Health and Medicine Policy

The Federation of

St Edmund's and St Joseph's

Catholic Primary Schools

To be reviewed in:

Summer 2027

Federation Mission Statement:

Learning Together in God's Love by
encouraging and supporting one another

* In this document 'Governing Body' refers to the Governing Body of both partnership schools.

St Edmund's and St Joseph's Partnership

Health and Medicine Policy

This policy will be shared with all school staff to ensure they are fully aware of the schools' guidelines and procedures for supporting pupils with medical conditions and understand their role within this policy.

AIM

The aim of the schools' Health and Medicine Policy is to ensure that pupils at school with medical conditions are supported to attend school and fully engage in their learning, and that any medicines that need to be administered within school either for pupils with long term medical conditions or short-term illnesses are dispensed in a safe and monitored environment. This has been written using guidance from the DfE 'Supporting pupils at school with medical conditions' from December 2015.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

GOVERNING BODY* RESPONSIBILITIES

The Governing Body will ensure that arrangements are put in place to support any pupil at the partnership schools who has a medical condition to enable them to access and enjoy the same opportunities as the other pupils. These arrangements will focus on the specific need of each individual pupil and how their medical condition impact on their school life. They will ensure that staff are trained appropriately so that parents and pupils can have confidence in the schools' ability to provide effective support.

The Governing Body will ensure that this policy is reviewed annually and is properly and effectively implemented.

SCHOOL RESPONSIBILITIES

The Executive Headteacher will have overall responsibility for:

- policy implementation
- ensuring that sufficient staff are suitably trained
- making staff aware of a child's condition where relevant
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers
- risk assessments for school visits, holidays and other school activities outside of the normal timetable
- monitoring of individual healthcare plans

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- ensuring that, in the case of a new pupil starting the school arrangements are in place in time for the start of the relevant school term, or in the case of new diagnosis or mid-term admission every effort is made for arrangements to be in place within two weeks.

A named member of the admin team will have responsibility for:

- Issuing Health Care forms to parents for completion where necessary
- Placing a list of all children within a class with any known medical condition in each classroom
- Ensuring a central register is held in the office and copy of this will be kept in a file with the reporting information for accidents and incidents that is available to the midday playleaders.
- Ensuring medication held in school is up-to-date and clearly labelled with child's name

Where relevant other school staff are responsible for:

- Making themselves aware of any medical needs, and relevant emergency procedures when supervising excursions, and ensuring that a copy of any health care plans are taken on visits in the event of the information being needed in an emergency.
- Ensuring that if any supply teacher that is asked to cover a class they are told where the list of pupils with known medical conditions is located (responsibility of usual class teacher)

In accordance with the DfE Statutory Guidance (Allergy Safety in Schools, July 2026), the school maintains spare, back-up Adrenaline Auto-Injectors (AAIs) in designated, unlocked emergency stations across the school premises. These are stored clearly labelled and positioned to ensure they can be accessed and administered within 5 minutes of an emergency call. All school staff—including teaching, administrative, and support teams have received mandatory annual online training on identifying the clinical signs of an allergic reaction/anaphylaxis and the correct emergency administration of AAIs. **Allergy Safety in Schools**

PARENT RESPONSIBILITIES

Parents/Carers have the prime responsibility for their child's health and should provide the school with sufficient and up-to-date information about their child's medical condition. This should be done upon admission or when their child first develops a medical need.

Where a child has an ongoing or long-term medical need a health care plan should be completed by parents/carers and where appropriate health professionals.

Parents/carers should provide any medicines and/or equipment that is required in order to implement the healthcare plan effectively and ensure that they or another nominated adult are contactable at all times. New health care plan for pupils

Parents must follow guidance re: medical exclusions, please see school exclusion advice.

TRAINING

- Any staff required to administer prescribed medicines will receive training to do so.

- Any member of staff providing support to a pupil with medical needs will receive suitable training (as identified by a healthcare plan with advice from healthcare professionals).

- Sufficient staff will receive first aid training to ensure there is always a trained member of staff on site and at least one member of the early years team will receive paediatric first aid training.

