



Bournmoor Primary School

Policy for Managing Medicines in Schools

Headteacher: Mrs L Snowdon
Chair of Governors: Mrs T Bell
Date for Review: November 2025

OUR AIMS:

At Bournmoor Primary School we strive to provide an inclusive education for all pupils therefore we have designed this policy in line with the Children and Families Act 2014 to ensure the following aims can be met:

- Ensure that the focus is on the needs of each individual child and understand how their medical condition impacts on their school life to ensure we provide the best care possible for them.
- Pupils at school with medical conditions (in terms of physical and mental health) should be properly supported so that they have full access to education, including school trips and physical education allowing them to have a full and active role in school life, remain healthy and achieve their academic potential.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe and their views are sought.
- Recognise some children with medical conditions may be disabled. Where this is the case we will comply with our duties under the Equality Act 2010.
- Work closely with outside agencies to ensure the best provision as we understand that some pupils may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.
- Follow all safeguarding procedures fully to ensure the safety and well-being of all pupils in our care.

HOW WE IMPLEMENT THE POLICY:

The Headteacher, Mrs Snowdon, has overall responsibility for the correct implementation of this policy along with the deputy Headteacher and the governing body. The SEN governor's role is to liaise with Mrs Snowdon to ensure the policy is adhered to ensuring the best provision for pupils with Special Educational Needs (including medical needs).

Induction arrangements for new staff include this information and are provided by the Headteacher or deputy headteacher. The school nurse can advise on training that will help ensure that all health conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

In addition, Mrs Measor, LSA, has the day to day responsibility for logging and managing pupil's medicines. However, any teacher with a child in their class with medical needs is kept informed of the situation through discussion with the SMT and through access to any other relevant documentation (e.g. medical register, risk assessment or Education Health Care Plans).

It is the responsibility of the Headteacher to ensure that relevant training is provided for staff to carry out this policy effectively and report this training to governors to keep them fully informed.

We also work with external agencies to ensure correct provision for pupils with medical needs occurs. Our school nurse, Kathryn Guest, is available to work with staff, governors, parents and pupils to ensure medical needs are fully met.

THE ROLE OF EDUCATION HEALTH CARE PLANS:

The aim of an EHCP is to effectively support pupils with medical conditions by providing clarity about what needs to be done and by whom to ensure minimal disruption. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. They can be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one.

The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed as different children with the same health condition may require very different support. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

INFORMATION THAT MAY BE INCLUDED ON AN EDUCATION HEALTH CARE PLAN:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Who in the school needs to be aware of the child's condition and the support required.
- Written permission from parents and the head teacher at school for medication to be administered by a member of staff, or self-administered by individual pupils 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/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency.

HOW WE IMPLEMENT THE POLICY FOR CHILDREN WITH MEDICAL NEEDS AT BOURNMOOR PRIMARY SCHOOL:

Child diagnosed or child due to attend Bournmoor Primary School



Headteacher co-ordinates a meeting to agree Education Health Care Plan (EHCP) or delegates this to a senior member of staff named in the Managing Medicines in School Policy



A meeting is arranged to agree the EHCP to include the child, parent/carer, specialist nurse, school nurse and GP or paediatrician (where available, if not a letter from the GP or consultant) and key school staff



Develop an EHCP and agree who writes it (normally the relevant healthcare professional)



School staff training needs identified



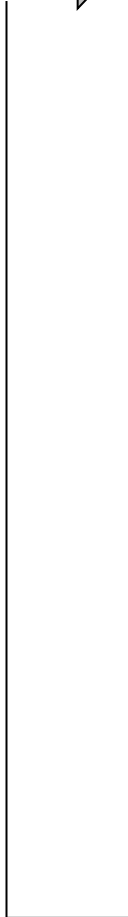
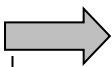
Specialist nurse/school nurse delivers training and staff signed off as competent



EHCP implemented and circulated to all relevant staff



EHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate



HOW WE COLLABORATE WITH OTHERS TO ENSURE PUPIL'S NEEDS ARE MET:

- The **governing body** fully accepts its role in supporting pupils with medical conditions by ensuring school policies are developed and implemented allowing the pupil as full participation as possible in all aspects of school life.
- The **Headteacher** ensures policies are followed, staff informed, outside agencies collaborated with, parents/carers are consulted, staff are trained, insurances are in place for school and staff, emergency procedures organised and shared with relevant staff and pupil views sought.
- **Pupils** will often be best placed to provide information about how their medical 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 individual healthcare plan.
- **Parents** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They are a key partner and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- **School staff** should take into account the needs of pupils with medical conditions that they teach and may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. They must be suitably trained and competent to do this. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.
- **School nurse or other qualified healthcare professional** are responsible for notifying the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they should do this before the child starts at the school. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs.
- **GPs and paediatricians** (or other appropriate healthcare professional) - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.
- **Local authorities** are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.
- **Providers of health services** should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.
- **Clinical commissioning groups** should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.
- **Ofsted's** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN.

THE ROLE OF CHILDREN IN MANAGING THEIR OWN MEDICAL NEEDS:

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should administer medicines and manage procedures for them. 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.

HOW WE MANAGE MEDICINES ON SCHOOL PREMISES:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- 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.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We can only accept prescribed medicines that 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
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. We will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs will be easily accessible in an emergency. A record will be kept.
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Written records are kept of all medicines administered to children to show agreed procedures have been followed on correct forms.

WHAT HAPPENS IF THERE IS AN EMERGENCY:

As part of general risk management processes, we have arrangements in place for dealing with emergencies. However, 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, such as informing a teacher immediately if they think help is needed.

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. Staff should not take children to hospital in their own car.

DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES:

Clear and concise arrangements are in place to ensure pupils with medical needs can be supported to participate in school trips, visits and sporting events. These include: staff being fully informed of the pupil's condition and needs, advice sought from health care professionals, trained staff attend the event, parent views are sought on support that can be offered, risk assessments are in place and emergency procedures devised and shared. At Bournmoor Primary School we make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

HOME TO SCHOOL TRANSPORT FOR PUPILS REQUIRING SPECIAL ARRANGEMENTS:

This information needs to be part of the EHCP discussions shown in figure 1. It should be noted on the Education Health Care Plan and include what happens in emergency situations. Where pupils have life threatening conditions, specific transport healthcare plans needs to be carried on the vehicles and shared with the relevant staff. These are separate to the individual healthcare plans referred to throughout this document.

BEHAVIOURS AND PRACTICE WE WILL STRIVE TO AVOID AT BOURNMOOR PRIMARY:

- 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
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- If the child becomes ill, send them to the school office or medical room unaccompanied
- 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.
- Prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

COMPLAINTS:

At Bournmoor we endeavour to provide the best service for our parents/carers and pupils. However, should parents be dissatisfied with the support provided to their child we ask they discuss their concerns directly with school in the first instance to try to resolve the matter quickly and effectively. If for whatever reason this doesn't resolve the issue, parents/carers may make a formal complaint via the school's complaints procedure (a copy of which can be requested via the school office or downloaded from our website www.bournmoor.durham.sch.uk .

LIABILITY AND IDEMNITY:

It is important to set out details of our school's insurance arrangements which provide liability cover relating to the administration of medication but individual cover may need to be arranged for health care procedures associated with more complex conditions. Any requirements of the insurance such as the need for staff to be trained should be made clear. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, who carries public liability, rather than the employee.

Please note:

- 1) This guidance replaces previous guidance on Managing medicines in schools and early years settings published in March 2005
- 2) For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice
- 3) Please note the document: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities 2013; Alternative provision – Statutory guidance for local authorities 2013
- 4) We follow the advice in the Health and Safety Executive (HSE) guidance on school trips
- 5) At Bournmoor Primary we are committed to equal opportunity for all our pupils and therefore follow the 2010 Equality Act