



# Administering Medicines, Supporting Children with Medical Needs, Intimate Care and First Aid Policy

Approved by Full Governing Body October 2025

Review date September 2028

## **The Aim**

The aim of this policy is to clearly indicate the school's arrangements around supporting children with medical conditions including intimate care (Part 1), the administration of medicines (Part 2) and the administration of first aid (Part 3). This policy is written in line with the requirements of:

- Children and Families Act 2014 - Section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Dec 2015
- 0-25 SEND Code of Practice, DfE 2012
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2012
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- To share the local authority policy for supporting the education of children with medical needs who are unable to attend school.

## **Statement of Intent**

Dovelands Primary School acknowledges that children with medical needs have the same rights of admission as other children. We accept our responsibility and duty to strategically plan for children with medical needs, ensuring they are properly supported so they have full access to education, including school trips and physical education.

We recognise that parents have the prime responsibility for their child's health and will work in partnership with them to facilitate access to school life. We understand that both short- and long-term medical needs should be planned for. We will work with specialist healthcare professionals including specialist voluntary bodies to ensure that children with complex needs are supported.

The administration of medicines by staff remains a voluntary activity. Employees who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Leicester City Council against any legal action over an allegation of negligence provided they act responsibly and to the best of their ability within the confines of this guidance and any specialised training received.

Dovelands Primary School will ensure that arrangements are in place to support pupils with medical conditions to enable them to access and enjoy the same opportunities at school as any other child.

## **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 and any relevant healthcare professionals will be consulted.

## **Part 1: Supporting Children with Medical and Intimate Care Needs**

Where a child has a long-term medical need, a health or intimate care plan will be written with the assistance of the school nurse (if required) and in conjunction with the parent/carer of the named child. This may also result in an individual risk assessment being required.

The healthcare or intimate care plan must be followed and reviewed at least annually. It is the parent or carer's responsibility to inform the school of any changes to the child's condition that may require the details of the healthcare or intimate plan to be altered.

As a school, we aim to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with or information from parents and carers and recognised healthcare practitioners regularly to ensure appropriate support is provided.

Where required, staff training will be specific to the individual child concerned and be in response to a detailed individual health or intimate care plan.

There will also be regular training for all staff on more generalised needs such as asthma awareness, EpiPen training, diabetes and epilepsy.

The school is well supported by the School Nurse who provides staff with advice and any relevant training on request. In the case of higher levels of care outlined in a health and intimate care plan, the named members of staff may also contact the school nurse, or other recognised healthcare practitioners, to ensure that they are trained in dealing with the level of care required.

The local authority policy for supporting the education of children with medical needs who are unable to attend school can be found at: [Policy for Supporting the Education of Children with Medical Needs](#)

### **Process for supporting children in school with medical and intimate care needs**

Once school is notified of a medical or intimate care need, the following procedure will be put in place:

Information received will be shared with the Inclusion Lead who will:

- Ask parents/carers to share medical information including diagnosis, triggers, symptoms, medication and care required
- Contact the previous school or setting to discuss good practice (where necessary)
- Contact healthcare professionals (where necessary)
- Make arrangements to train staff (where necessary) including the administration of medication
- Finalise an Individual Health Care Plan in conjunction with parents and carers and any medical profession as required
- Share this Individual Health Care Plan and/or intimate care plan with parents/carers
- Share this Individual Health Care Plan and/or intimate care plan with key members of staff
- Ensure the implementation of the Individual Health Care Plan or intimate care plan by school staff
- Annually review the plan with those involved in creating it.

**Parents/carers are expected to inform the school of any changes to their child's medical or intimate care needs. Where this happens, the plan will be reviewed and updated accordingly.**

Please see Appendix A and B for copies of the Individual Health and intimate care plan forms.

### **Part 2: Administering Medication**

School staff will not normally administer medication for short-term illnesses. School will encourage parents to speak to the doctor or pharmacist about an alternative dosage plan if their child needs to take medication during the school day. If parents cannot do this, they are welcome to come into school to administer medicines themselves. Should this be unachievable, parents are encouraged to speak to the staff in the office.

For long term medical conditions, children may need medication administered as part of a healthcare and/or intimate care plan during the school day. In these instances, the SENDCO will liaise with parents/carers and healthcare professionals as stated in Part 1.

Inhalers and EpiPens will be administered at school.

For medication associated with long term medical conditions, parents or carers must sign a parental agreement for school to administer medicine in Appendix C. Medicines administered by members of staff will be recorded for each individual pupil (Appendix D).

For asthma and EpiPens, separate forms must be completed by parents in Appendix E & F.

### **Storage of Medicines**

For children with long term medical needs, medication will be kept in a locked cupboard (except where storage in a fridge is required) in the First Aid Room and only accessed by named adults on the healthcare and/or intimate care plan, or with the permission of the Headteacher. All staff administering medication for long-term medical needs, will be provided with appropriate training.

For children with allergies requiring an EpiPen, they will be stored in a locked cupboard in the First Aid Room. They will be administered by staff who have undergone appropriate training.

For children with asthma, inhalers will be stored in the classroom for easy access, out of reach of the children. They will be administered by staff who have undergone appropriate training.

All medication, inhalers and EpiPens will be clearly labelled with the child's name they belong to. It Parents will also be informed in good time by a member of staff to replace expiring medication, inhalers and EpiPens.

EpiPens and inhalers will be returned after trips and put away by an adult.

A list of children with EpiPens and inhalers is kept in first aid boxes and bags used by lunchtime supervisors. This list is also on the wall in the First Aid Room and Staff Room. All staff should familiarise themselves with this list so that we can act promptly in the event of an anaphylactic reaction or asthma attack.

### **Unacceptable Practice in relation to Part 1 & 2:**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual health or intimate care plan, it is not generally acceptable practice to:

- prevent children from easily accessing their EpiPens, inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or left unsupervised or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg 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 if this is included in their IHCP;
- require parents, or otherwise make them feel obliged, to attend school to administer medication for long term medical conditions or provide medical support to their child, including with toileting issues;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

## **Part 3: Intimate Care**

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

**This section of the policy ensures that:**

1. Intimate care is carried out properly by staff, in line with any agreed plans
2. The dignity, privacy, rights and wellbeing of every child are safeguarded
3. Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
4. Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
5. Staff carrying out intimate care work do so within guidelines (i.e. health and safety, safeguarding protocols awareness) that protect themselves and the pupils involved

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

1. Sign a consent form
2. Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

For children whose needs are more complex or who need particular support outside of what's covered in the consent form, an intimate care plan will be created in discussion with parents/carers.

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

Where an intimate care plan is required, it will be created in conjunction with school, parents/carers and any relevant health professionals. See appendix B.

The plan will be reviewed annually. It is a parent/carer's responsibility to inform school of any updated health information. When this happens, the plan will be updated accordingly.

### **Staffing:**

Normal practice will be 1 member of staff present with each child, except for circumstances where 2 members of staff are needed to:

- Safely handle a child who needs to be assisted
- Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

Before performing intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows.

When carrying out procedures, the school will provide staff with:

- Protective gloves, cleaning supplies and bins.
- For pupils in EYFS, the school expects all parents and carers to provide spare clothing.
- For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, nappy sacks and wipes.
- Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

Instances of intimate care are recorded on Medical Tracker and reported to parents/carers.

## Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

Incidents where a child soils themselves will be reported to parents/carers

## Part 4: Administering First Aid

All staff are trained in basic first aid. In the Early Years Foundation Stage, there are paediatric first aiders. All staff will be trained every three years. These training arrangements are in line with 12.1, 12.2 and 12.3 of the school's health safety policy (see Appendix G).

Staff are trained in the use of EpiPens and inhalers in line with 12.4 of the school's health and safety policy. Staff are made aware of which children use an EpiPen and inhaler as outlined in Part 2.

All staff are expected to take responsibility for basic first aid in line with 12.5 of the school's health safety policy. Lunchtime supervisors and Parakeets staff will be provided with a basic first aid kit to deal with playground injuries, for example, a bump, bruise or graze. Any member of staff dealing with a major incident should come inside to the First Aid Room to deal with the situation, and record the incident, talking to another member of staff for second opinion if necessary. **For urgent matters, we would always call 999.**

Bumped heads would always be followed up with a phone call home, even if there is no obvious mark. A phone call home will also be made if a child has an obvious cut to the face, a suspected sprain or fracture or in any other situation where a judgement is made where a parent or carer would need to know what has happened before home time.

