



LADY BANKES

PRIMARY SCHOOL

MEDICATIONS POLICY **(INCLUDES ASTHMA, EPILEPSY, ANAPHYLAXIS AND DIABETES POLICY)** **SEPTEMBER 2025**

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GENERAL STATEMENT OF POLICY

We will always look after children in our care as if they were our own, but for the safety of everyone who is part of the large organisation that makes up our school, we have formulated this policy that is in line with current professional and legal guidelines. All our policies are constantly under review and this one will be reviewed at appropriate intervals in the on-going process of maintaining quality within our school.

KEY PRINCIPLES

DfE guidance 'Supporting Pupils at School with Medication Conditions' states: *Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.*

In making these arrangements the Governors of Lady Bankes Primary School sought to take a balanced view in the area of practical caring for identified medical needs and have provided extra resources to make the school a safe place for pupils.

The fundamental principles are that:

- We seek to ensure that wherever possible the child is able to attend school with their medical needs being fully supported.
- We strongly encourage parents to be responsible for the medical care of their child.
- Our staff will be supportive of the needs of both parents and child within the boundaries of their job descriptions.
- We must have parental permission for either self-administration of medication by pupils or administration by suitably qualified staff.
- We must have clear instructions from qualified medical personnel that make it clear that it is essential for the medication to be administered in school.
- Ill or infectious children should be looked after at home.
- Any medical conditions made known to the school have been discussed with the parent, child and relevant staff and that the strategies agreed for managing it are in line with our policy.

There are numerous First Aiders in the school. They receive regular basic training provided by the Local Authority (Paediatric First Aid qualification) and are competent to deal with the variety of general needs that present themselves in the course of normal school life. Their training emphasises the need for correct procedures in dealing with all accidents. However, as First Aiders they are severely limited in the treatment they are qualified and legally permitted to give as they are not nurses or doctors but trained lay personnel.

Part of their daily procedures are to inform parents of any accident that has happened so that those parents can decide the best treatment for their child. They maintain an accident book. In an emergency they are trained to get professional medical help to the child as soon as possible.

It is important, wherever possible that children with short- or long-term health needs such as asthma, epilepsy, diabetes, allergies etc be educated in mainstream school, provided the environment is safe for them to do so.

Any child who is unwell or sick will be sent home. Children who have diarrhoea or vomiting should not return within 48 hours.

CHILDREN WITH IDENTIFIED MEDICAL NEEDS

Aim

To provide the safeguarding of children with identified medical needs.

1. INTRODUCTION

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Lady Bankes Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities

2. ROLES AND RESPONSIBILITY

The ultimate responsibility for the management of this policy lies with the Head Teacher and Governing Body. The Welfare Manager will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The Welfare Team will ensure accurate and up to date records are kept for children with medical needs.

3. THE ROLE OF STAFF

Anyone caring for children, including teachers, other school staff have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers/child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

4. THE ROLE OF PARENT/CARERS

Parents/carers have prime responsibility for their child's health and should provide school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school. It is also the parent/carers responsibility to ensure that the correct medication is stored at school and that this is replaced prior to its expiration.

5. IDENTIFICATION

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

6. INDIVIDUAL HEALTH CARE PLANS (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required. An IHCP will include:

- details of the child's condition
- 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
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines

A copy will be given to parents/carers, class teachers to display and a copy will be retained and display in the medical room file in the office. A class list of medical needs will be given to the class teacher.

7. COMMUNICATING NEEDS

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the welfare room. **Individual Health Care Plans for children are kept in the classroom/childcare rooms in clearly identifiable green bags where they are accessible to all staff involved in caring for the child. A copy is also kept of children with IHCPs on staff notice board as well as the Welfare Room. Where this plan identifies the need for rapid response the plans along with any medication will be kept close to the child.**

8. FIRST AID

We have a number of school staff who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable. We will endeavour to inform parent/carers, using a standard letter if their child has had an accident after a bang to the head and received first aid attention.

9. ACCIDENT REPORTING

Details of minor accidents/incidents are recorded in the Accident Book together with any treatment provided. Accidents of a serious nature are reported using the on-line reporting system.

10. PHYSICAL ACTIVITY

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

11. SCHOOL VISITS

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a

parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

12. RESIDENTIAL VISITS

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

13. ADMINISTRATION OF MEDICINES

Wherever possible medication should be administered by parents/carers outside of school hours. The school will only administer medication where ongoing pre-identified medical conditions require us to do so. This will include asthma, anaphylaxis, epilepsy, diabetes and any other identified medical condition, or where doctors have prescribed antibiotics that need to be taken 4 times a day and the parent is unable to get to school to administer the medicine (see attached temporary medication permission and record form).

The Head Teacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy. Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it. The school will not accept medication which is in unlabelled containers. The school member of staff administering the medication must record details of each occasion when medicine is administered to a child. If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency. Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

14. STAFF TRAINING

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend epi-pen and asthma training annually.

15. CONFIDENTIALITY

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

16. OTHER AGENCIES

The school nurse may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

ASTHMA POLICY

RATIONALE

At Lady Bankes Primary School we take our responsibilities to pupils with asthma very seriously. With advice from the national Asthma Campaign we have established this Asthma Policy for use by all staff.

We recognise that asthma is an important condition affecting many school children. We recognise that immediate access to inhalers is vital.

AIMS

At Lady Bankes Primary School we aim:-

- to encourage and help children with asthma to participate fully in all aspects of school life
- to ensure that the school environment is favourable to children with asthma
- to help other children understand asthma so they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- to ensure all staff have a clear understanding of what to do in the event of a child having an asthma attack.
- to work in partnership with parents, governors, health professionals and children to ensure the successful implementation of this school asthma policy

PARENTS/CARERS RESPONSIBILITY

- To provide school with inhaler and Volumatic spacer prescribed by GP. While at school all asthma medication will be given using a spacer device, this is the most effective method of administering this medication.
- It is the responsibility of parents to ensure that the inhalers are in date.
- to complete a School Asthma Card, which contains details of the pupil's current treatment should the child have an asthma attack at school.
- Asthma preventers are taken daily to make the airways less sensitive to triggers. These are generally used morning and night and are not kept at school. They are generally brown.
- To update the school in writing of any changes to the child's condition or medication.

SCHOOLS RESPONSIBILITY

- The Welfare Officer keeps up to date by regularly attending courses on asthma. We also invite the asthma nurse to staff training days to train teachers and teaching assistants about asthma. The asthma register is kept in the medical room. Emergency Asthma kits are stored in the medical room and at various marked locations around the school.
- Asthma relievers, which generally come in blue containers, must be available for immediate use. The class teachers hold these inhalers in the classroom. Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack, and in rare cases can prove fatal.
- Each class has a green bag in which all the inhalers and spacers are kept for the children. Whenever a child uses their inhaler this should be logged into the asthma record file where it is monitored and parents will be notified. The asthma bag must be taken with the class around the school and on school trips.

- Should a child need to use their inhaler they are supervised and assisted, if this is necessary.
- If a child needs to use their inhaler twice or more within 4 hours during the school day parents would be asked to collect them as this could be an indication that their asthma is worsening and they may need to be reviewed by their GP.
- The asthma record file is used to update the Paediatric Respiratory Nursing Team on a monthly basis of inhaler usage. This enables them to give feedback/advice or take further action if needed.
- To provide Emergency kits purchased by the school. These are kept in designated areas around the school. Each kit contains one inhaler and two volumatic spacers. If in an emergency a child needs to use the emergency kit, the spacer cannot be reused and will then need to be sent home and a replacement purchased by the school. The inhaler must be cleaned and can be reused. Only children on the Asthma Register can use the emergency inhalers.

THE ENVIRONMENT

Things that trigger asthma attacks, occasionally found in schools, include cigarette smoke, animals and chemicals. Avoiding these in the school environment can go some way to lessening the incidence of asthma attacks. At Lady Bankes Primary School, we have a No Smoking policy and parents are informed of any potential changes in the environment that could be triggers e.g. visiting animals or building work.

EPILEPSY POLICY

RATIONALE

At Lady Bankes Primary School we take our responsibility to pupils with Epilepsy very seriously. With advice from the Epilepsy Nurse we have established this Epilepsy policy for use by all staff.

AIMS

At Lady Bankes Primary School we aim:-

- To provide, as far as practicable, a safe and supportive environment in which children with epilepsy can have full access to the curriculum. However, if parents, health care professionals or school staff are concerned for the child's safety due to their condition, full consideration will be given to the individual child's needs.
- To raise awareness about epilepsy and the management of this condition in the school community.
- To engage with parents/carers of children with epilepsy in developing management strategies for the child.
- To ensure staff members have adequate knowledge about the condition and the school's management procedures.

PARENT/CARERS RESPONSIBILITIES

- To disclose the nature of the child's condition in our registration forms or as soon as the condition is diagnosed.
- To liaise closely with the school to inform them of their child's particular symptoms, ranging from periods of confusion to convulsive seizures, and any particular circumstances that may trigger these symptoms. If drugs are being used to control the epilepsy it is important that we are informed of any possible side effects.
- To liaise with their doctor over the best type of treatment and its timing so that, wherever possible, medication is only administered outside school hours. If the treatment has to be taken at specific times throughout the school day then parents should talk the situation over with the Headteacher to find the best system for their child. Written permission will be needed if any medication needs to be taken at school.
- To update the school, in writing, of any change in the child's condition or medication.

