STOKES WOOD
PRIMARY SCHOOL

Supporting Pupils with Medical Conditions and Administering Care and Medication to Children with Medical Needs Policy

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Health and Safety Policy
- Complaints Policy
- SEND Policy

Approved by:		**Date:**
Last reviewed on:	23/7/2025	
Next review due by:	September 2026	

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1. School Vision

Stokes Wood Primary School is an ambitious place. We aim to help every child become a global ambassador, ready to explore and understand the world around them. We encourage our children to be curious, ask questions and seek answers as they learn. Our children are confident in sharing their ideas and opinions. They know how to listen and communicate with kindness and respect. We believe in a community where there are no outsiders– everyone belongs and every voice is heard. Above all, we nurture their well-being, ensuring they grow into healthy, balanced individuals committed to lifelong learning and positive change. Together, we create a caring and supportive environment where everyone can grow and succeed, ready to make a positive difference in Leicester and beyond!

2. Introduction

The Governing Body must ensure that arrangements are in place to support children with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at Stokes Wood Primary School as any other child. In making their arrangements the Governing Body will take in to account that many of the medical conditions that require support at the school could affect quality of life and may be life threatening. Some will be more obvious than others. The Governing Body should therefore ensure that the school focus is on the needs of each individual child and how their medical condition impacts on their school life. Governors will also take account of the impact of individual medical conditions on the school community and ensure that senior leaders assess individual risk, particularly where a condition may be infectious, drawing on professional advice and guidance where needed.

3. Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the current Equality Act for pupils who may have disabilities or special educational needs.
- To adopt and implement the LA policy of Medication in Schools.
- To write, in association with healthcare professionals as appropriate, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records, in line with GDPR legislation

4. Inclusion and Unacceptable Practice

Stokes Wood Primary School has a responsibility to provide a broad and balanced curriculum for all pupils by :

- Setting suitable learning challenges
- Responding to pupils' diverse learning needs
- Overcoming potential barriers to learning and assessment for individuals and groups of pupils
- Ensuring that physical and emotional needs are met wherever possible for children with specific or complex needs.

The National Curriculum secures for all pupils irrespective of social background, culture, race, gender, differences in ability and disabilities, an entitlement to a number of areas of learning.

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

➢ Prevent children from accessing their medication

➢ Assume every child with the same condition requires the same treatment

➢ Ignore the views of the child or their parents/carers

➢ Ignore medical advice

➢ Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare Plan

➢ Penalise children for their attendance record where this is related to a medical condition

➢ Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition

➢ Send unaccompanied children to the school office/reception if they are seeking medical assistance

➢ Require parents to administer medicine where this interrupts their working day

➢ Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

5. Responsibilities

The Governing Body

➢ Must make arrangements to support children with medical conditions in the school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.

➢ Should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Head Teacher

➢ Should ensure that the school's policy is developed and effectively implemented with all appropriate partners

➢ Should ensure that all staff are aware of the policy and understand their role in its effective implementation

➢ Should ensure that sufficient trained numbers of staff are available to implement the policy and support individual children as appropriate

➢ Should ensure that all necessary staff and external partners are fully informed regarding individual children's medical conditions

➢ Should assess and mitigate any risk to individuals or the whole school community related to any medical condition, particularly where a condition may be infectious.

➢ Should ensure that responsibility for completion and monitoring of healthcare plans is delegated to an appropriately trained senior member of staff (normally the SENDCo). They should then be supported through effective information flows by relevant staff.

➢ Should ensure that admission staff effectively communicate any child's health conditions to the SENDCo/lead before or on admission so that appropriate support can be put in place and relevant staff informed.

SENDCo/Delegated Lead

➢ Should ensure all medical needs are investigated and appropriate plans/precautions/support are in place

➢ Ensure all medical needs are appropriately shared with staff as soon as possible as needs become apparent

➢ Ensure all Individual Health Plans are reviewed twice yearly to ensure that information is up to date and relevant

➢ Ensure any confidential medical information is shared with safeguarding/SEND teams as appropriate

➢ Ensure staff working with the child have relevant information and training School Staff

➢ Should ensure they have read the policy for supporting pupils with medical conditions ➢ May be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so

➢ Should receive sufficient and suitable training in order to achieve the necessary level of competency before they take on the responsibility to support children with medical conditions

➢ Should notify senior staff if they feel they need additional training

➢ Should know what to do and respond accordingly when they become aware that a child with a medical condition needs help

➢ Should ensure that any concerns they may have are brought to the attention of senior members of staff - in particular relating to new medical information they become aware of, and any concerns regarding appropriate arrangements or adjustments needed to support.

➢ Should build appropriate adjustments and support arrangements into risk assessments and lesson plans

➢ Should ensure that all colleagues and external partners are fully informed regarding individual children's medical conditions as appropriate.

Children

➢ Should be fully involved in discussions about their own medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan

➢ Should be sensitive to the needs of those with medical conditions.

Parents (or carers with legal responsibility)

➢ Should notify the school on admission, or when developed, if their child has a medical condition requiring support

➢ Should provide the academy with sufficient and up to date information about their child's medical needs, and confirm what adjustments if any are needed to support engagement in the academy life and curriculum.

➢ Should be involved in the development and review of their child's Individual Healthcare Plan, and sign off annually to confirm what actions are required by the academy.

➢ Should carry out any actions agreed as part of the Plan

➢ Provide appropriately prescribed and in-date medication, where the dosage information and regime is clearly printed by a pharmacy on the container

➢ Should review prescribed times for administration of medicine with their doctor in order to avoid the need for administration during the school day where possible

➢ Ensure that contact information is kept up to date.

6. Providers of External Medical Support

Staff at the school will co-operate fully with medical professionals and outside agencies in order to meet the needs of children with medical conditions, including seeking additional professional medical input prior to engagement with school activities when parents or carers are not able to confirm what actions may be appropriate to support. Where there is significant concern for any individual, a senior member of staff will be notified and an ambulance called if deemed appropriate.

7. Staff Training and Support

The Special Education Needs and Disability (SEND) lead for the school will normally be the person with responsibility for ensuring healthcare plans are in place for children with any medical need. They will liaise with staff in order to identify ongoing training needs relating to individual children. Appropriate training will be sourced and carried out as required.

8. Offsite Visits and Equal Opportunities

We believe in promoting equal opportunities for all pupils in every aspect of school life. We oppose any form of discrimination or racism and prepare our pupils to live in a multicultural society. Any reports of discrimination or racism are recorded and investigated in line with LA policies.

The school will actively support children with medical conditions to participate in off-site visits or sporting activities in order that they have full access to activities with their peers wherever possible. Discussions with parents, staff, healthcare professionals and the child themselves will take place and an individual risk assessment undertaken and agreed if appropriate

9. Administration of Medicines

Medicines will only be administered at the school when it would be detrimental to a child's health or attendance not to do so. Written consent must be obtained from the child's parents/carers. Only medication that has been prescribed for the child by a healthcare professional will be administered and where possible this should be in prescribed dose frequencies which enable them to be taken outside school hours (E.g. three times a day could be breakfast; end of academy day; bedtime). If the Head Teacher wishes to provide a supply

of Calpol for use by parents they may do so and the same procedure in respect of administration must be followed. All medicines will be stored safely and appropriately.

➢ A medicines log will be kept of all medication administered. (template available for use)

➢ A separate fridge is available for medicines which require chilled storage

➢ Prescribed controlled drugs are stored in a locked filing drawer in the school office. All senior staff and admin staff will have access to the key in order to be assured that the drug is easily accessible in an emergency

➢ Asthma inhalers and other medicines that need to be readily available to children are stored by the child themselves or available in the child's classroom where they and others know how to access them as and when required

➢ When no longer required medicines will be returned to the parents/carers to arrange for safe disposal

➢ Staff who have their own medicines should store them in their own bag in a secure place away from children

➢ Storage of COSHH materials is covered in the school's Health & Safety Policy.

10. Individual Health Care Plans

Any child who has a reported medical condition should have an Individual Health Care Plan .
➢ This will be a collaborative document created and shared with staff, parents/carers, healthcare professionals, outside agencies and the child themselves, whilst still preserving confidentiality.

➢ Plans will be devised and stored within the * specialist provision software. Plans should not be a burden on the school but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

➢ Where a child has SEND, their SEND should be mentioned in their Individual Health Care Plan whether or not they have an Education Health and Care Plan (EHCP).