All incidents will be recorded on 'Medical Tracker', a secure online platform for recording and informing parents/carers of injuries and first aid. When an injury is logged on Medical Tracker, an email will be sent to parents/carers informing them of the injury and the treatment their child received. A bumped head will be followed up with a phone call home alongside the email.

First Aid Boxes are positioned in different places in the school so that basic equipment can be accessed when needed in line with 12.8 of the school's health and safety policy. In addition to within classrooms and on playgrounds, First Aid boxes can be found in:

- The staff toilet outside the Year 5 base
- Outside the Hummingbirds' classroom
- The staff toilet in Foundation 2
- The staff toilet in Foundation 1
- The staff toilet next to the head teacher's office

These locations are clearly signposted so that any member of staff can access a first aid kit in line with 12.7 of the school's health and safety policy.

While there is no mandatory list of items that should be included in each first aid kit (12.11), as a guide, where no special risk arises in school, the health and safety executive recommend a minimum stock of first aid items would normally be:

- A leaflet giving general guidance on first aid;
- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);

- Sterile eye pads;
- Individually wrapped triangular bandages, preferably sterile;
- Safety pins;
- Large sterile individually wrapped unmedicated wound dressings;
- Medium-sized sterile individually wrapped unmedicated wound dressings;
- Disposable gloves;
- Blunt ended scissors.

Each first-aider will be responsible for ensuring each kit is fully stocked by topping up items held in the First Aid Room in line with 12.5 of the school's health and safety policy. Additional stock of first aid supplies will be ordered, when necessary, by the office in line with 12.6 of the school's health and safety policy. They must also take care to ensure that when items are discarded, they are discarded safely.

In line with 12.10 of the school's health and safety policy, the school's breakfast and after school provision follow the same procedures as outlined above.

The Headteacher may update procedures periodically to cope with all foreseeable incidents in line with 12.1 of the school's health and safety policy. Any additional guidance will be added to Appendix H.

## **Responsibilities**

### **The Governing Body:**

Under the terms of the Health and Safety Act 1974 employers must have a health and safety policy- this should include the administration of medicines. The Governing Body has responsibility for all of the school policies.

The Governing Body will ensure that arrangements are in place to support pupils with medical needs, that plans focus on the individual of the individual to give confidence to parents and pupils in the school's ability to effectively support the child.

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **The Head Teacher:**

The Head Teacher has a responsibility to:

- Ensure this policy is adhered to and develop detailed procedures relating to the administration of medicines.
- Ensure that staff receive the correct training and support to carry out the administration of medicines
- Ensure that parents/staff are aware of the policy and procedures for dealing with medical needs including temporary and short term (supply) teaching staff who work with children with medical needs
- Liaise with parents of children with long term medical needs to ensure appropriate support can be provided
- Liaise with specialist professionals to ensure adequate support is in place and maintained
- The Headteacher (Lead DSL) will ensure that any staff who carry out intimate care are subject to an enhanced DBS and will oversee the implementation of any intimate care plans.

### **Staff supporting pupils with medical needs**

Staff have a responsibility to:

- Ensure they are aware of the policy and procedures covering the administration of medicines and supporting pupils with medical needs
- Ensure they follow the guidance contained policy
- Ensure they follow training and guidance of healthcare professionals
- Ensure they follow the individual health care or intimate care plan

- Ensure they feedback to the SENDCO with regard to the implementation of the health care or intimate care plan
- Individual health care and intimate care plans will be updated annually or when new medical advice has been received from healthcare professionals

### **How will this policy be implemented effectively?**

This policy will be reviewed every three years by the Headteacher/SENDCO:

The Head teacher in association with the SENDCo and Business Manager, has overall responsibility to ensure sufficient staff are suitably trained, are confident and competent to support pupils.

The SENDCO will ensure that cover arrangements are made in case of staff absence and that individual plans are reviewed and updated.

