Kingsway Infant School

Medication Policy June 2026
Supporting Pupils with Medical Conditions

The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (December 2015) for governing bodies of maintained schools and proprietors of academies in England

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

The Children and Families Act 2014, Section 100 places a duty on the Governing Body to support pupils at their school with medical conditions.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS - KEY AIMS

- Arrangements are in place to support pupils with medical conditions in school.
- School leaders consult health and social care professionals, pupils and parents/carers, to ensure the effective support of children with medical conditions.
- Pupils with medical conditions have full access to education, including school trips and physical education.
- Pupils and parents/ carers feel confident in the care they receive from this school and the level of that care will meet their needs.

ROLE OF THE GOVERNING BODY

- To ensure arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school like any other child.
- To take into account that many of the medical conditions that require support at school may affect quality of life and be life threatening, so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
- To give parents/carers and pupil's confidence in the school's ability to provide effective support: understanding how medical conditions may affect a child's ability to learn, increasing confidence and self-care.
- To ensure staff are appropriately trained to provide the support pupils need.

- To monitor arrangements in place and to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - in particular procedures for administration of medicines.

- To ensure that the appropriate level of insurance is in place and reflects the level of risk.

- To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.

- To ensure complaints may be made and handled concerning the support provided to pupils with medical conditions.

- To review the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents/carers and school staff.

- To ensure the effective implementation of the policy by Debbie Knights (named person).

ROLE OF THE HEADTEACHER

The Headteacher has overall responsibility for policy implementation and is responsible for ensuring:

- the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners;

- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;

- a commitment that all relevant staff will be made aware of the child's condition;

- sufficiently trained numbers of staff are available to implement the policy and deliver against all Individual Healthcare Support Plans, including contingency and emergency situations;

- cover arrangements, in case of staff absence or staff turnover to ensure someone is always available (briefing for supply teachers);

- risk assessments are completed for school visits, holidays, and other school activities outside of the normal timetable, and

- monitoring of individual healthcare support plans.

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ROLE OF STAFF

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines; however, 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 are to receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.

Staff must be aware that children with the same medical condition will not have the same needs, all staff will focus on the needs of each individual child.

Staff must not administer medication or undertake healthcare procedures without appropriate instruction, information and training, this should be proportionate to risk and inline with any specific requirements details in a pupils Individual Healthcare Plans (IHP). No child under 16 should be given medication without their parent's written consent, except in exceptional circumstances.

All staff understand their duty of care to children and young people and know what to do in an emergency. Staff are trained in what do in an emergency for children with medical conditions and this is refreshed in line with the medical guidance received, i.e, diabetes and allergy, annually and asthma every two years. All first aid trained staff receive refresher training every three years in line with statutory guidance

ROLE OF SCHOOL NURSES

The school nursing services are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but may advise staff on implementing a child's Individual Health Care Support Plan (IHCP) and for example, on training.

ROLE OF PUPILS

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHCP.

ROLE OF PARENTS/CARERS

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, they may be the first to notify the school that their child has a medical condition. They are key partners and should be involved in the development and review of their child's IHCP, and may be involved in its drafting.

ROLE OF THE NAMED PERSON & INDIVIDUAL HEALTH CARE SUPPORT PLANS

The named person ensures that procedures are in place and followed whenever the school is notified that a pupil has a medical condition. They are responsible for IHCP's, their development and in supporting pupils at school with medical conditions.

IHCP's are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind, assess, manage risks to the child's education, health and social well-being, and minimises disruption. When deciding what information is recorded on the IHCP, the named person considers the following:

- 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, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. moving within school when all children are having lunch;
- specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, additional support in 'catching up';
- the level of support needed, (some children may be able to take responsibility for their own health needs). If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for written permission from parents/carers and the Headteacher 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 child can participate e.g. risk assessments;

- where confidentiality issues are raised by the parent/carer/child, the designated individuals to be entrusted with information about the child's condition;

- what to do in an emergency, including contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform on the development of their IHCP.

PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL

At Kingsway Infant School, we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care. See also First Aid Policy.

Medication will only be administered in school when it would be detrimental to a child's health and attendance not to do so. Medication can only be administered in the school with parent/carer written consent.

Medical Equipment
It is the responsibility of all trained First Aid staff in school to ensure that the first aid stocks are checked and any shortages reported to the office for ordering. Elizabeth Montague will check stocks on a monthly basis.

First Aid Trained Staff
Support staff must hold the appropriate School's First Aid Certificate or Paediatric First Aid, and should attend renewal courses as appropriate.

All staff are trained in what do in an emergency for children with medical conditions and this is refreshed in line with medical guidance, diabetes and allergy annually and asthma awareness every two years. First Aid training is refreshed every three years.

Parent/Carer Authorisation Forms
Before medication in school can be given; parents/carers must complete the appropriate authorisation form for administering medicines in school, clearly indicating the name of medication and relevant dosage to be taken (forms are available from the school office).

Medication must be in its original packaging, in date and clearly labelled with the child's details and dosage. Parents/carers should let the school know immediately if their child's needs change.

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Storage, Administration and Handling of Medicines

All non-emergency medication kept in school is securely stored in rainbow room First Aid cupboard in a labelled container and a zipped wallet for each child with access strictly controlled. First Aid staff dispense all oral medicine and Epipens (auto-injectors), children with asthma, administer their own medication under the supervision of the First Aider.

At no time should children be given medicines to bring in or take home from school. Only medicines that have parental/carer authorisation and appropriately named are allowed in school.