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- Relevant staff will receive annual refresher training on the common conditions of Asthma, Epilepsy, Diabetes and Anaphylaxis.

MANAGING 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.

Where there is a requirement for staff to administer medicine that is not already covered on a health care plan then the parental agreement form (Appendix 1) must be completed and handed in with the medicine to the school office. No medicine will be administered without such parental/carer consent. However, if a child requires medicines such as paracetamol or antihistamine as a one-off, parental permission can be obtained verbally by phone.

DfES notes 'Managing Medicines and School and Early years Settings' state:
It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this.
Therefore, where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for 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.

Medicines will be stored in classrooms unless needing refrigeration. The parent/carer should make arrangements to collect the medicine from class teacher or the office at the end of the day. Medicines will not be handed to a child to bring home unless the child is travelling home alone and there is prior agreement with parents.

If the child refuses the medicine they will not be forced to have it and the parent must be informed.

Asthma inhalers and adrenaline pens will be stored in the classroom. Asthma inhalers may be administered by the child (see self-management below) but should always be recorded. Where there is a need to administer an adrenaline pen, a phone call should be made to the office immediately so that an ambulance can be called.

Any member of staff giving medicine to a child should check the child's name, prescribed dose and expiry date and written instructions provided by the prescriber on the label or container. They should also check the first aid diary to ensure that medicine has not already been dispensed.

Records will be made in the first aid diary of when any medicine was dispensed including name of child, dose given, by whom and the time, this will be signed by a member of staff.

ADMINISTERING MEDICINE IN SCHOOL – form

SELF-MANAGEMENT

Older children with long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicine varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-

manage. Health professionals need to assess, with parents and children the appropriate time to make this transition. Parents/Carers will be required to complete a 'Self-Management' form.

EDUCATIONAL VISITS

Reasonable adjustments will be made to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children.

Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.

If a child receives an injury on a school day visit then a member of staff will carry out a visual inspection of the injury and this will be recorded in the medicine log (appendix to risk assessment). A copy of the risk assessment including medicine log will then be kept at school. Any injury or treatment will also be recorded on a green slip on return to school and handed to parents as they collect their child. (Use of green slips is only in case of trips not for injury during normal school day).

If a child receives an injury on a residential visit then a member of staff will carry out a visual inspection of the injury at least once per day and this will be recorded in the medicine log as above. An accident/incident report book should be taken on any residential trip so the green slips can be ready to hand to parents as they collect their child.

It is the responsibility of the trip organiser to ensure the above procedures are carried out correctly.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP.

SPORTING ACTIVITIES

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. The school is aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

UNACCEPTABLE PRACTICE

Although staff may use discretion and judge each case on its merits with reference to any healthcare plan the school will not:

- Prevent children from easily accessing their inhalers and medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore views of children, their parents or medical advice (although this may be challenged)
- Send children with medical conditions home frequently unless specified in the healthcare plan

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- Send unwell children to the office unaccompanied
- Penalise pupils for their absence if related to their medical condition
- Prevent pupils from drinking, eating, taking toilet or other breaks if this is required to manage their medical condition
- Require parents to attend school to administer medication or provide medical support to their child.
- Create barriers or prevent pupils participating in aspects of school life by requiring parents to accompany their child.

Contact Details for Public Health

Anglia and Essex PHE Centre
Eastbrook Shaftesbury Road
Cambridge CB2 8DF
Tel: 0303 444 6690

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Appendix 1

ADMINISTERING MEDICINE IN SCHOOL

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting……

Name of Child ……..

Date of Birth ……

Group/Class/Form …….

Medicine

Name/Type of Medicine (as described on the container) ……..

Expiry date ……..

Dosage to be given …….

When to be given ……

Number of tablets/quantity to be given …….

Any other instructions: ……

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no of parent or adult contact ……

Name and phone no of GP: …….

I understand that I must deliver the medicine personally to a member of the office staff and accept that this is a service that the school/setting is not obliged to undertake. It is always the child's responsibility to come to the office to request medicine. We will endeavour to help but we cannot be responsible for reminding the child.

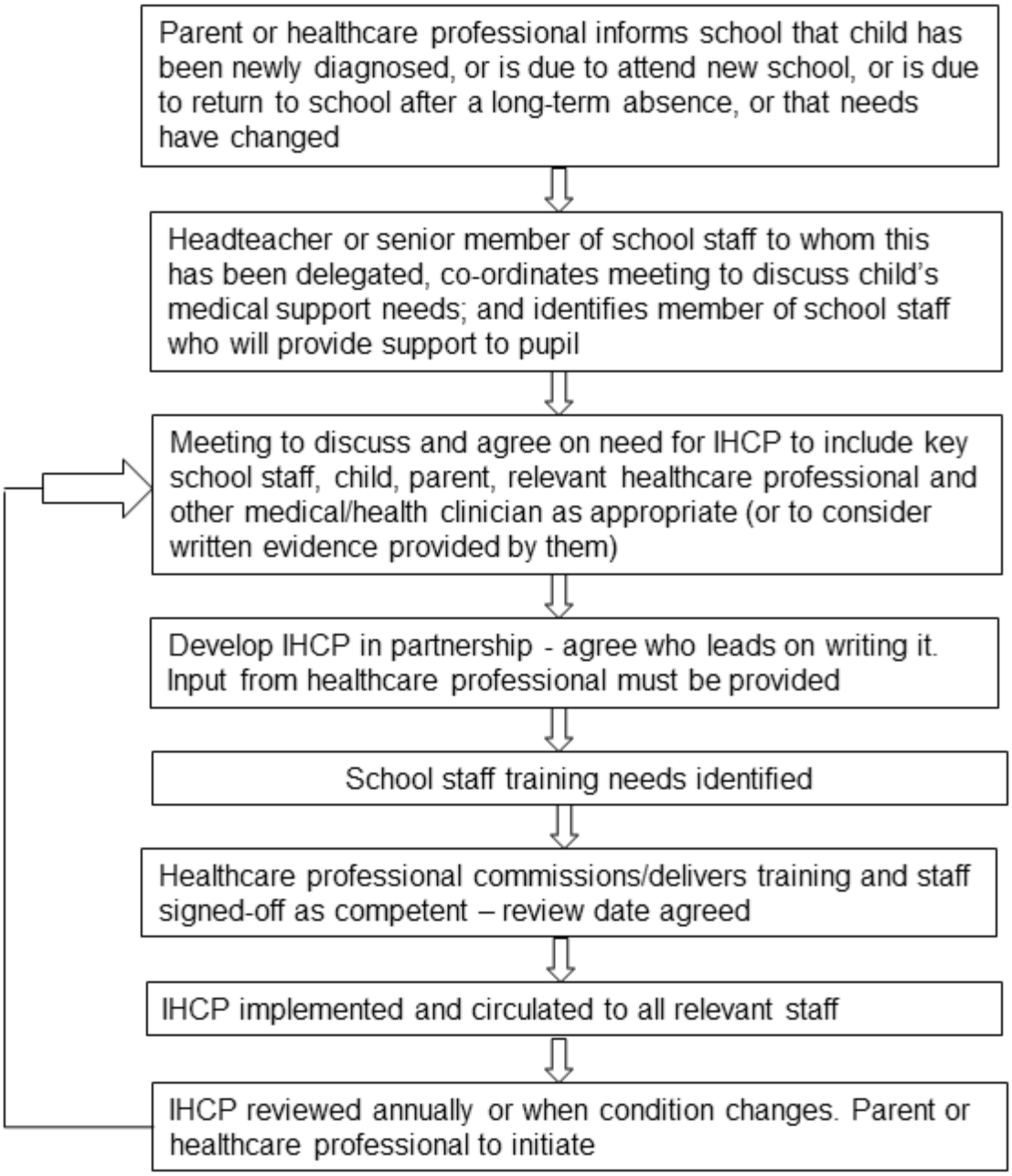
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Parent/Carer Signature …….. Date: ……..

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Appendix 2



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