➢ The plan should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed or where it is identified an individual is presenting with a potential risk that could result in harm or ill health. This could be from a range of information sources including the child, previous school, teaching and support staff, external agencies, parents or carers.

➢ The plan should be developed with the child's best interests in mind and ensure that the academy assesses and manages risk to the child's education, health and social wellbeing, and minimises disruption.

➢ If at any stage there is concern regarding the seriousness of a condition or understanding of suitable adjustments needed, the school team should be in contact with parents/carers and where relevant, medical professionals to seek advice.

➢ The first plan agreed at the beginning of an academic year (or following in-year admission) should be printed off and signed by the parent/carer to confirm actions being taken. Paper version to be given to parents with a copy to be saved on the pupil's file. Scanned, signed copy to be uploaded to *for retention

11. Record Keeping

Where a child has a medical condition, a health care plan should be in place. Where review of the condition with parents and carers (and with medical professionals if needed) confirms no specific action is needed to support engagement, a healthcare plan should still be in place recording no action needed. A formal register of Health care plans should be in place and maintained by each academy to enable tracking of annual or more frequent reviews. Information on any medical condition and healthcare plan actions should be recorded in relevant records and systems including the school file, MIS database and safeguarding/SEND records if appropriate. This should also be reflected in relevant risk assessments – including for specialist activities including PE. Written records are kept of all medicines given to children. ➢ A central medicines log is kept with individual children having their own sheet filed in alphabetical order of surname.

➢ This is stored in a locked filing drawer in the school main office.

➢ Written permission from parents/carers should be stored with the log.

➢ Archived hard copy logs should be retained in pupil file. Electronic recoved archives will remain stored in *.

➢ Individual children's records must be transferred to receiving schools on transition.

12. Children who cannot attend school due to health reasons

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. Local authorities are responsible for arranging educational provision for children who are unable to attend school because of health needs. The academy may be able to support a pupil who can still attend school with some support or may be able to make arrangements for a pupil to receive a suitable education outside of the school or in hospital. The academy will cooperate with the local authority in respect of any pupil who is unable to attend school because of health needs.

13. Resources available in school

A range of resources are available in school to support this policy. Financial allocation is provided when necessary. Staff will receive the necessary training required to support the individual needs of children with medical conditions. Staff will also be made aware of the emotional issues that may accompany the medical condition for some children and may impact on the children's learning. Staff will also receive training on how to support pupils in caring for themselves. Staff will understand the importance of working in partnership with parents and carers as well as health professionals so that all have confidence in the provision the school is able to give to these pupils. There will be sufficient staff trained to cover for absence. Every effort will be made to ensure that all pupils, whatever their individual needs can access all educational opportunities. Where appropriate, whole staff awareness of a pupil's needs will be brought to staff attention. Emergency procedures will be made known and risk assessments put in place where necessary. Photographs of the pupils will be placed in staff room, office, kitchen and other appropriate places.

- There are specially equipped areas in the school which incorporate a toilet and changing facility for disabled or incontinent children. (In disabled toilet at reception)

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- Guidance is written in the care plan for each individual child. However, plastic gloves should always be worn and antibacterial cleanser used before and after changing

children, dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment. (Use the yellow bins)

15. Complaints

If parents feel there is need for complaint then the school's complaint procedure should be followed.

Making a formal complaint to the Department of Education, should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

The steps in the procedure are as follows:

Step 1	Informal. A parent makes a complaint directly to the class teacher/ member of staff.
	Discussion will then take place to resolve the concern/complaint. If necessary the Headteacher can be involved.
Step 2	Formal complaint in writing to the Headteacher.
Step 3	Formal complaint in writing to the Governing Body. A letter acknowledging receipt of the complaint will be sent by the Chair of
	Governors within five working days. The letter will outline procedures and specify timescales.
Step 4	Formal complaint in writing to the Minister for Education.

Appendix A

REQUEST FOR ADMINISTRATION OF MEDICINES

(GENERAL CARE PLAN)

To: Headteacher of Stokes Wood Primary School

From: Parent / Guardian of _____ Full Name of Child

DOB _____

My child has been diagnosed as having: _____(name of condition)

He / She is considered fit for school but requires the following prescribed medicine to be administered during school hours

_____(name of medication)

I consent / do not consent for my child to carry out self-administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

_____ (dosage) at _____ (time) Strength of medication _____

with effect from _____ Until advised otherwise

The medicine should be administered by mouth / in the ear / nasally / other

_____ (Delete as appropriate)

I consent / do not consent for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in medication routine or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the school and administered by staff with the exception of emergency medication which will be near the child at all times.

I understand that staff will be acting in the best interests of _____ (Childs Name) whilst administering medicines to children.

Signed _____ Date _____

Name of Parent / Guardian _____ (please print)

Contact Details:- Telephone No.

(home) _____(work) _____(mobile) _____

Headteacher (PRINT NAME) _____

Or Healthcare – Social care Professional _____

Appendix B

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of School/Setting _____

Name of Child _____

Date of Medicine Provided by Parent _____

Class _____

Quantity Received _____

Name and Strength of Medicine _____

Expiry Date _____

Quantity Returned _____

Dose and Frequency of Medicine _____

Staff Signature ……..

Signature of Parent……

Date			
Time Given			
Dose Given			
Name of Staff Member			
Staff Initials			
Witness			

Date			
Time Given			
Dose Given			
Name of Staff Member			
Staff Initials			
Witness			

REPORT FORM

Following administration of adrenaline autoinjectors in response to anaphylaxis / suspected anaphylaxis

<table>
<tr><td>NAME OF CHILD:

Date of birth:</td><td>Date of allergic reaction: / /

Time reaction started: : : hrs

Time 1st dose adrenalin given: : hrs

Time 2nd dose adrenalin given: : hrs*
*If prescribed

Time ambulance called: : hrs

Time ambulance arrived: : hrs</td></tr>
<tr><td>NB - Please copy this form and send to hospital with child if possible.</td><td></td></tr>
<tr><td colspan="2">Trigger for reaction (i.e. food type / bee-sting)

Description of symptoms of reaction:

Any other notes about incident (e.g. child eating anything, injuries etc.)

Witnesses to incident:
(Position in setting)</td></tr>
<tr><td>Please circle the prescribed devise used:

Emerade 150 Epipen Auto-injector 0.3mg

Emerade 300 Epipen Jr Auto-injector 0.15mg

Emerade 500 Jext 300mcg

Jext 150mcg</td><td>Adrenalin given by:

Site of injection:

Problems encountered:</td></tr>
</table>

FORM COMPLETED BY:

NAME (print): …….....SIGNATURE: ……..

Job title: **……Telephone no: ……...**

DATE:

Please complete this Report Form, giving clear account of events and fax it to 0116 2586694 or email to childrensallergy@uhl-tr.nhs.uk

Please keep original copy in setting records and give copy to parent

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINISTRATION OF RECTAL DIAZEPAM AS TREATMENT FOR EPILEPTIC SEIZURES / FITS / CONVULSIONS BY NON-HEALTH STAFF

1 – TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.

2 – THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD: …….. DOB: ……..

HOSPITAL NUMBER: ……

ADDRESS:

……
……

Description of type of fit/convulsions/seizure which requires rectal diazepam
Insert description

**lasting ……..mins* ☐

*Or * repetitive over …….. Mins* ☐

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of Rectal Diazepam should be …….. Mg(s)

This should be prepared and administered by an authorised person in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority.

1 The normal reaction to this dose is that the seizure should stop.

2 This should occur in 5-10 minutes.

3 If the seizure does not stop, then phone 999 for ambulance

4 Particular things to note are: respiratory depression in which case phone 999 for ambulance

After **rectal diazepam** has been given the child must be assessed by a healthcare professional (e.g. paramedic or school nurse) The healthcare professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to hospital. If a healthcare professional is not available, the establishment must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given.

After **Diazepam** is given, please complete a Report Form giving a clear account of the incident. Copies should go with the child to the Emergency Department and the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. informing anyone who needs to know, if rectal diazepam has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type
4. sorting out the review of the Individual Care Plan (ICP)

This care plan has been agreed by the following: (BLOCK CAPITALS)

PRESCRIBER (CLINICIAN)

Name ……..…….. Tel No. ……

Signature …….. Date ……..

PARENT / GUARDIAN

Name ……..…….. Tel No. ……

Signature …….. Date ……..

OLDER CHILD / YOUNG PERSON

Name ……..…….. Tel No. ……

Signature …….. Date ……..

HEAD OF ADMINISTERING SETTING

Name ……..…….. Tel No. ……

Signature …….. Date ……..

AUTHORISED PERSON(S) TO ADMINISTER RECTAL DIAZEPAM

Name ……..…….. ……

Signature …….. Date …….

Name ……..……..……

Signature …….. Date …….

Name ……..……..……

Signature …….. Date …….

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING SETTING.

REPORT FORM FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

<table>
<tr><td colspan="3">NAME OF CHILD:</td><td>DOB:</td></tr>
<tr><td colspan="4">DATE OF SEIZURE / CONVULSION:</td></tr>
<tr><td colspan="4">TIME SEIZURE / CONVULSION STARTED:</td></tr>
<tr><td colspan="4">ACTIVITY WHEN SEIZURE / CONVULSION BEGAN:</td></tr>
<tr><td colspan="4">DESCRIPTION OF SEIZURE / CONVULSION:</td></tr>
<tr><td>TIME RECTAL DIAZEPAM GIVEN</td><td>DOSE GIVEN</td><td>MG</td><td>GIVEN BY</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">ANY DIFFICULTIES IN ADMINISTRATION:</td></tr>
<tr><td colspan="4">TIME SEIZURE / CONVULSION STOPPED:</td></tr>
<tr><td colspan="4">TIME CHILD TAKEN TO HOSPITAL:</td></tr>
<tr><td colspan="4">ANY OTHER NOTES ABOUT THE INCIDENT</td></tr>
</table>

(e.g. injuries to child or other parties, child sleepy):
FORM COMPLETED BY (AUTHORISED PERSON): **NAME (print):** **SIGNATURE:** **JOB TITLE:** **CONTACT TEL. NO.** **DATE:**
WITNESS: **NAME (print):** **SIGNATURE:**

Original to Child's School Record

cc Hospital with child (where possible)
Parent/Carer
Other (specify)

Parents/carers of children suffering from the following conditions should be advised from their GP, the school health professionals (parents should ask the school for the name and contact number) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed. If schools obtain advice/information from the following sources, the local health professionals who normally provide specialist advice in respect of these conditions will not be responsible if this advice/guidance is followed.

Asthma at school – a guide for teachers National Asthma Campaign Summit House 70 Wilson House London EC2A 2DB	Asthma Helpline: 0845 701 0203 Website: www.asthma.org.uk Email: info@asthma.org.uk
Guidance for Teachers concerning children who suffer from fits The British Epilepsy Association New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY	Tel: 0113 210 8800 Website: www.epilepsy.org.uk Email: epilepsy@epilepsy.org.uk
Guidelines for HIV and AIDS Department for Education and Skills Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT	Tel: 0870 000 2288 Website: www.dfes.gov.uk Email: info@dfes.gsi.gov.uk
Haemophilia The Haemophilia Society 1st Floor, Petersham House 57a Hatton Garden London EC1N 8JG	Tel: 020 7831 1020 Website: www.haemophilia.org.uk Email: info@haemophilia.org.uk
Allergy to Peanuts and Other Nuts Asthma & Allergy Research Unit Glenfield Hospital Groby Road Leicester LE3 9QP	Tel: 0116 258 3557
Thalassaemia UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH	Tel: 020 8882 0011 Freephone Helpline: 0800 731 1109 Website: www.ukts.org Email: office@ukts.org
Sickle Cell Disease The Sickle Cell Society	Tel: 0208 961 7795 Website: www.sicklecellsociety.org

54 Station Road Harlesden London NW10 4UA	Email: info@sicklecellsociety.org
Cystic Fibrosis and School (A guide for teachers and parents) Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY	Tel: 0208 464 7211 Website: www.cftrust.org.uk Email: enquiries@cftrust.org.uk
Children with Diabetes (Guidance for teachers and schools staff) Diabetes UK Central Office Macleod House 10 Parkway London NW1 7AA	Tel: 0207 424 1000 Diabetes Careline: 0845 120 2960 Website: www.diabetes.org.uk Email: info@diabetes.org.uk