



# St Sebastian's Church of England Primary School and Nursery

## Medical Needs, Illness and Administering Medicine Policy

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## Introduction

At St. Sebastian’s Church of England Primary School, we are committed to providing pupils with access to education whatever their medical or individual needs. This policy clarifies the definitions of pupils with medical needs, as well as the ways in which St. Sebastian’s Church of England Primary School will work with pupils and their families to ensure they have access to education at all times and in ways that are applicable to their individual needs and requirements.

It should be noted that all references to ‘parents’ should be read as ‘parents or carers’.

## Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.
- Sufficient staff are suitably trained.
- Staff are aware of pupils’ conditions, where appropriate.
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Supply teachers and other visiting professionals have appropriate information about the policy and relevant pupils.
- Individual healthcare plans are developed appropriately, where necessary.
- Parents are informed about and involved with their child’s support plan.

## Definition of ‘medical needs’

For the purpose of this policy, pupils with medical needs are defined as:

- Children with chronic or short-term medical conditions involving specific treatments or forms of supervision during the course of the school day; or
- Sick children, including those who are physically ill or injured or are recovering from medical interventions; or
- Children who require mental health support.

Most medical needs will be identified by the parents in consultation with a medical professional outside school. Any medical concerns the school has about a child will be raised with the parents/carers. Most parents will wish to deal with medical matters themselves through their GP.

## **Named person**

It is a requirement that each school has a named person who leads on the implementation of the policy for children with medical needs. The Designated Safeguarding Lead holds this responsibility.

## **Roles and responsibilities**

Outlining the roles and responsibilities of different parties helps to ensure the policy's aims are achieved:

### **Parents must:**

- Give sufficient information about their child's medical needs if treatment or special care is required.
- Keep staff informed of changes to prescribed medicines or to their child's medical condition.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.
- Ensure Prescribed medicines that are required to be taken three times a day are administered at home giving one dose in the morning, one after school hours and one at bedtime.
- If the required dosage is more than three times a day parents should deliver all medicines to the school office in person.
- Complete and sign the parental agreement form when medicine will be given by school staff.
- Complete and sign an Allergy and/or Asthma action plan annually if required.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.
- Collect medicines once expired and dispose of them via safely

### **The Head of School will:**

- Ensure that the school's policy on the administration of medicines is implemented.
- Ensure there are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receive support and appropriate training where necessary.
- Share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the school's policy on the administration of medicines.
- Ensure that medicines are stored correctly.

### **Staff will:**

- On receipt of medicines, check the child's name; prescribed dose; expiry date and written instructions as provided by the prescriber.
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- Ensure medicines are available when and where required.
- Whenever possible, ensure that a second member of staff is present when medicines are administered.
- Complete all medication given is recorded via medical tracker.
- Ensure that medicines are returned to parents for safe disposal.

### **Pupils will:**

- Often be best placed to provide information about how their condition affects them and, therefore, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs.
- Be expected to comply with their IHCPs.

**School nurses and other healthcare professionals will:**

- Notify the school when a pupil has been identified as having a medical condition that will require support in school.
- Put support in place before the pupil starts school, wherever possible.
- Support staff to implement a child's IHCP, if appropriate.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

## Individual Health Care Plans

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. This will be delegated to Senior Leaders or class teachers as appropriate to the needs of the child.

Plans will be:

- Reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- Developed with the pupil's best interests in mind and will set out:
  - What needs to be done;
  - When; and
  - By whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of School will make the final decision.

If an IHP is required, plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. IHPs will be linked to, or become part of, any education, health and care plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The school will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.

- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

## Administering medicines

Medicines should only be taken to school when it would be detrimental to a child's health if the medicine were not administered during the school day. Staff at St. Sebastian's Church of England Primary School will only administer prescribed medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

### Administration of prescribed medicines

Prescribed medicines will only be accepted in the original container as dispensed by a pharmacist and should include:

- The prescriber's instructions for administration.
- The child's full name and date of birth.
- The name of the medicine, the dosage and the date prescribed.
- Method of administration
- Time and frequency of administration
- Any side effects
- Expiry date.

Prescribed medicines that are required to be taken three times a day should be administered by parents, giving one dose in the morning, one after school hours and one at bedtime. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication and parents would be expected to attend school to administer the medicine in this instance unless for a specific and accepted exceptional reason.

Where children are prescribed medication that is kept in school permanently, such as EpiPens or inhalers, parents will be asked to sign a consent form annually for this. They will also be asked to complete, as appropriate, an Allergy Action Plan or Asthma Action Plan. Parents are also asked to submit a copy of their child's treatment plan if they have been given one. A new form must be completed when medication is changed or updated. It is the parent's responsibility to note down the expiry date of any medicines and replace them as appropriate. However, staff will aim to monitor dates and contact parents if a medicine is out of date although they cannot and will not take overall responsibility for this.

Prescribed medicine will not be given:

- Where the timing of the dose is vital and where mistakes could lead to significant harm.
- Where medical or technical expertise is required (except EpiPens or diabetes treatment where some staff have been trained).
- Where intimate contact would be necessary.

### Administration of non-prescribed medicines

We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless in exceptional circumstances. If parents wish their child to have medicines such as Calpol or Nurofen during the school day, they will be required to visit school to administer this to their child themselves. School will work with parents in all other exceptional circumstances to support a child.