SCHOOL RESPONSIBILITY

- If a 'fit' follows the normal pattern for a child, and it has been agreed with the parents, they will be given a rest period and then return to class as normal. We will follow normal emergency procedures by contacting parents or phoning for an ambulance if the need arises, e.g. injury caused during a fit or a fit lasts for longer than usual, or a fit in a child who has no history of epilepsy.
- The child's medication, along with their Health Care Plan, is kept in the green medical bag which stays with the class and child as they travel around the school. This care plan is normally developed with the child's doctor or health care professional and then shared with the school.

ANAPHYLAXIS POLICY

RATIONALE

At Lady Bankes Primary School we take our responsibilities to pupils with Anaphylaxis very seriously. With advice from the School Nursing team we have established this Anaphylaxis Policy for use by all staff.

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. In school age children the most common allergens are; peanuts, tree nuts, eggs, cow's milk, fish and shellfish, wheat, soy, sesame, latex, some insect stings and medication.

The key to prevention in schools is knowledge of students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to the triggers. Partnership between schools and parents are vital to ensure that certain foods or items are kept away from the student while at school.

Adrenaline given through an Epi-pen auto injector in the muscle of the thigh is the most effective treatment for anaphylaxis.

AIMS

At Lady Bankes Primary School we aim:-

- To provide as far as practicable a safe and supportive environment in which students with anaphylaxis can participate equally in all aspects of school life.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students with anaphylaxis in assessing risk, developing risk minimisation strategies and management strategies for the student.
- To ensure staff members have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

PARENTS/CARERS RESPONSIBILITY

- To provide school with an up-to-date treatment plan or letter of authorisation signed by the prescriber.
- To provide school with all prescribed medications, that is within the use by date.
- To inform school of any changes.

SCHOOLS RESPONSIBILITY

- To ensure the policy is reviewed on a regular basis.
- For all school staff to receive annual training from the school nursing service.
- To risk assess and manage students in all areas of school, including many various activities and including trips outside school.
- To ensure medication is easily accessible at all times.
- School to have systems in place to ensure staff are aware of all students with anaphylaxis.
- School to have systems in place to ensure that the catering company are fully aware of children with allergies that could trigger an anaphylactic reaction.

DIABETES POLICY

RATIONALE

At Lady Bankes Primary School we take our responsibilities to pupils with diabetes very seriously. With advice from the diabetes nurse, we have established this diabetes policy for use by all school staff.

We recognise that diabetes is a serious, long-term medical condition where the body does not produce enough of the insulin hormone. Insulin is required to 'break down' sugar in the blood. Lady Bankes Primary School is aware that diabetic pupils need immediate access to any medicine, treatment and equipment required and therefore appropriate steps are taken to ensure easy access to these items at all times.

AIMS

At Lady Bankes Primary School we aim:-

- To provide, as far as practicable, a safe and supportive environment in which children with diabetes can participate fully in all aspects of school life. However, if parents, health care professionals or school staff are concerned for the child's safety due to their condition, full consideration will be given to the individual child's needs.
- To ensure that the school environment is favourable to children with diabetes.
- To raise awareness about diabetes and the management of this condition in the school community.
- To engage with parents/carers of children with diabetes in developing management strategies for the child.
- To ensure members of staff have adequate knowledge about the condition and the school's management procedures.
- To work in partnership with parents, governors, health care professionals and children to ensure the successful implementation of this school diabetes policy.

PARENTS/CARERS RESPONSIBILITY

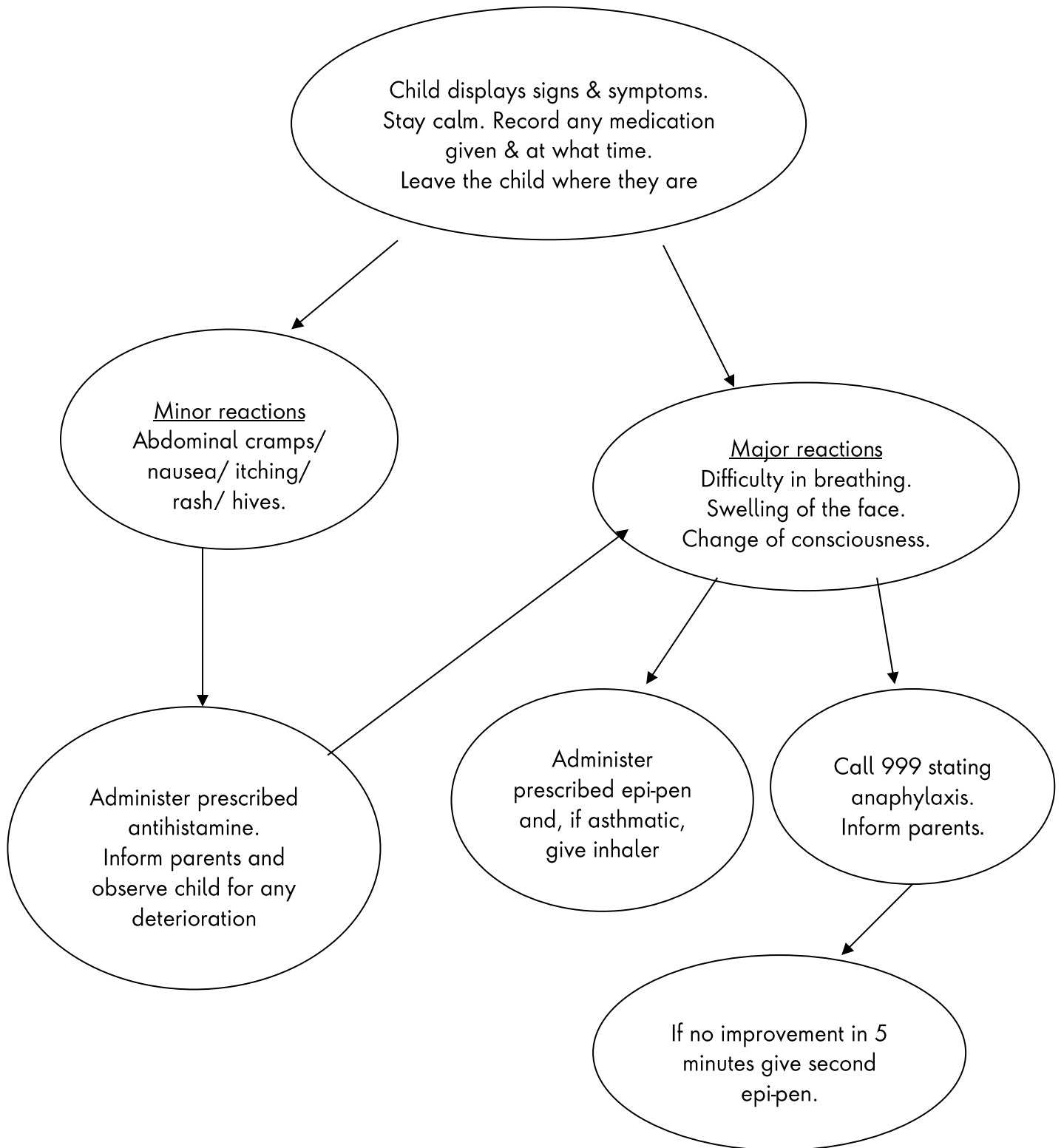
- To disclose the nature of the child's condition in our registration forms or as soon as the condition is diagnosed.
- To provide the school with an up-to-date treatment/care plan. The care plan is normally developed with the child's doctor or health care professional and then shared with the school.
- To provide the school with all prescribed medicines whilst ensuring these are in date.
- To update the school in writing of any changes to the child's condition, treatment or medication.
- To liaise closely with the school to inform them of their child's individual needs with regards to the monitoring and treatment of their condition.
- To support the school, and work in partnership with them, to ensure their child can participate in school life

SCHOOLS RESPONSIBILITY

- Staff keep up to date by regularly attending courses/training on diabetes management.
- Any equipment, medication or treatment must be easily accessible and available for immediate use at all times.
- We will follow normal emergency procedures by contacting parents or phoning for an ambulance if the need arises.
- The child's medication, along with their medical management plan is kept in the medical bag which stays with the class and child as they travel around the school. Where items are required to be stored in a fridge, they will be placed, clearly marked, into the fridge in the welfare room.
- School is to have systems in place to ensure staff are aware of all students with diabetes.
- To risk assess and manage students in all areas of school, including many various activities and trips outside school.
- Diabetic medication and monitoring necessitate the need for the use of sharps. All sharps will be disposed of following the school's clinical waste risk assessment.

LADY BANKES PRIMARY SCHOOL

FLOW CHART OF PROCEDURE TO FOLLOW



MEDICATIONS POLICY



PLEASE COMPLETE AND RETURN TO SCHOOL

Lady Bankes Primary School's Medications Policy.

I confirm that:-

I have received and understood and accepted the operating procedures within this policy.
I have disclosed, in writing, to the school any health condition that does, or potentially could, require special care or arrangements during school attendance for my child.

CHILD'S NAME CLASS

SIGNED

DATE.....

LADY BANKES PRIMARY SCHOOL

Temporary Medication Permission and Record Form

Name of Pupil Class

Name of Medication

Dose and method (How much and when taken)

Expiry Date of Medication

Staff Signature

Parent Signature

Date

Date	Time Given	Amount Given	Staff Signature (1)	Staff Signature (2)

Signed.....

Date.....