

Wrawby St Mary's CE Primary



Medical Policy (Including administering medicines)

November 2025

Medical Policy

Wrawby St Mary's CofE Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. We are an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school life, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure that they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with children who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Managing Medicines

Medicines should only be taken into school where it would be detrimental to a child's health if the medicine were not administered.

Chronic Illness/Disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours. (Appendix 1).

Many health advisors encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines eg. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Acute Illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

Good Practice

Documentation

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

1. Name and class of the child
2. Medication Involved
3. Circumstances medication should be administered
4. Frequency and level of dosage

The school will not accept any medicine that has been taken out of the original container as originally dispensed by a pharmacist.

For more serious or chronic conditions, including allergies that require the potential use of an EpiPen, we require a care plan from a child's doctor/nurse stating exactly what needs to be given and when. (Appendix 2) This is usually requested via the school nurse service.

Training: Teachers and Support Staff should receive appropriate training and guidance via the School Health Service for non-routine administrations.

Giving Regular Medicines

We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime.

Standard Practice

- Check the child's name on the medicine.
- Check the prescribed dose.
- Check the expiry date.
- Check the prescribed frequency of the medicine.

Should medicine need to be administered during the school day, under a doctor's recommendation and a parent is unable to come in, a separate arrangement will be necessary, and a medicine form/disclaimer would need to be signed. (Appendix 5b)

Medicine Storage

It is the responsibility of the Headteacher to ensure safe storage of materials.

All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage.

Refrigerated medicine to be stored in the locked fridge in main office.

Children with medical conditions should have access to their emergency medication.

Medicine Disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur at least three times a year and be documented.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. The sharps container is stored in the locked medicine cabinet in the school office. Collection of sharps boxes is arranged with the local authority's environmental services.

General Medical Issues

Record Keeping

- Pupil Information Sheet, (admission form) – should highlight any health condition.
- Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These need to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. A file containing copies of the current Health Care Plans are stored in the first aid cupboard in the staff room. NB if any medical condition is highly confidential this will be on a need-to-know basis and records stored in CP filing cabinet.
- Centralised register of children with medical needs. (Appendix 4)
- Request to administer medicines at school. Either appendix 1 for chronic/ongoing illnesses or appendix 5a for school trips, or 5b to administer medicines at school for short term illnesses.
- Log of training relevant to medical conditions. (Appendix 6)

Impaired Mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety. A disclaimer would be signed by parent. (Appendix 7)
Risk Assessment is completed in conjunction with the pupil's parents. (Appendix 8)

Off-Site Visits

A First Aid Kit to be taken whenever children are taken off-site. Buckets and paper towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children. Therefore, all staff medication **MUST** be left in the locked cabinet in the Main office and recorded in the staff medicine book next to the medicine cabinet in the school office. If the item must be refrigerated it may be left in the refrigerator located in main office.

Staff Protection

*Universal precautions" and common-sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines.
- Use the hand gel provided.
- Use an apron
- Use a facemask

Staff Indemnity

The LAAT indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol.

In practice, indemnity means that the Academy and not the individual employee will meet any costs of damages arising should a claim for negligence be successful. In practice, it is very rare for school staff to be sued for negligence, and any action is usually between the parent and employer.

Prescribed Medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers ("relievers") are used to relieve symptoms and brown steroid inhalers ("preventers") are used to prevent exacerbations and control the severity of the illness.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic Fibrosis Trust <http://www.cftrust.org.uk/>

Diabetes UK <http://www.diabetes.org.uk/information-for-parents/Living-with-diabetes-new/School/>

Epilepsy Action <http://www.epilepsy.org.uk/info/education>

The Anaphylaxis Campaign <http://www.anaphylaxis.org.uk/schools/help-for-schools>

Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency. (Appendix 9)

Some life-threatening conditions may require immediate treatment, and some staff may volunteer to stand-by to administer these medicines in an emergency.

1. **Anaphylaxis** (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances e.g. bee sting, nuts and may require an immediate injection of adrenaline. This is lifesaving.

