



SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

The school, in cooperation with parents and carers and in accordance with its responsibilities in loco parentis, supports pupils with medical conditions and those who require medication or first aid in school.

1. Further Information

The school follows the relevant recommendations in the DfE Guidance document 'Supporting pupils at school with medical conditions' ([Supporting pupils with medical conditions at school - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441212/Supporting_pupils_at_school_with_medical_conditions.pdf)). Where appropriate, further information will be sought from health professionals such as the School Nursing team.

2. Liability

There is no requirement for teachers or other staff to administer medicines. If they do agree to administer medicines, staff "*must take the same care that a reasonable, prudent and careful parent would take in the same circumstances*". As a member of Greensand Multi-Academy Trust, Wray Common buys into the DfE's Risk Protection Arrangement (RPA) which provides liability cover in relation to the administration of medicines.

3. Responsibility for administration of prescribed medicines.

At Wray Common Primary School, the office staff store, supervise and administer prescribed medicines and maintain the necessary records of administration. This is a voluntary act and is not part of their job description or contractual obligations.

Generally, children who are unwell should remain at home. There are occasions when the doctor advises that a child can return to school but still needs to continue with a course of medicine. In this case, the parent should ask the doctor to prescribe a medicine which can be taken at home (e.g. in two doses, morning and evening). If this is not possible, then the following procedure should be followed:

- The parent should take the medicine to the school office and fill out a Pupil Medication Request form.
- The medicine should be marked with the following (usually done by the pharmacist); child's name, dose/frequency of administration, instructions for administration, date of dispensing, cautionary advice, expiry date.
- Medicine is stored securely in the school office, or in the refrigerator in the office kitchen, whichever is appropriate.
- The school supervises self-administration of medicines including use of inhalers and/or administers medicines as requested. A pupil medication record is filled out on each occasion.
- It is the parent's responsibility to collect the medicine from the school at the end of the treatment period, end of term, or when the medicine reaches its expiry date. With the exception of medicines needed in emergency situations (e.g. inhalers), *the school does not permit children to carry medicines in school for unsupervised self-administration.*
- If a child refuses to take a medicine, they must not be forced to do so. This must be documented and parents informed as soon as possible on the same day. If the refusal results in an emergency situation, then emergency procedures will be followed (see Section 9, Point 3).

4. Non-prescribed medicines

¹ Any member of staff transporting a child in their personal vehicle must have the appropriate insurance in place to facilitate this.



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Under no circumstances will staff administer non-prescribed medicines, with the exception of paracetamol or ibuprofen (in exceptional circumstances), antihistamines and travel sickness medication with written parental consent.

5. Pupils with Specific Medical Conditions

Some children require specific support for certain medical conditions. To ensure the right level of support is given to these children, the following measures are put in place;

- Suitable training for a sufficient number of staff
- All relevant members of staff are made aware
- Cover arrangements in case of staff absence or staff turnover
- Briefing for supply teachers
- Risk assessments for school trips/activities
- Development and monitoring of Care Plans in conjunction with parents and relevant healthcare professionals. Care Plans will be reviewed at least annually with parents, to ensure that any changes are reflected and relevant staff notified.
- A child's Care Plan will be passed on to a child's new school when they leave Wray Common.

6. Intimate or Invasive Treatment

Staff may be reluctant to administer intimate or invasive treatment because of the nature of the treatment, or for fear of accusations of abuse. The child's consultant should be asked if there is an alternative, less invasive, treatment available and, if not, advice sought from a healthcare professional. It is not generally acceptable for the school to require parents to attend school to administer medication which is specified in a child's Care Plan. The school should aim to support every child's medical needs. If staff are prepared to administer the treatment, 2 members of staff should always be present and the child's dignity protected as much as possible. An Intimate Care Plan will be put in place to provide guidance for staff about the child's needs and where appropriate, on the delivery of support. All instances of intimate or invasive treatment will be logged by those members of staff providing the support.

7. Asthma Inhalers

If children are of an age to control their own usage of an inhaler, it is better for them to have control and to carry the inhaler with them. However, in the case of younger children, or older children who only need an inhaler rarely, inhalers are stored in the office as with other prescribed medicine. Parents of older children who wish their child to carry his/her own inhaler should indicate this on the Pupil Medication Request form and also supply a further inhaler to be kept in the school office for emergency use. It is the parents' responsibility to ensure the school has up-to-date medication. Some children have severe asthma and this is dealt with as above in Section 5.

8. Children becoming ill at school

If a child becomes ill at school, the following procedure will be followed:

- If a teacher or senior midday supervisor considers a child too ill to continue with lessons, then s/he will be sent to the first aid area next to the school office.
- Children will not normally be sent home without consulting the teacher first (and without authorisation from a member of the Senior Leadership Team), as other information may be available. However, if a child is physically sick, s/he will be sent home as a matter of course with a recommendation that s/he be kept at home for at least 48 hours from the last bout of sickness.

It can be very upsetting for a child to be ill, especially if no-one is available to sit with them. Parents are, therefore, asked to ensure that the office has up to date contact numbers and that they respond as quickly as possible to requests to fetch their children from school. If the school is unable to contact anyone to collect a child, then it may be necessary to keep the child in the first aid area next to the office until home time.

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9. Injury at school

If a child is injured at school and requires First Aid the following procedures are followed:

N.B. Injuries requiring hospitalisation, or the collection of a child from school by a parent, are reported to Greensand Multi-Academy Trust by a responsible member of staff via email on an accident report form.

- During lunch times midday supervisors are responsible for First Aid and they make the initial assessment of an injury. Most children are treated there and then and the treatment is recorded in the first aid book.
- At other times of day, or in the event of a more serious injury, the child is taken to the school office for treatment. Again, the incident will be recorded in the first aid book.
- If it is judged by the Headteacher, Deputy Headteacher or other responsible member of staff, that the injury is so serious that immediate professional medical treatment is necessary, then an ambulance is called to the school and the parents advised of this fact. In these circumstances, a member of the school staff or person nominated by the parent (known contact) always accompanies and remains with the child until a parent arrives.
- If the injury is thought not to be sufficiently severe to require an ambulance, and the parents cannot be contacted, a child may be transported to hospital in a staff car¹, with another appropriate adult (e.g. a second staff member or volunteer) to accompany the child and remain with the child until a parent arrives.
- If the injury is thought not to be severe but the child is considered not well enough to return to class by a member of the Senior Leadership Team, a parent will be called and asked to take the child home.
- Any member of staff dealing with an injured child must ensure that full details of the incident and symptoms are passed on to another responsible member of staff before leaving the child.
- If a child has had a minor head injury but it is not considered necessary to send the child home, a 'bumped head' letter informing the parents of the incident is sent home with the child the same day. The child will also be supplied with a sticker, identifying that they have had a minor head injury, to support ongoing monitoring of their wellbeing.

10. Day Visits

All medicines must be collected, checked and carried by the allotted person in charge of first aid (usually a First Aid qualified TA). A Medication Sheet will be supplied and any medication administered will be noted and the Medication Sheet added to the school's Medication Record upon the children's return to school. All medicines must be returned to the school office.

Split groups on a day visit require group leaders for children needing inhalers, to carry the medication and witness/administer it if required.

Group leaders of split groups will be made aware by the person in charge of First Aid/the Class Teacher/a member of Office Staff, if there is a child who has specific medical requirements with guidelines of what needs to be done in an emergency (Risk Assessment). When children are attending residential trips, the recommendations in the Surrey Guidelines for Educational Visits will be followed.

11. Headlice

If evidence of headlice is found on a child, a note is sent home informing the parents of children in the same year group, including advice on treatment.

Occasionally, a teacher or classroom assistant will detect headlice on a child in class. If the case is severe, the parent may be encouraged¹ to take the child home so that management of the problem can commence immediately and so that the risk of infestation of other children is reduced. Parents of the rest of the children in the class are informed of the outbreak so that they can take appropriate action.

¹ (not enforceable)

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12. First Aid Training

The school undertakes to provide and update First Aid training for all office staff and the majority of teaching assistants/midday supervisors. A record of staff with First Aid qualifications is held in the School Business Manager's office. This school does not require a qualified First Aider as defined under the Health and Safety at Work Act.

13. Defibrillator

The school owns a defibrillator which is situated in the first aid area next to the main office. An appropriate number of staff has been trained in its use and a member of office staff regularly checks that the battery is fully charged.

14. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to a child's Care 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 Care Plan.
- If a child becomes ill, send them to the office 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 breaks whenever they need to in order to manage their 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.

15. Complaints

If any parent is dissatisfied with support provided, they should discuss their concerns directly with the school. If this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.

Last reviewed: January 2025

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Next review: January 2027

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