### Pupils who manage their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices when appropriate (e.g as per of an IHP). Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

## **Storage and disposal of medicines**

All medicines should be delivered to the school office by the parent/carer. In no circumstances should medicines be left in a child's possession unless agreed as part of an IHP. Teachers and teaching assistants should not take receipt of any medicines.

### **Storage**

All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in a locked cabinet or in the first aid fridge. All medicines must be clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. EpiPens are kept in the locked first aid cupboard, clearly labelled with the child's name, child's photo and relevant guidance. Any medicines which require double locking will be stored in the school safe.

### **Disposal**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are collected from school and disposed of safely.

## **Refusal of medicines by a pupil**

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.

## **General first aid administration**

For day-to-day incidents in school requiring first aid treatment, staff will take action as appropriate for the injury and following basic first aid best practice and protocol.

All head injuries, including minor head bumps or blows to the head, will be recorded and documented. Parents/Carers will be notified of any incident involving the head, regardless of severity, as a precaution. This will be via an email from Medical Tracker or call as appropriate.

For any injury regarded as significant, parents will be contacted to advise them and the appropriate action taken depending on the severity of the injury. A 999 (or 111) call may be made if further advice is required, or if a child clearly needs immediate medical attention.

## **Medical needs on trips and outings**

Children with medical needs are given the same opportunities as other children. Staff will consider what reasonable adjustments they might need to 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.

For part and full day visits, the class teacher will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication.

For residential visits, procedures will be the same as for day visits and in addition, all parents must complete a additional form to confirm up to date medical details for their child. For children with significant medical needs, such as with an IHCP, there must be appropriate procedures and contingency plans in place.

## **Illness and absence from school**

Each illness will need to be treated on a case-by-case basis. This is due to the child's own medical needs, the latest government guidance and other factors (including, as an example, the medical needs of other children or any outbreaks reported within the class/school). We follow NHS and other medical professionals' guidance on the vast majority of illnesses, and families are encouraged to visit [Health A to Z - NHS \(www.nhs.uk\)](http://www.nhs.uk) for further information and advice to help them make an informed decision (or understand our decision).

### **Sickness and diarrhoea (Diarrhoea and Vomiting)**

One of the key sources of illness in the school is from an infection control perspective. One of the most frequent illnesses for a pupil to require time off school is diarrhoea and/or vomiting (DV). Having sought advice from health professionals, including the School Nursing Team, St. Sebastian's CE Primary School maintains the need for a pupil to not return to school until 48 hours after their last instance of DV.

We recognise that the definition of what classes as diarrhoea or vomiting can be varied, so for the avoidance of doubt, we have clarified some key information below.

The Gov.uk site ([Health protection in children and young people settings, including education](https://www.gov.uk/health-protection-in-children-and-young-people-settings-including-education)) and the sub-page entitled '[managing infectious diseases A-Z](#)' says "Diarrhoea is defined as... any change in bowel pattern in young children". Therefore, any potential diarrhoea (including any loose bowel movement that is identified by staff) will most likely mean your child will need to stay at home for 48 hours from that time. The School Nursing Team have clarified that schools should err on the side of caution to avoid the risk of an outbreak of DV, and so any instance of loose bowel movements will mean a child must go home to be monitored.

As above, a child who vomits will need to stay at home for 48 hours after their last instance of vomiting. For vomiting, however, we do recognise that there are times where a child may 'vomit', but this is due to choking or a piece of food, phlegm or other issue that is not related to an illness. In these instances, the school may decide to allow a pupil to attend school earlier than the 48 hours. However, this is an exception, not the rule, and parents should assume that it is 48 hours unless told otherwise.

For both suspected/possible diarrhoea and vomiting, the 48 hours is from the last instance. If this is the instance that occurs in school, it will be 48 hours from that time (e.g. if the instance occurs at 13:00 on Monday, the child can return from 13:00 Wednesday at the earliest).

When we refer to '48 hours' not in school, this also includes not attending any school or PTA event (inside or outside of school hours). Whilst this may be frustrating at times, this is done to protect the health of all pupils and staff.

## **Absence as a result of a medical condition**

In cases where pupils are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school.

If a child is to be admitted to hospital for a period longer than 5 working days, wherever possible the named person/class teacher will liaise with the hospital school, giving information which may include the term's plan, objectives/targets and assessments if appropriate.

### **Arrangements for access to education in the case of a long-term absence**

Where an absence exceeds 15 working days, the school will contact TKAT, the Local Authority and the Education Welfare Officer (EWO). At the appropriate time, the parents will need to provide the school with a letter from a medical consultant containing details of the medical condition or intervention and information about the estimated period of absence.

Home Tuition will start as soon as is practicable, where appropriate and possible with staff capacity. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases, the amount of tuition may be increased if the Home Tuition Service has the capacity at the time.

In cases where a child has recurrent or regular treatment and is away from school for a number of shorter periods, the school will contact TKAT, the Local Authority and EWO for advice and support. The school, with the parents' cooperation, will maintain contact with the children who are unable to attend. Use may be made of the school's learning platforms or online resources. The school will continue to monitor the progress of children who are unable to attend.

### **Reintegration following absence for medical treatment**

As with the notification of absence, it is very important that parents give the school as much notice as possible about the child's date of return to school. For some children, reintegration will be a gradual process. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any accessibility /safety issues that need to be addressed before a date is fixed for the child's return. If it seems as though a child will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the Code of Practice. If an assessment is made, there will be consultation with the parents on this matter.