2. **Major Fit**

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. **Diabetic hypoglycaemia**

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets, they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a First Aider will inform a member of SLT an ambulance being called. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness, etc.) along with the school address and contact information.

NB. If for any reason an SLT member is not in school, the first aider will consult/liaise with another First Aider/Senior Advisor, and an ambulance will be called.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in the hospital.

Names of Current First Aiders are displayed throughout the school.

Always wear gloves when administering First Aid.

First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and Time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Any First Aid administered to a child during the day should be recorded in the first aid accident book, and serious first aid issues/incidents will be recorded on CPOMs. Any injuries to the head/face must be recorded on a First Aid slip which the child should take home to their parent/carer. Any serious injuries, (other than non-serious bruises, grazes, etc), will require the parents to be contacted immediately.

Any injuries reported for Reception-aged children will be recorded on a First Aid slip and issued to the parent at the end of the same day so that parents have been made aware.

Relevant legislation and guidance

Managing Medicines in Schools and Early Years settings (2004)

Disability Discrimination Act 1995 and Special Educational Needs and Disability Acts (2001 and 2005)

The Education Act 1996

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968

Policy reviewed November 2025

Ratified by Governors 04.12.25

Review November 2026

Procedures to take in an emergency

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

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed 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/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.

Signature(s) _____

Date _____

Appendix 2

Wrawby St Mary's Church of England Primary School

Individual Healthcare Plan

Name of school/setting	Wrawby St Mary's C of E Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Plan developed with

Staff training needed/undertaken – who, what, when

Staff to read and sign confirmation.

Appendix 3

Wrawby St Mary's Church of England Primary School

Request for storage and administration of medicine in school for pupils with chronic/ongoing conditions

This form only needs to be completed for your child if they require medicine to be stored and administered to them in an emergency situation, e.g. Antibiotics that cannot be administered outside of school hours.

Prescribed medicine should be in a container, clearly labelled by the pharmacist with the child's name, the name of the medicine, and instructions for use, such as dosage etc. Non-prescribed medicine must be in its original container with the manufacturer's instructions.

In order for your child to be supervised during the administration of his/her medicine in school, parent/guardians are required to complete the following details. If there are any changes to the medicine or dosage, you must notify the school office immediately.

CHILD'S NAME:.....

DATE OF BIRTH:.....

ADDRESS:.....
.....

ABOUT THE MEDICATION

Name/type of medication (as described on the pharmacy container):.....

.....
.....

For how long will your child need to take this:.....

Dosage:.....

Method:.....

Time/s when the medicine should be given:.....

Parent/Guardian contact information and consent:

Name:.....Relationship to child:
.....

Telephone Number:..... Mobile
Number:.....

I understand that this medicine must be delivered to the School Office upon my child's arrival at School, and I accept that this is a service which the school is not obligated to undertake

Signed:.....
Date:.....

C: Record of medicine administered to an individual child (recorded in the pupil medication book).

Details to be recorded:

Date and time given

Details of medicine, eg. Name/strength

Dose given

Staff signature of staff member who administered the medicine.

Staff signature of staff member who witnessed the medicine being given to the pupil.

Appendix 5b

For medicines administered to pupils in school, please ensure the Green Pupil medicine book is completed and signed by two staff members.

The following form should be completed by parents detailing the pupil, medication name, dosage, length of time medication is to be given, eg 4 days, and the time the medicine needs to be given to the pupil. Any medication, including creams, eye drops etc, need to be handed in at the school office by an adult.



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Tel: 01652 655579
enquiries@wrawby.laat.co.uk
www.wrawbyprimary.co.uk

Request for storage and administration of medicine

This form only needs to be completed for your child if they require medicine to be stored and administered to them in an emergency situation, e.g. Antibiotics that cannot be administered outside of school hours.

Prescribed medicine should be in a container, clearly labelled by the pharmacist with the child's name, the name of the medicine, and instructions for use, such as dosage etc. Non-prescribed medicine must be in its original container with the manufacturer's instructions.

