Dropmore Infant School

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Headteacher:	**Miss A Douglas** **Mrs N Waugh**
Chair of Governors:	**Mrs C Hemmings**
Policy No:	**058**
Policy Title:	**Medical Conditions at School** ***(formally called Managing Medicines Policy)***
Issue No:	**003**
Effective Date:	**July 2026**
Next Review Date:	**July 2027**

Approved by Chair of Governors: C.Hemmings

Date: **16.07.2026**

Contents

1. Aims

At Dropmore Infant School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school

- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person/s with responsibility for implementing this policy is Amy Douglas and Nicky Waugh

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 statutory guidance on supporting pupils with medical conditions at school from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to the Headteacher's: Amy Douglas and Nicky Waugh

3.2 The headteacher/s in charge of implementing the policy

The headteacher/s will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure 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
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs

- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- 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
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information 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
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- 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 often notify the school when a pupil has been identified as having a medical condition that will require support in school. 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 our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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 may 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 in Appendix 1 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.

5.1 Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year to let us know if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school or an email the school office (office@dropmore.school) if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to Charlotte Cooper and Rebekah Fearon.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done

- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with the parents/carers when an IHP would be inappropriate or disproportionate. The school may ask for an Healthcare Professional input for this. 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, when relevant, 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 special educational needs (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 following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, 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, 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, additional support in catching up with lessons, counselling sessions
- 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/carer or 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

Some pupils may have an emergency health care plan prepared for by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Managing medicines

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 we have parents/carers' written consent

› For non-prescription medicines we require an email from the parent telling us the dosage and at what time their child should take it. For more information about non-prescription medicine, see section 7.3

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

7.1 Prescribed medicine

The school will only accept prescribed medicines that are:

› In-date

› Labelled

› Provided in the original container, as dispensed by the pharmacist, and include 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. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required. Parents are responsible for safe disposal of their child's medicines.

7.2 Controlled drugs

- Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments.
- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil 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 pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.
- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
    - Where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
    - half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;

- half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

7.3 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.4 Short term medical needs

- Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.
- Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day. This may be reconsidered if a child is at wrap around from 3pm until 5:30, in this instance a discussion with the Medical Officer or Headteachers needs to take place.
- It is the parent's responsibility to bring and collect the antibiotics each day and to complete the necessary forms prior to medicine being administered.

7.5 Non-prescription medication

- It is quite common for pupils to have a self-limiting or minor illness that may require treatment. The British Medical Association has reissued its guidance with clarification about schools using non-prescription (over the counter) medication for self-limiting illnesses or minor illness.
- The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever.
- If pupils require medication to control severe hay fever symptoms then parents may be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

7.6 Pain Relief:

- Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture or dental treatment
- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.

7.7 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice 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
- 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
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- 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 to their pupil, including with toileting issues.
- 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

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.

Where 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 pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support 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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

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

10.1 Recording information about medicines

We will:

- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

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.

12. Complaints

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

13. Monitoring arrangements

This policy will be monitored by the Headteachers and Governors. It will be reviewed and approved by the governing board every year.

14 Equality Impact Assessment

We will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, feel safe and reach their full potential. We will make reasonable adjustments for the inclusion of pupils with medical conditions in school trips and visits or in sporting activities. Every reasonable effort will be made to find a venue and activities that are both suitable and accessible and that

