where applicable.
- Include:
  - Condition details (triggers, symptoms, treatment)
  - Needs (medication, equipment, access, diet, etc.)
  - Support for educational, social, emotional needs
  - Emergency procedures
  - Roles, training, and cover arrangements
  - Permissions for medication
  - Risk assessments for trips/activities

Staff Training and Support

- Training led by relevant healthcare professionals.

- Training ensures confidence, understanding, and emergency competence.
- Staff will not administer medication without training.
- Records of training are maintained.
- Whole-school awareness training included in INSET/induction.
- Families are key sources of information.
- First-aid certificates are not sufficient alone.

Pupil Involvement

- Competent pupils may self-manage their health needs (e.g. asthma, diabetes).
- Supervision is provided as necessary, especially for younger or newly diagnosed pupils.
- Refusal to take medication is reported to parents immediately.

Children with Complex or Long-Term Needs

The school ensures sufficient understanding and support for children with chronic medical needs. These conditions can impact behaviour, cognition, emotional wellbeing, and attendance. Medicines or treatments may have side effects that affect learning. Support is tailored to minimise disruption and promote inclusion, with regular liaison between staff, families, and health professionals.

Appendices

- Appendix 1: Individual Healthcare Plan Template
- Appendix 2: Parental Consent for School to Administer Medication
- Appendix 3: Medication Administration Record Log
- Appendix 4: Type 1 Diabetes Care Record (if applicable)

Other Specific Medical Needs

Diabetes

When a child is diagnosed with diabetes, Adamsrill Primary School will actively engage with parents and the Diabetes Nursing Team. We will ensure that appropriate staff receive training and that effective health and safety controls are in place, including risk assessments, to support blood glucose testing and insulin administration.

Severe Allergic Reactions

When a child is diagnosed with a severe allergy, the school will work closely with parents and relevant healthcare professionals. Staff will receive training in the use of adrenaline auto-injectors (e.g. EpiPen) and any other prescribed medication.

Managing Medical Needs

At Adamsrill, we recognise the importance of being informed about any medical needs prior to a child's admission or as soon as a condition develops. For children who attend hospital appointments regularly, special arrangements may be necessary. In such cases, it is often beneficial to develop an Individual Healthcare Plan (IHP), in collaboration with parents and relevant health professionals. This plan may include:

- Details of the child's medical condition
- Specific requirements (e.g. dietary needs, activity restrictions)
- Possible side effects of medication
- Definition of what constitutes an emergency
- Actions to take in an emergency
- Actions to avoid in an emergency

- Emergency contact details
- The role of staff in supporting the child

Storage and Administration of Medication

Staff will only store, supervise, and administer medication that has been prescribed for an individual child. Medicines must be stored in accordance with product instructions, particularly regarding temperature, and must remain in the original packaging as dispensed by the pharmacy. The container must be clearly labelled with:

- The child's name
- The name and dosage of the medicine
- The frequency of administration

Some medicines require refrigeration. These will be stored securely in a designated fridge located in the Inclusion Office or Main Office, ensuring they are accessible when needed.

Controlled drugs prescribed for a pupil will be stored securely in a locked cupboard in the Main Office, accessible only to named staff. These drugs will be readily available in an emergency. A record will be maintained of the quantity held and each dose administered.

Staff may administer a controlled drug to the child for whom it has been prescribed, following the prescriber's instructions. A written record will be kept of all medicines administered, including:

- What was administered
- How and how much was given
- When it was given
- By whom it was administered

Any side effects will be recorded and reported to parents or carers.

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Disposal of Medicines

School staff must not dispose of medicines. It is the responsibility of parents/carers to ensure that any out-of-date or unused medication is returned to a pharmacy for safe disposal. Parents should also collect any medication held at school at the end of each term, and all medication will be returned at the end of the academic year. This ensures that any changes in dosage or prescriptions are updated before the new school year begins.

Parents/carers will be required to complete a new medication form (Appendix 2) at the start of each academic year. If medication is not collected, the school will contact the parent/carer to arrange collection and explain both the school's duty and the parent's responsibility regarding safe disposal.

Sharps boxes must always be used for the disposal of needles. These can be obtained by parents on prescription from the child's GP or paediatrician. Parents are responsible for the collection and return of sharps boxes to their pharmacy or GP for disposal.

Hygiene and Infection Control

All staff must follow standard hygiene procedures to prevent the spread of infection. This includes:

- Using personal protective equipment (PPE), such as disposable gloves and aprons
- Safely managing spillages of blood and other bodily fluids
- Disposing of contaminated materials (e.g. dressings) in designated clinical waste bins

A yellow clinical waste bin is located by the Inclusion Office for the disposal of bodily fluids. Staff should refer to the UKHSA's infection control guidance for schools for further information

School Emergency Procedures

All staff at Adamsrill Primary School must be familiar with the school's emergency procedures. This includes:

- Knowing how to contact emergency services
- Understanding who is responsible for implementing emergency protocols
- Ensuring that a member of staff accompanies any child taken to hospital by ambulance if a parent/carer is unavailable, and remains with the child until the parent arrives
- Providing the accompanying staff member with a copy of the child's medical information

Health professionals will make decisions about treatment if parents are not present. Staff must never transport children to hospital in their own vehicles—an ambulance must always be called.

Individual Healthcare Plans (IHPs) must include clear emergency procedures and identify who is responsible in such situations.

Record Keeping

- Nursery pupils: Parents must complete the relevant medical paperwork with the class teacher.
- Reception to Year 6: Parents must visit the school office to complete the necessary forms. Office staff will then liaise with the appropriate staff to collect the medication and documentation.

Key Considerations

- Each child's medical needs are unique; treatment plans will be tailored accordingly.
- Children will not be sent home or excluded from school activities unless specified in their IHP.
- Unwell children will not be sent to the office or another staff member unaccompanied.
- Hospital appointments will be considered when monitoring attendance. Parents are encouraged to book appointments outside school hours where possible and provide appointment letters to the CCBFLO.
- Pupils will not be prevented from eating, drinking, or using the toilet as needed to manage their condition.
- Parents will not be expected to attend school to administer medication or provide medical support.
- Pupils will not be excluded from school trips or activities due to medical needs. Reasonable adjustments and risk assessments will be made.
- The school environment is inclusive and accessible for pupils with medical conditions, including during extracurricular and off-site activities.
- Staff are trained to recognise and respond to the social and emotional needs of pupils with medical conditions. PSHE, science lessons, and assemblies are used to raise awareness and promote understanding.
- Risk assessments will be conducted for all activities involving pupils with medical needs to ensure safety and inclusion.

Further Guidance

Please refer to Appendix 8 – *HSC Public Health Agency: Do I need to keep my child off school?* https://www.publichealth.hscni.net/publications/do-i-need-keep-my-child-school-englishandtranslations

APPENDIX 1

Current Medications List Administration

Name: Inclusion Officer **In Absence**: Deputy Headteacher (Pastoral)

Date Last Updated: _____ _____ _____

Prescription Medications ONLY

Name of Child	Name of Medication	Dosage / Administration/ Frequency	Physician who Prescribed Med	Startdate	End Date

APPENDIX 2

Adamsrill Primary School

'To Inspire Excellence for All'

REQUEST FOR THE SCHOOL TO SUPERVISE THE ADMINISTRATION OF MEDICINE

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM

PUPIL DETAILS

SURNAME: FORENAME(S): CLASS: DOB:

CONDITION OR ILLNESS: NAME OF MEDICINE:

DATE DISPENSED: DOSAGE REQUIRED: TIME OF DOSAGE:

ADULT CONTACT DETAILS:

Parent/Guardian Name: Relationship to child:

Contact telephone number:

Signature: Date:

Daily Medication Log

Student name:

Date to End:

Phone

Phone

Class: Medication Dosage:

Frequency & Time:

Date Begun:

Prescriber's Name:

Parent/Guardian Name:

Date	*Time*	*Dosage*	*Signature*	*Concerns*

Appendix 3

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Care plan

Name of school/setting 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

Appendix 4

Record of Hypo administered to child

Name of school: Adamsrill primary School

Date	Child's Name	Time	Hypo given	Dose given	Signature of staff	Print name

Appendix 5

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. School telephone number – 02086998548
2. Your name
3. School location – Adamsrill Road, Sydenham. SE26 4AQ
4. State the best entrance to use
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. Reiterate to Ambulance Control that the best entrance to use and state that the crew will be met and taken to the patient by a member of staff.

Appendix 6

Administering medicines at Adamsrill Primary School- a summary for staff

A first-aid certificate does not constitute appropriate training in supporting children with medical needs

- Medicines should only be administered at school when it would be detrimental to a child's health or signed consent from parents/cares.

- No child will be given prescription or non-prescription medicines without their parent's written consent.

- **PARENTS OF PUPILS IN NURSERY SHOULD COMPLETE THE RELEVANT PAPERWORK WITH THEIR CHILD'S CLASS TEACHER.**
- **PARENTS OF PUPILS IN RECEPTION and YEARS 1-6 SHOULD VISIT THE OFFICE TO COMPLETE THE RELEVANT PAPERWORK AND THE OFFICE STAFF WILL THEN CONTACT THE RELEVANT PERSON/S TO COLLECT THE MEDICATION AND PAPERWORK.**

- No child will be given medicine containing aspirin unless prescribed by a doctor.
Medication, e.g. for pain relief, will never be administered without first checking maximum doses and when the previous dose was taken. Parents will be informed when the dose was given.

- School will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container)

- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason.

- Parents should be encouraged to ensure that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. If Medicine is to be administered 4 or more times daily then parents need to be advised to fill in the 'Parental consent for school to administer medication' form.

- All medicines will be stored safely. Children will be informed where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers and blood glucose testing meters will always be readily available to children in their classes.

Adrenaline pens (Epi-pens) and antihistamine medicine is kept in a centralised place IN THE CLASSROOMS IN A MEDICAL BOX – **High shelf in the Inclusion Room will have spares**. (Consideration of this will be taken when off school premises e.g. school trips).

- If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required.

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

- For more information, please refer to our Medical policy which can be accessed on the Teacher's drive.

Appendix 7

Medication Administered at Adamsrill Primary School
Prescribed Medication

- Parents / Cares need to complete the Medication form – (RED) in the office. Attach it to the medication
- Check to see if it needs to be stored in the fridge – this is placed in the fridge in the Inclusion Office
- We will only give medications that are to be administered four times per day.

School will only accept medicines that have been prescribed by a medical practitioner.
School will never accept loose medicines in blank envelopes or unidentified bottles. Before the administration of any prescribed medication, detailed written instructions and authorisation from the child's parent/guardian to administer the medication must be obtained. An authorisation form is included and must be completed and signed. ***This will be done on the red medication form.***
If there are any doubts or queries regarding the medication, the parent/guardian should be contacted prior to administration.
Medication must be brought to school in a properly labelled container that also has a pharmacy label. The label must be clear and free from alterations or defacement and must show:

- the name of the medication;
- the name of the patient;
- the dosage;
- the expiry date;
- specific directions for the administration (e.g. not simply 'as directed' or 'as required'); • precautions relating to the medication (e.g. 'caution, may cause drowsiness' or 'store at given temperature'); and
- the name of the dispensing pharmacist/doctor.

All the above information should be shown on the labelled container supplied by the pharmacist. Medication brought into school should therefore be in either the original container or, alternatively parents may request additional labelled containers from the pharmacist at the time of dispensing.

Storage of Medication

It should be recognised that certain medication such as asthma reliever inhalers may need to be immediately available to a pupil. **As soon as a child is mature enough, we allow him/her to keep their inhaler with them at all times in the classrooms. (From Reception)**
Extreme care must be taken when nebulizers are used since overuse of the nebulizer can mask life threatening symptoms. **A health care plan will be written for any child who uses a nebulizer.**

Medicines requiring refrigeration will be kept within a domestic refrigerator, which is not accessible to pupils. **This is in the INCLUSION OFFICE**.

Normally not more than one week's supply of medication should be brought into school at one time, although pupils on long-term medication may, at the headteachers discretion, be provided with up to one month's supply. Schools will ensure storage arrangements are in place to meet the requirements of safe, secure storage.

School will take additional safety measure for off-site visits according to the Educational Visits Guidelines. Arrangements for the storage, transportation and administration of medication will be considered. Staff supervising excursions will be aware of any special medical needs and relevant emergency procedures; sometimes an additional supervisor or parent might accompany a particular pupil.

It will be rare for school to exclude pupils with medical needs from school trips but if the Headteacher and school staff are concerned about whether they can guarantee a pupil's safety, or the safety of other pupils, on a trip, they will seek advice from the health and safety risk management. These issues and measures are clearly documented on the risk assessments for the trip.

Some medical conditions such as asthma may require the immediate administration of medication. A delay of even a few minutes may seriously affect the child's health and wellbeing. It is important therefore that the needs of each child affected by such conditions are individually assessed. All asthma pumps are to be easily accessible.

The wishes of the child's parent/guardian will be considered in the light of clinical advice provided by the child's medical practitioner. The risk to pupils' health of not having immediate access to their inhalers in an emergency is much greater than the risk of misuse by other pupils.

Due to the potential risk of an allergic reaction parents are advised that prior to any medication being given by school staff, parents must have administered the medication on at least one previous occasion and allowed sufficient time for any reaction to be apparent. Prior to administering any medication the member of staff will ensure that the medication prescribed is required by that child at that time and, where possible, a second adult will be present to check the dosage and method of administration against the record sheet. The administration will be carried out according to the instructions provided with the medication. The pupil should take the medication in the presence of the member of staff.

Intimate or invasive treatments

Some school staff, including those who may volunteer to administer oral medicines, are understandably reluctant to administer intimate or invasive treatments such as suppositories and injections. Parents and headteachers must respect such concerns and should not put undue pressure on staff to assist in treatment unless they are entirely willing. The school will arrange appropriate training for staff willing to give such treatment, normally through the health service. The need for renewing the skills learned during such training must also be considered. Staffing levels must be assessed on an individual basis. In most circumstances procedures only require one member of staff.

Two members of staff should only be used where there is a specific need e.g.

- A moving and handling need;
- A history of child protection issues; and
- Behavioural issues.

Staff should protect the dignity of the pupil as far as possible, even in emergencies. The needs of pupils potentially requiring intimate or invasive treatment must always be assessed on an individual basis. Epilepsy, diabetes and anaphylaxis are the conditions that are most likely to require such treatment in school.

Disposal

Medication that is no longer required will be returned to the child's parent/guardian for disposal at the earliest opportunity and this should be recorded in the school's medicine record and witnessed. If this is not possible, unused medication should be returned to a community pharmacist/Doctors surgery.

Emergency medication

Asthma, epilepsy, diabetes and anaphylaxis

ALL MEDICATIONS ARE KEPT IN THE CLASS ROOM. IT IS PLACED IN THE MEDICATION BOXES THAT EACH CLASS HAS.

In cases of asthma it is important that the school will take immediate action by dialling 999 if a child or young person is not responding to their prescribed medication. Urgent hospital treatment may be necessary.

Non-Prescribed Medication

We do **NOT** administer non-prescribed medication.

Paracetamol is extremely dangerous if an overdose is taken.

Staff ensure that any personal medication for their own use is kept in locked storage or staff lockers/bags away from reach of children's access and not in first aid boxes or unlocked desk drawers.

Do I need to keep my child off school?

HSC Public Health Agency