In order for your child to be supervised during the administration of his/her medicine in school, parent/guardians are required to complete the following details. If there are any changes to the medicine or dosage, you must notify the school office immediately.

CHILD'S NAME:..... DATE OF BIRTH:.....

ADDRESS:.....

ABOUT THE MEDICATION

Name/type of medication (as described on the pharmacy container):.....

.....

For how long will your child need to take this:.....

Dosage:..... Method:.....

Time/s when the medicine should be given:.....

Parent/Guardian contact information and consent:

Name:..... Relationship to child:

Telephone Number:..... Mobile Number:.....

I understand that this medicine must be delivered to the School Office upon my child's arrival at School, and I accept that this is a service which the school is not obligated to undertake.

Signed:.....Date:.....



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Appendix 6

Wrawby St Mary's Church of England Primary School

Staff Training Record – Administration of Medicines

Name of school/setting

Wrawby St Mary's CE Primary School

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 7

Wrawby St Mary's Church of England Primary School

Disclaimer Notice

Name of Child _____ Date of Birth _____

Address _____

Telephone Number _____

Nature of
Illness/Injury _____

Whilst every effort is made to ensure your child stays in school at playtimes for their safety, we cannot accept responsibility should they choose to exit through a fire door outside to the playground.

I agree to the above conditions:-

Signed _____ Parent/Guardian

Date _____

Appendix 8

Wrawby St Mary's Church of England Primary School

Pupil With Cast (Lower Limbs) Generic Risk Assessment

School Name:		Decide who may be harmed (insert ✓):				
WRAWBY ST MARY'S CE PRIMARY		Student		Contractors		Visitors
		Staff		Vulnerable People		Volunteers
Identified Hazards	Initial Risk Rating	Existing Control Measures (select all that are in place)	✓	Actions / Comments	Residual Risk Rating H/M/L	
Slips, trips, falls	H	Clearance from parent to demonstrate fitness of person to return to school	✓	<i>Refer to & review if necessary whole school slips, trips, falls risk assessment</i>	M	
		Discussion with consultant/parent/pupil with regard to any specific adaption, reasonable adjustments or limitations placed on pupil to ensure attendance	✓			
		All staff reminded to ensure areas are kept clear of resources, pupil bags etc	✓			
		Identification, reporting and repairing of defects procedures are in place	✓			
		Participation in curriculum activities that present a higher risk of ankle getting 'knocked' is reviewed at the start of each week with head of year and parents	✓	<i>If participation present a significant risk alternative activity to be given</i>		

Fatigue		Arrangements are in place to stagger arrival/departure and lesson change over times to minimise congestion and possible injury or fatigue issues.	✓		
		Arrangement with parents to drop off and collect XXXX from the car park and enter/leave the school via the school office area.			
Casts Gets Knocked		Alternative break/lunch time arrangements are in place as necessary	✓		
Casts Gets Wet /Objects Lodged in Cast	H	Arrangements in place to minimise risk of exposure to water during school day, where this cannot be avoided a plastic bag should be provided by parents	✓	<i>Pupil should not be involved in water-based curriculum activities (e.g. PE) until cast is removed</i>	L
		Staff to remain vigilant if pupil appears in discomfort refer to first aider to check if item is lodged in cast	✓		
Evacuation Delay	H	A personal emergency evacuation plan is in place for the pupil (PEEP)	✓		
Additional medical needs	M	Any additional medical needs/pain relief requirements and associated training are addressed through the pupil's individual care plan as appropriate	✓		L
		Four to six weekly reviews with pupil, parent/carer and appropriate staff takes place to ensure systems put in place are suitable; dependent on hospital appointments and updates.	✓		
Constant itching		Refer to first aider to consider Benadryl if agreed on health care plan or blowing cool air in to cast if not	✓		
	H	Pupil is observed/supervised/placed with a buddy to minimise health risk to self or others, and concerns can be raised quickly in the event of an incident.	✓		L

Incident during the school day		Pupil not allowed to use equipment, resources, machinery unsupervised.	✓		
Risk Rating Guidance: H= High M= Medium L= Low TBA = To Be Assessed - Assessment of the likelihood and or impact of injury and or damage. Initial assessment has been undertaken, complete the residual assessment based on your control measures/findings/additional actions etc.					
Other Hazards Identified	Additional Control Measures to be Put in Place				
Any other foreseeable hazards that are associated with the activities being carried out to be listed here.	<i>Where you have identified other hazards record the additional control measures you are going to put in place to mitigate these below:</i>				
Date of Assessment:		Carried out by:		Signature:	
Date of next review:		Carried out by:		Date Review Completed:	
Also refer to these other relevant risk assessments or safety advice documents:	<ul style="list-style-type: none"> • Whole school slips/trips/falls risk assessment • Whole school, fire risk assessment • Individual care plan (if appropriate) • Personal Emergency Evacuation Plan (PEEP) • Admin of Medicines Policy/Procedure • 				

PLEASE REFER TO THE GUIDANCE NOTES BELOW BEFORE UNDERTAKING A PUPIL SPECIFIC RISK ASSESSMENT

Considerations when accepting a pupil back in to school

This guidance note is intended to provide school staff with general advice on considerations that should be made before accepting a pupil back in to school, this information should assist school staff in undertaking a suitable and appropriate risk assessment for the child concerned.

1. The school must receive a letter from the pupils GP or hospital consultant (letters from parents, sports coach etc are not acceptable) detailing what the injury is, any precautions, medications, treatments etc to be taken and that in their medical opinion the young person is fit and able to return to school. Without clear medical information and guidance, the school should not accept a pupil back into school. The school has a duty for the safety of the pupil in question, his/her peers and staff on site and as such decisions on accepting a pupil back into school should not be taken lightly.
2. A pre meeting with the pupil and their parent/carer must take place to ensure an appropriate risk assessment (and care plan if applicable) can be completed.
3. At the pre-meeting the following should be discussed, how the pupil will arrive/leave school, arrangements for leaving lessons early, lunch/break time arrangements, administration of medicines, arrangements for getting around school and in an emergency situation, lessons the child will and will not be able to participate in etc.
4. Considerations when undertaking the risk assessment may include the following: (and how these can be addressed) –
 - Are any adaptations to the building required in order to ensure suitable access/egress is maintained around the whole site
 - Are any adaptations to the classroom and toilet facilities required to ensure the safety and welfare of **all** pupils is maintained
 - Is equipment/resources and planned lessons suitable for the needs of the pupil
 - What are the child's physical and emotional needs and how are these going to be met.
 - What are the child's abilities/strengths (e.g., level of movement in limbs,)
 - Are there sufficient trained and competent staff to meet the child's needs (including sickness cover etc)
 - Is an individual care plan required, what other professionals need to be involved (e.g., School Nursing, Physiotherapist, Consultant/GP etc)
 - Fire Evacuation Plans/Fire risk Assessments do they take in to account the requirements of the child, is a Personal Emergency Evacuation Plan (PEEP) required.
 - Lesson planning documents/activity risk assessments etc do these take in to account the needs and requirements of someone with a physical disability (for example P.E. D&T, off site activity lessons etc)
 - Does the school need to organise training specific to the child's needs, for instance responding to pain needs, if the cast gets wet or items get lodged in it etc. What are the appropriate risk assessments and school policies to support the child's needs and ensure staff are competent and trained.
 - Does the school need to organise general awareness training for all staff and or pupils on the needs of the injured child.
 - Has the school discussed with the parent(s) and child roles and responsibilities of all stakeholders, and that it may not be practical or safe for the child to undertake the full range of curriculum activities and he/she may be asked to 'sit out' certain lessons. How frequently will the situation be monitored and or reviewed?

Wrawby St Mary's Church of England Primary School

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number (School – 01652 655579)
2. your name
3. your location as follows (Wrawby St Mary's Primary School, Vicarage Avenue, Wrawby).
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code (DN20 8RY).
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone