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Raeburn Primary School

Medicines/Medical Conditions Policy
For Whole School including Early Years Foundation Stage

September 2026

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

INTRODUCTION

This policy has been formulated from the DFE policy on Supporting pupils at school with medical conditions, statutory guidance for governing bodies. There is no legal requirement for school staff to administer medicines therefore staff cannot be required to administer medicines or drugs to pupils. 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 storage and administration of medicines to children where necessary and to help to support attendance.
2) To reduce cross-infection risk between children, to increase whole-school attendance.
3) To ensure the on-going care and support of children with long term medical needs via a health care plan.
4) To explain the roles and responsibilities of school staff in relation to medicines.
5) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness.
6) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary.
7) To outline the safe procedure for managing medicines on school trips.

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

ROLES AND RESPONSIBILITIES

HEADTEACHER

- To bring this policy to the attention of school staff and parents/ carers 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 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 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 boxes stocked with supplies. (Mrs L Walker)
- 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.
- To follow the school's procedure for bringing medicines into school.
- To only request medicines to be administered by school when essential.
- To ensure that medicines are in date and that asthma inhalers are not empty.
- To 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.

<u>SAFE ADMINISTRATION OF MEDICINES AT SCHOOL</u>

Each request will be considered on its own merits having regard to the best interests of the child and the implications for the school. However, there are two main sets of circumstances in which requests to the Headteacher may be made:

- cases of medical conditions eg asthma, diabetes etc;
- cases where children recovering from short term illness are well enough to return to school but are still receiving a course of antibiotics etc.

The following safeguards will be followed:

- 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, it should be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
- Only prescribed medicines, in the original container and labelled with the child's name and dosage, will be accepted in school or over the counter medicines as directed by Parent/Carer – school to adhere to dosage guidance printed on medication.
- Medicines will not be accepted in school that require medical expertise or intimate contact, unless a child has an IHCP with specific needs.
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession.
- Where the Headteacher agrees to administer, the need for the medicine and the exact dosage should be confirmed by completion of an 'Administering Medicines form' (available at the school office) and, if appropriate, a note from the child's GP.
- 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 into school. Non-prescription medicines should not normally be administered; only in exceptional circumstances will the Headteacher authorise them to be given, and this should be recorded on a form Form 5 or 6 (see Annex B) and the parents informed
- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.
- Administration of medicines at school must be recorded in the Medicines Book by the appointed persons and kept in the First Aid Cupboard and witnessed by a second member of staff to ensure and verify that the correct dosage is given to the correct child. A record will be made of the date and time of the administration.
- Medicines will be administered at an appropriate time in the school day. Where this does not meet the requirements of the prescription, or parents' requests, parents will need to make alternative arrangements.
- 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.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed.

PROCEDURE FOR WHEN SCHOOL IS FIRST NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION

- When a pupil's needs change the IHCP will be reviewed and updated.
- For a child starting at Raeburn IHC Plans should be in place in time for the start of the relevant school term. In cases such as a new diagnosis or children moving to Raeburn mid-term, the arrangements should take no more than two weeks.

INDIVIDUAL HEALTH CARE PLANS

- All children with long term medical conditions will have an Individual Health Care Plan (IHCP). This will be reviewed annually, unless the child's needs change by Mrs Coll.
- The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed.
- IHCPs will be drawn up with input from professionals who will be able to determine the level of detail needed in consultation with the school.
- We currently use Wirral IHCP proformas.

ROLES AND RESPONSIBILITIES

- The governing body of Raeburn will ensure that the roles and responsibilities of all those involved in supporting pupils with medical conditions are identified within this policy.

Medical condition	Staff members
Diabetes	Laura Coll, Sue Walker, Tracey Woods, Lynne Walker, Miss Divine, Mrs Wondereley, Miss Elliot, Mrs Robinson.
Nut allergy	All Staff are epi- pen trained regularly
Epilepsy	First Aid training for all staff
ADHD	All staff
Food intolerance	All staff
For Further information and updates on training	Lynne Walker

- All staff have had training in administering medicines for the above conditions with the exception of diabetes.

STORAGE OF MEDICINES

- Antibiotics (including antibiotic eye drops) must be stored in the first aid cupboards within the chils's key stage or the fridge in the staffroom, if required.
- Tablets and medicines other than those specified below must be stored in the relevant locked first aid boxes.
- Epipens are stored in the office in a visible position and container.
- Asthma inhalers should be stored in the child's classroom within the child's reach and labelled with their name and should be accessible to the child during physical activities.
- Insulin medicines, emergency equipment and testing equipment for diabetics is kept in the child's classroom stock cupboard.
- Emergency epilepsy medicine is kept in the child's classroom stock cupboard.
- Parents are responsible for the safe return of expired medicines to a pharmacy.

FORMS FOR PERMISSION TO ADMINISTER MEDICINES

Form 3A attached will be used by parents/ carers to request medicine be administered; form 4 for the Headteacher to confirm the medicine can be administered and forms 5 or 6 to record the medicine given.

MEDICINES ON SCHOOL TRIPS

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 Co-ordinator is responsible for designating a school First Aider for the trip.
- The Educational Visits Co-ordinator 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.
- All medicines will be taken on trips and be administered by a designated staff member and the details will be recorded on the School Trips Medical Form.

BUMPED HEADS' POLICY

Any child reporting a bumped head is sent to First Aid where they will receive treatment and a 'Bumped Head Letter' or, if there is concern about the injury, a phone call will be made to parents.

KS2 pupils are given their letters to take home and, at the end of the break, letters for FS and KS1 children are passed to their teacher to be given to them as they leave at the end of the day.

Letters are handed to Wrappers staff for any children who go onto there at the end of the day.

Accident Reporting Procedures

This school will follow the accident reporting procedures as outlined in the policy document, Reporting of Injuries, Diseases and Dangerous Occurrence. This document will be consulted for more detailed information.

As required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 the following will be reported:

i) Any accident to any person on school premises or education establishment.

ii) Any accident to a pupil whilst under the supervision of a member of staff e.g. school trips.

This includes any act of non-consensual physical violence done to a person at work.

MEDICAL POLICY – CHECKLIST

Does the school administer medicines at school?	yes	
Is a doctor's note required before medicines are given?		no
Is a parent note required before medicines are given?	yes	
Is there a central point for storing medicines? (One in each department.)	yes	

Where is the central point? F2,Y1,Y3,Y6 or in staff fridges

Are all doses given recorded?	yes	
Are all parents aware of School Policy?	yes	
Are all medicines safely stored?	yes	
Is a named member of staff responsible for medicines?	yes	

State Name: ____Mrs L Walker

Does the School have a standard letter giving details of:

i) bumped head	yes	
ii) First Aid treatment	yes	
iii) other medical treatment	yes	

Are inhalers stored centrally?

	no

Give details of School Policy on inhalers:

Brown inhalers should not normally be held in school. Where they are, they are kept centrally, in the main office. Blue inhalers should, wherever possible, be kept on the pupil when out of the classroom (e.g. at playtimes) or in their drawer when in class. The teacher in charge of any trip will ensure that all inhalers are with them before setting off.

Is information readily available to staff re: asthma, epilepsy etc?

yes	

How is this information given:

In LA guidance; through training; leaflets etc. as appropriate.

School illness exclusion guidelines – Appendix 1

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles/rubella	Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed .

Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	First dose must be given at home, and first 24 hour doses must be given by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees