Grange Primary School

Grange Primary School
Pursuing excellence for every child

Medical Conditions and Medicines Policy

Date Completed: June 2025

Review Date: June 2026

Grange Primary School

Medical Conditions and Medicines Policy

Grange Primary School is an inclusive community that welcomes and supports pupils with medical conditions. Grange Primary School understands that pupils can suffer from long-term, short-term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health issues.

Grange Primary School provides all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

Staff working with children who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned

Grange Primary School understands that some children who have medical conditions also have disabilities and/or special educational needs and this policy may be read in conjunction with the schools SEND policy and the SEND Code of Practice.

Chronic Illness/Disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisors encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Acute Illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations

This policy has been formulated from local authority and Dfe guidance by school staff in conjunction with the Headteacher and with approval by Governors. **There is no legal requirement for school staff to administer medicines**. Staff are expected to do what is reasonable and practical to support the inclusion of all pupils.

AIMS OF THIS POLICY

1) To ensure the safe administration of medicines to children where necessary and to help to support attendance.
2) To ensure the on-going care and support of children with long term medical needs via a health care plan.
3) To explain the roles and responsibilities of school staff in relation to medicines.
4) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness.
5) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage.
6) To outline the safe procedure for managing medicines on school trips.

ROLES AND RESPONSIBILITIES

HEADTEACHER

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice.
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy.
- To ensure that staff receive appropriate support and training.
- To ensure that parents are aware of the school's Medicines Policy.
- To ensure that this policy is reviewed annually.

STAFF

- To follow the procedures outlined in this policy using the appropriate forms.
- To complete a health care plan in conjunction with parents, children and relevant healthcare professionals for children with complex or long term medical needs.
- To share medical information as necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To take all reasonable precautions to ensure the safe administration of medicines.
- To contact parents with any concerns without delay.
- To contact emergency services if necessary without delay.
- To keep the first aid room and first aid boxes stocked with supplies.
- Educational Visits Leader – see 'MEDICINES ON SCHOOL TRIPS' below.

PARENTS/CARERS

- To give the school adequate information about their children's medical needs prior to a child starting school, including medical evidence to support any needs.
- To follow the school's procedure for bringing medicines into school.
- To only request medicines to be administered in school **when essential.**

- To ensure that medicines are in date and that asthma inhalers are not empty.
- To **promptly** notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma.
- To collect medicine from the school office at the end of the school day.
- To ensure the school has up to date contact details in case of medical emergencies.

THE SCHOOL NURSE

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- To support staff to implement HCPs (Health Care Plans) and provide advice and training.
- To liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

SCHOOL ATTENDANCE DURING/AFTER ILLNESS

- Children should not be at school when unwell, other than with a mild cough/cold.
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours.
- Children should not be sent to school with earache, toothache or other significant discomfort.
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness.
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school.

Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an Individual Health Plan.

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous establishment.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

GIVING REGULAR MEDICINES

The administration of medicine is to be generally discouraged in line with the Local Authority recommendation. If a child is on a prescribed medication, then it is a parental it is a parental responsibility to ensure that the correct dosage is given whilst the child is at home. It is however realised that a course of treatment may require further doses during the school day such as medication that is prescribed 4x daily. We have no objection to parents coming into school to give their child their medicine at lunchtime or alternatively, a form must be completed and returned to enable school staff to administer and observe the child taking the medication. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

SAFE ADMINISTRATION OF MEDICINES AT SCHOOL

- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the child's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed **four times** a day may be administered at school.
- Only doctor **prescribed** medicines (including eye drops) in the original container labelled with the child's name, date of birth, dosage and include written instructions from the parent/carer on the approved form (appendix 1) for administration and storage will be accepted in school. The exception to this is insulin, which still must be in date. *The school will not accept any medicines that have been taken out of the original container or make changes to dosages on parental instruction.*
- Medicines will not be accepted in school that require medical expertise or intimate contact.
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession and children will not be allowed to take them home. *Parents will be expected to drop and collect medication from the school office.*
- The adult is required to complete a parental consent form (see appendix 1) at the school office (alongside Mrs Tuttass, Mrs Claybourn or Mrs Plaskitt) for the medicine to be administered by school staff.
- The Headteacher must be informed of any controlled drugs required by children, e.g. Equasym.
- Tablets should be counted and recorded when brought to the office and when collected again.
- Painkillers, such as paracetamol or ibuprofen, must **NOT** be brought in to school.
- Administration of medicines at school must be recorded on an Administered Medicine sheet by the appointed First Aider in the Medicines Folder in the First Aid Room and witnessed by a second member of staff. (see Appendix 2) The appointed First Aiders are Mrs S Claybourn and Mrs H. Cozens.
- Parents may come to the school office to administer medicines if necessary.
- Some children may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the medicine form and a health plan has been completed.

- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed.

Training: Teachers and Support Staff should receive appropriate training and guidance via the School Health Service for non-routine administrations. (School Nurse Team Contact Number: 01472 325126/255244)

STORAGE OF MEDICINES

- Antibiotics (including antibiotic eye drops) must be stored in the training room fridge.
- Tablets must be stored in the locked cabinet in the Pastoral Office.
- Epipens should be stored safely within access of the child who may require it. Spare ones will be kept in a locked cupboard in the Nurture Office.
- Asthma inhalers should be stored in the child's classroom (in the red bag) and labelled with their name and should be taken with the child during physical activities.
- No medicines, other than asthma inhalers, may be kept in the classroom (unless a health care plan states otherwise).
- Parents are responsible for the safe return of expired medicines to a pharmacy.
- Parents are responsible for the collection of medication at the end of each school day.

MEDICINES ON SCHOOL TRIPS

A First Aid Kit to be taken whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits will be aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips. Staff should discuss any concerns about a child's safety with parents.

- The Educational Visits Leader is responsible for designating a school First Aider for the trip.
- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip.
- The designated school First Aider on the trip will administer any medicines required and record the details on the School Trips Medical Form.
- The First Aider will return the form and any unused medicines to the First Aid room on return to school.

Medicine Disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

Parents are solely responsible for ensuring that medication is in date and arranging disposal if any have expired. This check should occur at least three times a year.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

General Medical Issues

Record Keeping

- Pupil Information Sheet on Admission – should highlight any health condition.
- Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These need to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They are kept on display in the staffroom and a copy in each class pastoral. NB if any medical condition is highly confidential this will be on a need to know basis and records stored in CP filing cabinet (fireproof).
- Identified First Aider regularly checks and makes necessary updates to health care plans and medicines/medical equipment.
- Centralised register of children with medical needs.
- Request to administer medicines at school.
- Log of training relevant to medical conditions.
- All records will be transferred to new schools.

Impaired Mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety. A risk assessment must be written and agreed by the parent and a disclaimer must be signed by the parent. The risk assessment must be in place before the child returns to school.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children. Therefore, all staff medication MUST be left in the training room fridge or School Business Managers Office.

Staff Protection

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines.
- Use the hand gel provided.

Prescribed Medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers ("relievers") are used to relieve symptoms and brown steroid inhalers ("preventers") are used to prevent exacerbations and control the severity of the illness. If a child uses an inhaler a health care plan will be in place.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

- Asthma and Lung UK – advice on starting school with asthma https://www.asthmaandlung.org.uk/conditions/asthma/child/life/school#:~:text=Make%20sure%20your%20child%20knows,your%20child's%20school%20asthma%20card.
- Cystic Fibrosis Trust https://www.cysticfibrosis.org.uk/
- Diabetes UK https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools
- Epilepsy Action http://www.epilepsy.org.uk/info/education
- The Anaphylaxis Campaign http://www.anaphylaxis.org.uk/schools/help-for-schools
- The Duchenne Family Support Group https://dfsg.org.uk/

Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency. (See Appendix 3).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency.

1. **Anaphylaxis** (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and may require an immediate injection of adrenaline. This is life-saving.

2. **Major Fit**

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. **Diabetic hypoglycaemia**

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foots/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action and may request a second opinion from another First Aider.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a First Aider will consult a member of SLT prior to an ambulance being called. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness, etc.) along with the school address and contact information. (See Appendix … for the template script)

NB. If for any reason an SLT member is not in school, the first aider will consult/liaise with another First Aider/Senior Advisor and an ambulance will be called.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in the hospital.

Defibrillator

The school has a defibrillator which is kept on the wall in the headteacher's office.

All first aiders, and the Head Teacher, have accessed the automated external defibrillation course and know how to use the equipment in an emergency.

The defibrillator is checked regularly, by the Headteacher, to ensure it is in working order.

Food Allergies and school dinners

Where a child has a food allergy that may require them to have an alternative option, it is the sole responsibility of the parent to inform Chartwells. Chartwells will ensure that the parent or carer is made fully aware of the ingredients of each meal and will, in certain circumstances, offer a special diet, tailored to the needs of the child. Chartwells are responsible for ensuring that the child's meal does not contain any allergens that may cause harm to that child. It is the parent's responsibility to inform Chartwells should there be any change in a child's dietary needs.

Current First Aiders in the School

Mrs H. Cozens	Miss C. Grant
Mrs Z. Oliver	Mrs S. Claybourn
Mr C. Sharp	Miss E. Johnson
Mr A. Wall (Before and after School)	Mrs A. Parker-Saunders
Miss C. Woods	Miss A Wright
Miss S. Salt	Miss K.Braid

First Aid Procedures

First Aid incidents should be dealt with according to training regulations and by a First Aider.

Gloves should always be worn when administering First Aid.

Following the administration of any First Aid the person responsible must complete their First Aid book – entries must be clear, in ink, and include:

- name of child and class
- Signature of the person reporting the accident
- Date and Time
- Where it occurred and what happened

- The resulting injury
- How it was dealt with.

Any serious injuries or head injuries (other than non-serious bruises, grazes, etc) will require the parents to be contacted immediately and where appropriate they will be offered the opportunity to come into school and check their child.

Equality and Inclusion

Any child with a medical condition will be treated with equality and dignity. Any special access arrangements will be made where deemed necessary to ensure the child is included in all activities with their peers.

Relevant legislation and guidance

Managing Medicines in Schools and Early Years settings (2005)

Disability Discrimination Act 1995 and Special Educational Needs and Disability Acts (2001 and 2005)

The Education Act 1996

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968

Supporting Pupils at school with medical conditions – Dfe December 2015 (Updated August 2017)

Special Educational Needs and Disability Code of Conduct 2014

Guidance Coronavirus (COVID-19): implementing protective measures in education and childcare settings Updated 1 June 2020

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Appendix 1

Parental Consent Form for Administering Medicine

The school **will not** administer medicine to a child unless you **fully complete and sign** this form and the school has a policy that staff can administer medicine.

Details of Pupil

Name:	Date of Birth:
Class:	Condition or Illness:

Medication

Medication must be in the original container with child's name and dosage including instructions for storage as dispensed by the pharmacy

Name, type and strength of medicine as described on container:	
Date medicine brought into school:	
Date Dispensed:	Expiry Date:
Number of tablets brought into school:	

Full Directions for use:

Dosage: (Number of tablets/Quantity to be administered)	
Time:	Length of time:
Any other instructions:	

NB: Dosage must match the instructions shown on the medication

Self-Administration Yes/ No (Please delete as appropriate)

Are there any side effects that the School needs to know about?

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to administer the medication following the school medication administration policy.
I understand that I must deliver the medicine personally to the School Office and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school, **immediately**, of any changes in writing.

Signature _____ (Parent/Carer with parental responsibility)

Print name _____ Date _____

This record will be retained on school file.

Appendix 2

Grange Primary School

Record of Administered Medicine

Name of Child:	Class:	Date:
Date medicine provided by parent:	Name and strength of medication:	
Quantity received:	Dose and frequency of medicine:	
Medicine Consent form received :	Medicine form completed by (parent and staff member):	

Please check that the medication matches the parental consent form, is in its original box and labelled, has child's name on it and the dosage administered is the same as stated on the box and the form.

Date			
Time given			
Dose given			
Name of staff	1) 2)	1) 2)	1) 2)
Staff Signature	1) 2)	1) 2)	1) 2)

Date			
Time given			
Dose given			
Name of staff	1) 2)	1) 2)	1) 2)
Staff Signature	1) 2)	1) 2)	1) 2)

Any side effects/reactions observed or concerns raised with parents (date and initials):

_____

_____

If a child refuses to take medication, please write in the box and then inform parents immediately.

Date when medication administration is completed and reason why (i.e. course of medication completed, no medication brought to school _____

Signature (member of staff) _____

If medication is not administered on a day please record a reason in the box, along with date, as to why (i.e. no medication in school, child absent).

Grange Primary School
Record of Administered Medicine - Inhalers

Name of Child:	Name of Medication:

Date			
Time given			
Dose given (i.e. 1 puff)			
If child initiated please tick box			
Name of staff	1) 2)	1) 2)	1) 2)
Staff Signature	1) 2)	1) 2)	1) 2)

Name of Child:	Name of Medication:

Date			
Time given			
Dose given (i.e. 1 puff)			
If child initiated please tick box			
Name of staff	1) 2)	1) 2)	1) 2)
Staff Signature	1) 2)	1) 2)	1) 2)

Appendix 3

Grange Primary School

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 the information if asked.

1. Your telephone number – either school 01472 232030 or your mobile

2. Your name

3. Your location as follows:
   Grange Primary School,
   Cambridge Road
   Grimsby

4. State your postcode – DN34 5TA

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. Inform the ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.

Date ratified by the Governing Body: July 2025
Next review date: July 2026

Virtually signed by the Chair of Governors: *Mr S. Ryley* Date: July 2025