



Barrowby Church of England Primary School

Medicine in Schools Policy

1. Introduction

- 1.1 This school policy for Health and Safety reflects the consensus of opinion of the whole teaching staff and has the agreement of the Governing Body. The implementation of the policy is the responsibility of all staff.
- 1.2 This statement covers the practise of Barrowby School. It is to be read in conjunction with the general statement of safety policy issued by the Education Department's 'Supporting Pupils at School with Medical Conditions Policy'.

2. Responsibilities

- 2.1 Overall and final responsibility for the administration of medicines is that of the Governing Body. Day to day responsibility for health and safety is delegated to the Head Teacher. Jointly they are responsible for the general application of the arrangements and for ensuring the communications of all relevant information to all staff.
- 2.2 Governing Body:
 - Ensure that a policy for supporting children with medical conditions in school is developed and implemented.
 - Ensure that sufficient staff have received suitable training.
- 2.3 Headteachers:
 - Ensure that the school's policy is developed and implemented effectively.
 - Ensure all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
 - Ensure all staff who need to know are aware of the child's condition and also ensure that sufficient trained numbers of staff are available to implement the policy including in contingency and emergency situations.
 - Have overall responsibility for the development of individual healthcare plans.
 - Responsible for contacting the school nurse team if a child has a medical condition that may require support in school.
- 2.4 Parents:
 - Ensure that they provide the school with sufficient and up to date information about their child's medical needs.
 - Be involved in the development and review of their child's individual healthcare plan and are responsible for carrying out any action that they have agreed to as part of its implementation e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times.
 - Ensure that any medicine provided to the school is clearly and correctly labelled and is in date.

2.5 School Staff:

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines – although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with specific medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.6 School Nurses:

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- Support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

2.7 Other Healthcare Professionals:

- Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing individual healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff Training & Support

3.1 Any member of school staff providing support to a pupil with medical needs should have received the suitable training.

3.2 Where appropriate, whole-school awareness training will be delivered so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.

3.3 Training to include preventative and emergency measures so staff can recognise and act quickly.

4. Administering Medicine in School

4.1 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training or unless 4.2 applies.

4.2 In order for medication to be administered in school, parents must complete one of the following forms:

- 'Parental Agreement for a Child to Self-administer Medication at School.
- 'Parental Agreement for Staff to Administer Medication in School'

4.3 Additionally, any prescribed medication must have the pharmacy label with the child's name. Other medication must have the child's name clearly marked on it.

4.4 All children requiring medicine in school require an individual healthcare plan to be jointly completed with the class teacher and parent(s)/carer.

5. The Child's Role in Managing Their Own Medical Needs

5.1 After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

5.2 Children who can take their medicines themselves or manage procedures must be supervised by a member of staff. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

5.3 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

6. Managing Medicines On School Premises

Although schools may already have such procedures in place, they should reflect the following details:

6.1 Medicines should only be administered at school by staff when it would be detrimental to a child's health or school attendance not to do so.

6.2 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Schools should set out the circumstances in which non-prescription medicines may be administered.

6.3 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

6.4 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

6.5 Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

- 6.6 All medicines should be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- 6.7 Regular medication may be provided to pupils, subject to the appropriate forms (green) being complete, and the appropriate training being provided to staff.

7. Record Keeping

- 7.1 Governing bodies should ensure that written records are kept of all medicines administered to children.
- 7.2 Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.
- 7.3 Any medication administered must be clearly documented in the red book indicating, date, time and dosage.

8. Emergency Procedures

- 8.1 Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.
- 8.2 As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.
- 8.3 Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 8.4 If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

9. Day Trips, Residential Visits & Sporting Activities

- 9.1 Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- 9.2 Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- 9.3 Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

10. Unacceptable Practice

- 10.1 Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.
- 10.2 Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
 - Assume that every child with the same condition requires the same treatment;
 - Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
 - Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities,
 - Including lunch, unless this is specified in their individual healthcare plans;
 - If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
 - Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
 - Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
 - Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
 - Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

11. Liability & Indemnity

- 11.1 Governing bodies of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).
- 11.2 It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

- 11.3 Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.
- 11.4 In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

12. Complaints

- 12.1 Governing bodies should ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.
- 12.2 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

13. Induction Training

- 13.1 All new staff must be given a copy of the 'Medicine in Schools' policy. Their duties under that policy must be discussed and understood. New members of staff should be made aware of any special responsibility under the 'Medicine in Schools' policy.
- 13.2 Supply teachers must be fully aware of any local arrangements for emergency action i.e. fire evacuation, accident procedures and reporting any other safety arrangements which may affect them during their time on school premises.

14. Medicine in Schools Policy Review

This policy is reviewed by the Head teacher, staff and Governors in accordance with Barrowby School's Policy and Review Cycle for approval by the Full Governing Body, every 3 years.

Last reviewed: September 2025

Next review: September 2028