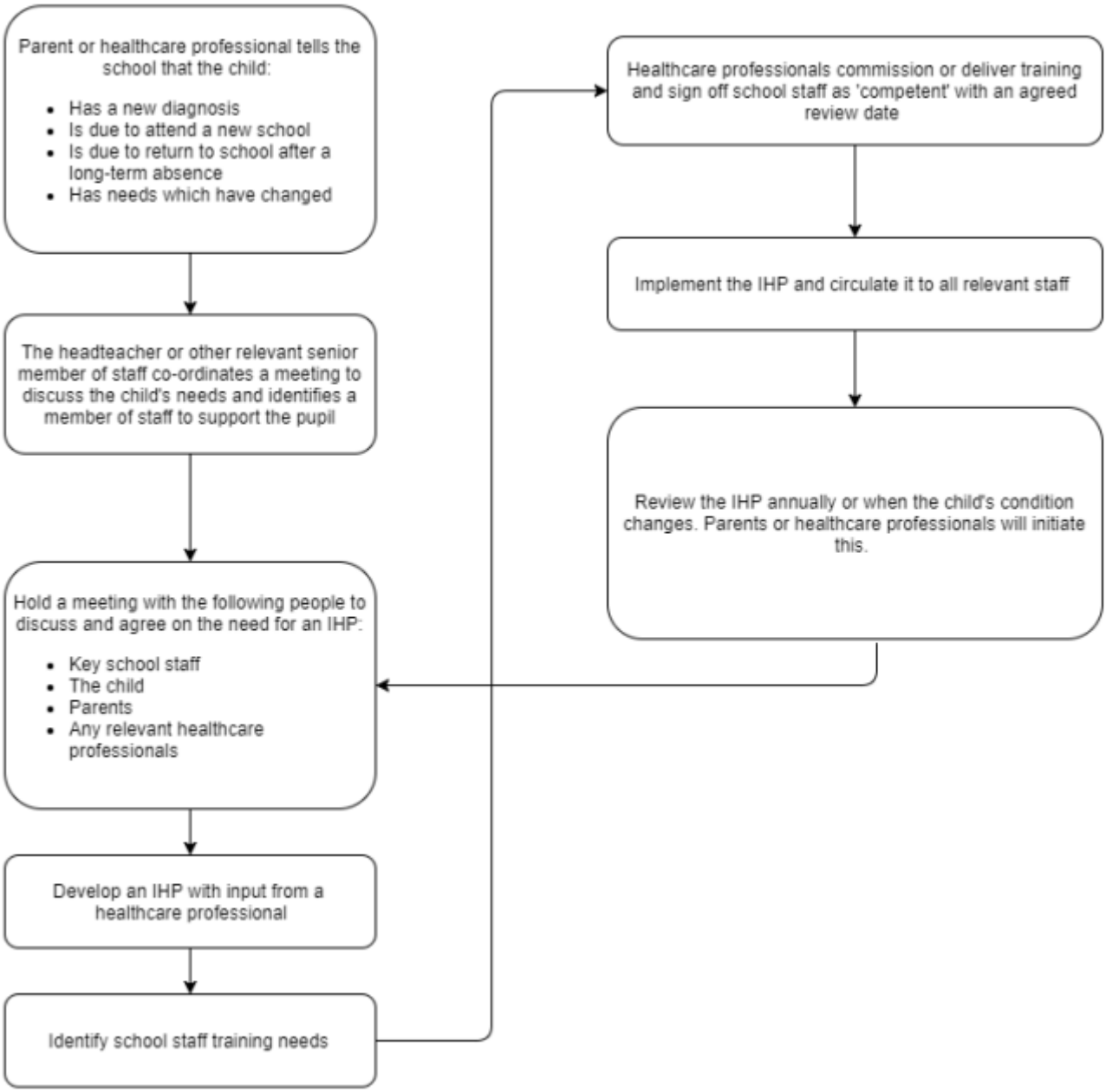
enable the whole group to participate fully and be actively involved, irrespective of special educational or medical needs or protected characteristics.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Policy
- Equality information and objectives
- Health and Safety Policy
- Safeguarding Policy
- Special educational needs information report and policy
- Allergy Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists
- If a child has diarrhoea or vomiting, they should remain at home for 48 hours after the last incident.

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)

Appendix 3 – process for prescription medicines

Parent to email or speak to office about new prescription (office@dropmore.school)

Office to provide form for parents to fill in

Form given to Medical Officer (Charlotte Cooper) for consultation. Charlotte to speak to classroom Teaching Assistant to advise on process. Charlotte to hand back form to office.

Office to scan and save copy of form and email to relevant class teachers, teaching assistants, Charlotte Cooper and Headteachers.

Teaching Assistants in the class (if first aid trained) to administer medicine at the agreed time and log on SMART log

*If TA is part time, speak to medical officer about organising who will give the medicine on their day off
*If TA is not medical trained, then Charlotte Cooper to administer
*Any questions regarding medicine management, refer to Charlotte Cooper
*If medicine is handed in at Breakfast club or After School Club and the school office is closed – staff can give form to parent but medicine cannot be taken until Charlotte Cooper has had chance to speak to the relevant team
* Antibiotics prescribed three times a day can be taken out of the school day. This may be reconsidered if a child is at wrap around or clubs from 3pm until 5:30, in this instance a discussion with the Medical Officer or Headteachers need to take place.
* Any staff member who is also a parent cannot give their child prescription medicine during the school hours of 8:45-3. They should follow the process above and speak to Charlotte Cooper about best management.