### **Complaints:**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. This can be accessed through the website or via the school office.

### **Linked to:**

SEND and School Information Policy

School Health & Safety Policy



# Appendix A

Dovelands Primary School

Individual Health Care Plan

Date of plan:

Review date of plan:

NAME:

Year Group Class

DOB:

Address:

Emergency contact 1 name:

Emergency contact 1 mobile number:

Emergency contact 2 name:

Emergency contact 2 mobile number:

Staff member responsible for updating HCP:

Staff member (s) responsible for daily implementation of HCP:

Who will take responsibility for the child whilst on a school trip?

Trip Leader:  
Group Leader:

Does the child have any known medical emergencies?

Yes / No

What is considered a medical emergency situation?

What are the symptoms?

What are the triggers?

What action must be taken and by who?

Any other relevant information:

Does the child require medication?

Yes / No

Name of medication:

Dose:

How often is medication administered?

How is medication administered?

Person with responsibility for administering medication at school:

Any other relevant information:

Medical condition(s):

Diagnosis:

Explanation of condition:

	Diagnosis:	Explanation of condition:		
<b>Best Endeavours and Reasonable Adjustments</b>				
Reasonable adjustments needed within the classroom:	Reasonable adjustments needed during PE:	Reasonable adjustments needed during break / lunch times:	Reasonable adjustments and considerations for off-site trips and visits:	
Are there any medical programmes that need to be carried out during the school day?		Reasonable adjustments for self-care:	Details of Intimate Care Plan:	

**Appendix B**

# Intimate Care Plan

Date

Review date

Name of school/setting

Child's name

Group/class/form

Child's DOB

Medical diagnosis or condition

## Family Contact Information

Name

Phone (mobile)

Who is responsible for providing support in school

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

Other information

Plan developed with

Form copied to

**Appendix C**

# Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. The form and medicine must be handed in via the school office.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**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 D**

## Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Appendix E**

# Asthma Care Plan

Date

Review date

Name of school/setting

Child's name

Group/class/form

Child's DOB

Date of Asthma diagnosis

### Emergency Contact Information

Name

Phone (mobile)

Who is responsible for providing support in school

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose (E.g. once or twice a day, just when they have asthma symptoms, before sport)

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

Other information

Form copied to

Appendix F

# Allergy Care Plan

Date

Review date

Name of school/setting

Child's name

Group/class/form

Child's DOB

Type of Allergy

## Emergency Contact Information

Name

Phone (mobile)

Who is responsible for providing support in school

**Mild/moderate reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... (if vomited, can repeat dose)

- Phone parent/emergency contact


**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)**

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

<b>A AIRWAY</b>	<b>B BREATHING</b>	<b>C CONSCIOUSNESS</b>
<ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul>

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ..... mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**AFTER GIVING ADRENALINE:**

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, **give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**How to give EpiPen®**

-  PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
-  Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
-  PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional Information:

**Appendix G**

- 12.2 The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents.
- 12.3 The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (See Local Authority guidance).
- 12.4 Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence.
- 12.5 Each first-aider will have access to a first aid kit and be responsible for ensuring this is fully stocked and up to date. They must take care to ensure that when items are discarded, they are discarded safely.
- 12.6 The Head teacher is responsible for ensuring that a sufficient back-up stock is held on site.
- 12.7 Notices will be displayed in prominent locations throughout the establishment identifying how to summon first aid in an emergency, who the first aiders are and their contact and location details. All first-aid signs and containers must be identified by a white cross on a green background.
- 12.8 First-aid kits must also be held at various locations throughout the school as determined by risk assessment. A first-aider should be located within the immediate vicinity of one of these 'first aid points'. These locations will be prominently marked. Notices will also be displayed prominently in these areas.
- 12.9 A written record will be kept of all first aid administered either on the school premises or as part of a school related activity.
- 12.10 Adequate and appropriate first-aid provision will form part of the arrangements for out of hours activities at the school/college for which it is responsible, and also all out of school/college activities.
- 12.11 First Aid Box Contents: There is no mandatory list of items that should be included in a first aid container. The Head teacher should decide what to include in the first-aid containers from information gathered during their assessment of first-aid needs.

## **Appendix H**