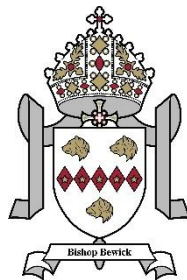




# St Catherine's Catholic Primary School



## Administering Medication Policy

<b>Date of approval:</b>	3 <sup>rd</sup> November 2025
<b>Review Date:</b>	November 2026
<b>Approved by:</b>	L Hoey
<b>Changes made:</b>	Updated First Aiders list Updated mission statement
<b>Date approved by LGC (Local Governing Committee):</b>	November 2025



## Mission Statement

### Mission Statement

“You are the light of the world... let your light shine so others may see the good things you do and praise God.”

Matthew 5:14–16

At St. Catherine's, we shine bright by learning, loving, and caring in an environment where we feel safe, happy and confident. We believe everyone is special and made in God's image. We help each other grow and share our gifts to make the world a better place.

We believe in:

- being kind, respectful, and fair to everyone (service)
- living like Jesus in and out of school (honesty)
- celebrating everyone's achievements, big or small (inspire)
- nurturing our relationships with families, parish, and communities. (Nurturing)
- valuing our differences and learning from each other (Embracing)

We let our light shine brightly for all to see! Be who God wants us to be. Together, we can achieve and set the world on fire with kindness and faith.

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans. (IHPs)

**The named person with responsibility for implementing this policy is Lisa Hoey (Headteacher).**

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#). This policy also complies with our funding agreement and articles of association



### **3. Roles and responsibilities**

#### **3.1 The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### **3.2 The Headteacher**

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

#### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **3.4 Parents/carers**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

#### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.



### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. Ideally this will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

### **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See *Appendix 1*.

### **6. Individual healthcare plans (IHPs)**

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. An individual health-care plan for a pupil should be written involving the parents/carers, health professionals and child.

Plans will be developed with the pupil's best interests in mind and will set out:

- Details of a child's condition.
- Special requirement e.g. dietary needs, pre-activity precautions and any side effects of the medicines.
- What constitutes an emergency.
- What action to take in an emergency.
- What not to do in the event of an emergency.
- Who to contact in an emergency.
- The role the staff can play.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.



The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dosage, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors and 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 etc.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

## 7. Managing medicines

It is very important that the school has sufficient information about the medical condition of any child with long term medical needs before they start school or when a child develops a condition.

School should always keep a record of all medication received and also arrange for staff to complete and sign a record each time they give medicine to a child.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and** where the parent/carer has given consent by completing a 'medicine form'. *Appendix 2*

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication will first check maximum dosages and when the previous dosage was taken and will need to log details of the medicine given with a written record showing the date/time. *Appendix 3*  
Parents/carers will always be informed.



The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and includes instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and kept in the classroom.

### **Supporting individual pupils with medical needs**

The School has named and accredited first-aiders- Mrs J Banks, Mrs M Nixon, Mrs G Phillips, Ms M Calvert, Mrs J Trattles, Mrs M Johnson, Mrs F Craggs and Mrs S Kearns.

First-aid is to be provided for accidents, emergencies or illnesses which are unexpected, unplanned and not part of a pattern or series.

The First Aid Boxes are located in the main school office and the Nursery (in the kitchen) and in the School Kitchen. These are stocked by the accredited First Aiders. Each classroom also has a first aid kit.

Pupils who are ill should not attend school; current medical advice is that anyone with sickness and diarrhoea should not return to school until 48 hours after the symptoms have subsided.

Most first-aid consists of making the patient comfortable whilst an ambulance is called. It is a management decision as to when a member of staff should accompany a sick child to hospital in the ambulance whilst awaiting the arrival of the parent/carer. The school's responsibility ceases as the child is entrusted to the care of the NHS ambulance personnel. However, a staff member will stay with them until their parent arrives.

A member of school staff cannot give permission for any treatment at casualty. If an ambulance is called, the Accident and Emergency staff will then take the responsibility for the decisions made regarding the treatment of the casualty.

### **Epi-pens and asthma inhalers**

The use of Epi-pens or Jextpens in the case of anaphylactic shock.

Children or adults who have a sudden and severe allergic reaction to a foodstuff, insect bite or other external irritant may become ill quite quickly.

We have a small number of children with food allergies in school. Information regarding these children and the treatment if they suffer a reaction to a foodstuff is on display in the staffroom, the school kitchen and the Headteacher's office.

Whilst waiting for the ambulance, a trained staff member may be able to administer the EpiPen and therefore relieve a potentially high-risk medical condition. There is no legal obligation for an employee to administer an Epi-pen if they do not wish to do so. However, in a life-threatening situation the child's emergency medical needs will be the most important consideration.

### **Asthma inhalers**

With regard to asthma sufferers, the children should have been trained in the use of their inhalers.



Children's inhalers are kept in a central storage place in their class in a 'Medication Box'. All inhalers should be in the original packaging clearly labelled for the child with correct dosage prescribed by the pharmacist/ GP.

The school keeps a blue salbutamol inhaler for emergency use in the event that a pupil requires their inhaler but cannot locate it.

### Calpol and Paracetamol

At the start of each school year parents/carers will complete a form to give consent for staff to administer Calpol or Paracetamol if their child is unwell during the day. A message will then be sent to parents/carers to explain what dosage was given and the time the medication was given.

## **7.1 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers.
- Ignore medical evidence or opinion. (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise pupils 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/carers or otherwise make them feel obliged, to attend school to administer medication or provide medical support for their child, including with toileting issues. No parent /carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.



## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupil.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record keeping and reporting**

The Headteacher will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

All minor injuries should be recorded in the Accident Book maintained in the School Office/First Aid Box or EYFS kitchen. More serious incidents should be recorded on Every form held in the Office. Then the business manager will record them on Every system (this will happen once a week).

## **11. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

St Catherine's Catholic Primary school is part of the Bishop Bewick Catholic Education Trust and we are covered under the Department for Education's Risk Protection Arrangement (RPA). The RPA covers almost all of our insurance needs including damage, employers' liability, third party liability, governors' liability, professional indemnity, UK & overseas travel (including winter sports) and cyber cover.

RPA will provide an indemnity to any member of staff who are providing support to pupils with medical conditions and has received sufficient and suitable training.

## **12. Complaints**

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every year





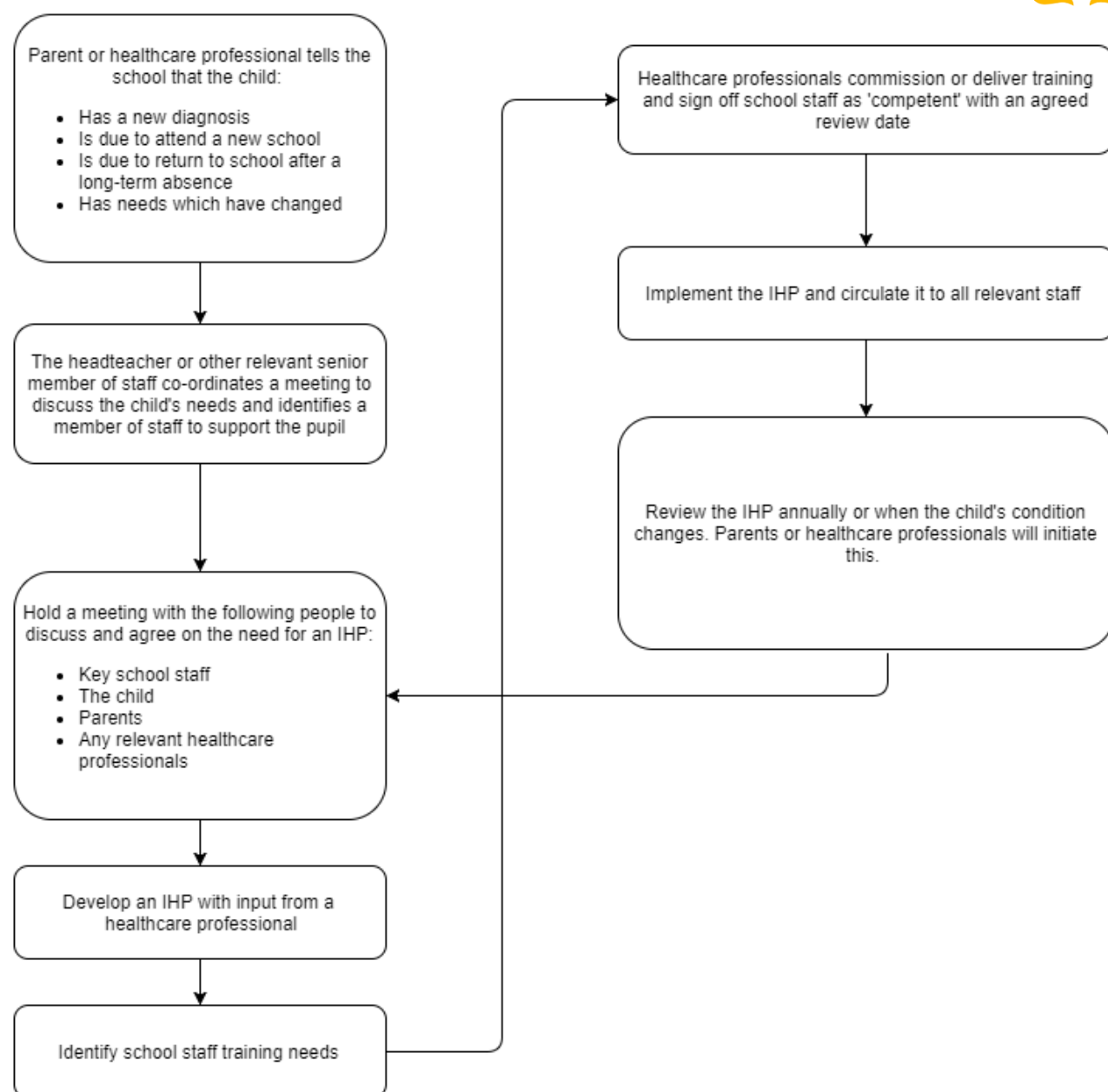
#### **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special Educational Needs Information Report and Policy



## Appendix I: Being notified a child has a medical condition



## **Appendix 2**

### **Parental/carers agreement for school 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

**St Catherine's Primary School**

Date

Child's Name

Class

Name and strength of medicine

Expiry Date

How much to give (i.e. dose to be given)

When to be given

Any other instructions

Number of tablets/quantity to be given to school

**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

Agreed review date to be initiated by (name of member of staff)



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

**Parent Signature** \_\_\_\_\_

**Parent/Carer** (*Print Name*) \_\_\_\_\_ **Date** \_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one.**



# Record of medicines administered during school time



Date & Time	Child's Name & Class	Medication supplied in school	Amount of medication	Signature of staff	Communication regarding consent
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