The school will dispose of needles and other sharps in line with local policies. Sharp boxes are kept securely at school and will accompany a child on off site visits. They are collect and disposed of in line with local authority procedures.

In discussion with the Headteacher and/or named person, parents/carers and the child's IHCP, school staff are aware that not every child with the same condition will necessarily requires the same treatment. They will:

- ensure pupils are not prevented from easily accessing their inhalers and medication safely (under the supervision of a First Aider);
- respect the views of the child, their parents/carers and medical evidence or opinion (although they may seek confirmation);
- ensure pupils with SEND and medical conditions have access to normal school activities, including lunch, unless this is specified in their IHCP, that adjustments are required;
- respond appropriately if a pupil becomes unwell, administer appropriate first aid and contact the relevant parent/carer to collect them if they are too poorly to remain in school;
- refer to the Inco who will involve the relevant outreach teams e.g. School Health, ESTMA (Education Support for Medical Absence) if absences are significantly impacting on school attendance relating to their medical condition e.g. hospital appointments;
- refer to IHCP's to ensure any pupils with specific medical conditions are accessing food, drinks and use of toilets as and where needed during the school day; and
- ensure pupils who require other breaks e.g. movement or sensory, in order to manage their medical condition/needs effectively; have space and time to do so as and when required in the school day.

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All Inhalers, Epipens and Antihistamines etc. are sent home at the end of the school year and parents/carers are responsible for checking 'use by dates' and replenishing them.

Administration of Antibiotics

Antibiotics are not administered in school unless part of an on-going specific child's IHCP. A prescribed dosage of three times per day is usually taken at home before school, after school and at bedtime. Parents are requested to deliver any prescribed medication via the school office.

Recording of the Administration of Medicines

When a child receives medication in school e.g. Antihistamines, Asthma Inhalers, Adrenaline Pens (Epipens) and Creams etc. the details, medicine, dose, time and date, are recorded as stated on their IHCP and on the form kept with the medication and on Arbor .

If a child refuses to take their medication staff should not force the child to do so; this will be recorded on Arbor as a First Aid event and the parent/carer will be informed as soon as possible.

Non-prescribed Medicines

Due to the increasing number of children receiving medication in school, non-prescription medicines e.g. cough lozenges, Calpol, Piriton etc. will not be administered by First Aid staff and should not to be brought to school.

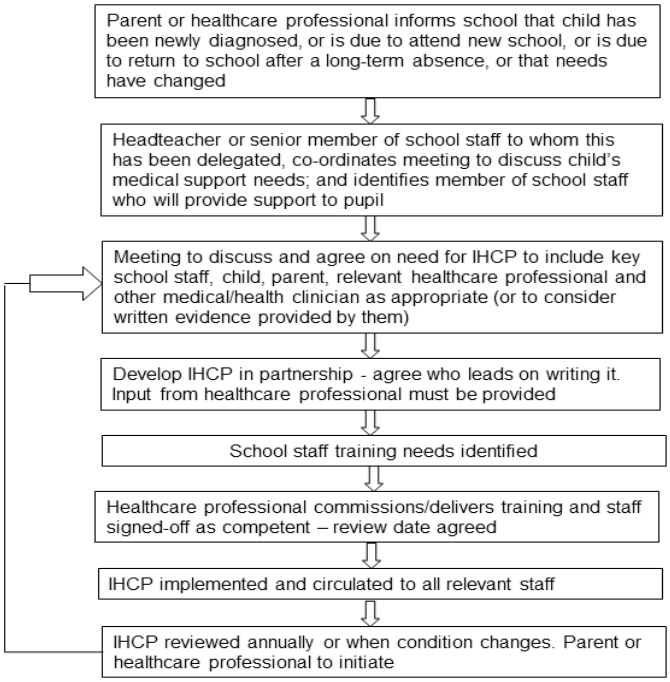
Educational Visits

A basic first aid kit, mini Accident Reporting book and individual pupil's medicines are taken on all educational visits. This is the only time medication is permitted outside the designated storage area for medicines in school. Pupils with extraordinary (special) medical needs may require additional provision on such occasions; these should be detailed in the Risk Assessment completed prior to the planned trip. All medicines are transported and administered by a First Aider or designated member of staff

PROCEDURES FOR DEVELOPING INDIVIDUAL HEALTHCARE SUPPORT PLANS

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***Where there is no change in the child's condition during the year, the school may initiate a review**

Emergency Salbutamol Inhaler

The Emergency Inhaler is stored in **The Grab Bag in the Back Office** and is clearly labelled to avoid confusion with a child's inhaler.

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained. The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler; details are recorded on the form kept with the medication and logged on Arbor.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015). https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Sam Pither is to check on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; that replacement

inhalers are obtained when expiry dates approach; replacement spacers are available following use; Sam Pither is to check that the correct consent forms are stored with the inhaler.

Emergency Adrenaline Auto-injector (AAI)

The school's Emergency Adrenaline Auto-injector (AAI) is stored within the Grab Bag in the back office**.**

The school has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP. The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

A record of use of any AAI(s) will be kept and Parents/carers will be **contacted** if their child has been administered an AAI and whether this was the school's spare or the pupil's own device. Details are recorded on the form kept with the medication and in the Accident Report Book located in Rainbow room in the First Aid Area.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

Sam Pither is to check on a monthly basis that the AAI(s) are present and in working order, that replacement AAI(s) are obtained when expiry dates approach; Sam Pither is to check that the correct consent forms are stored with the inhaler.