



Medical Needs Policy

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Queens' Federation Medical Policy

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at school with medical conditions.

Aims

'The aim is to 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, remain healthy and achieve their academic potential.'

(Supporting pupils at school with medical conditions, Sept 2014)

At the Queens' Federation, we are committed to meeting the medical needs of pupils and ensuring that they make progress whilst staying as healthy as possible. We are an inclusive community which aims to welcome and support pupils with medical conditions, ensuring that they can access and enjoy the same opportunities as any other pupil in the Federation. We treat pupils with medical conditions with dignity and care, ensuring they are supported appropriately to be fully integrated into the life of the school.

At the Queens' Federation we aim to help parents feel confident that school will provide effective support for their child's medical condition and that pupils feel safe. We will establish relationships with relevant local health services to help us to make decisions and provide appropriate support, taking individual needs into account. We will regularly seek advice from healthcare professionals and listen to and value the views of parents and pupils.

Objectives

In order to achieve our aims and to ensure that children with medical needs achieve their full potential and make progress whilst staying as healthy as possible we will:-

- Ensure that the pupils with medical needs are identified as early as possible and properly supported so that they can play a full and active part in school life. This includes any out of school activities or extra-curricular activities.
- Ensure that the relevant documentation is in order to meet needs of the individual child and conform to the statutory guidance.
- Ensure that pupils and parents participate fully in the learning journey.
- Ensure good working relationships with parents/carers, health professionals and the community in order to make the most of the available resources to effectively meet the needs of staff and pupils.
- Ensure that the school offers a broad balanced and differentiated curriculum that is accessible to pupils with medical needs and promotes high standards of attainment and achievement.
- Ensure all teachers and teaching assistants are trained appropriately and are involved in planning and meeting the learning and medical needs of pupils.
- Build a community of tolerance, respect and understanding.

What are medical needs?

All children will experience illness in the course of their school life, most commonly transient self-limiting infections (common colds, ear/throat infections, coughs, viruses etc), but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions. Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

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' written consent

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 maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

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

A form detailing the dosage and times when the medicine should be taken must be completed (See Appendix A).

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Some children are on long term regular medication for chronic conditions and may need to take emergency, preventative or relief medication to treat a change in their condition. Staff will be trained for the administration of medication where a child has specific medical needs. In some cases this will be part of an individual healthcare plan which will be drawn up in partnership with parents/carers, pupils, relevant staff and relevant health agencies.

Staff who administer medication to a child will record this using the relevant forms (See Appendices B and C).

Storage of medicines

All medicines are stored safely. Children know where their medicines are at all times and can access them with adult support. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away. In some cases, controlled drugs will be stored in the main school office for easy and quick access. Storage of medicines is particularly important when outside of school premises, e.g. on school trips. In this

instance the adult responsible for carrying the medicine is noted in risk assessments and the child is notified.

Inhalers

Children may be prescribed an inhaler for asthma or as a reliever medication. Parents/carers are required to sign a parental agreement for the use of inhalers in school, detailing self-administration or support required and the procedures to be followed in case of an emergency. Children know where their inhalers are at all times and can access them immediately. Staff have been trained on the use of inhalers.

Emergency Asthma Inhalers

Emergency inhalers and spacers are available in each school, only for use by children for whom written parental consent for use of an emergency inhaler has been given (See Appendix D (i)). These children must have been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. The emergency inhaler can be used if the child's prescribed inhaler is not available (for example if it is broken or empty).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (e.g. terbutaline). The emergency salbutamol inhaler should still be used by these children if their own inhaler is not accessible as it will still help to relieve their asthma and could save their life.

All children recorded as having asthma are included on the asthma register. This is designed to allow staff to easily identify whether or not a child is identified as having asthma and whether consent for an emergency inhaler to be administered has been given by the parent/carer. The asthma register is stored in the main school office with the emergency inhaler.

Parent will be informed via telephone and in writing using Appendix D (ii) should the emergency inhaler be used for a child.

Adrenaline pens

For children who require an adrenaline pen, these must be **in-date, labelled and provided in the original container** as dispensed by a pharmacist and include instructions for administration, dosage and storage. They should be stored in a plastic box, clearly labelled with the child's name and a photograph of the child. A protocol issued by the hospital should also be in the box.

Refusal

When a child refuses to take medication or carry out a necessary procedure they are never forced. Staff will follow procedures set out in the care plan and notify the parents/carers of the refusal so that alternative options can be considered.

Training

Training is given to staff by the relevant medical professionals as medical needs arise or when needs change, ensuring that staff are confident and have confidence in their ability to support pupils with their medical conditions. Medication changes may also require training and this will be arranged accordingly.

School maintains records of those members of staff who have been trained in First Aid and Paediatric First Aid. Names of Paediatric First Aiders are on display in the staffroom. In a medical emergency these members of staff will be called upon.

Individual health/care plans (IHPs)

The aim of an Individual Health Plan (IHP) is to record the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. IHPs can help to ensure that school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children with medical needs will require one. The school, healthcare professional and parent should agree, based on evidence, when a IHP would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make a final decision.

The IHP is ideally written in partnership with the parents, child, SENCO and relevant health professionals. It clarifies what school can actually provide and ensures that all involved are providing a consistent care for the child. IHPs should record the key information and actions required to support the child effectively. Where a detailed medical protocol has already been provided by a healthcare professional, this plan should be used in place of an IHP.

Where a child has a Special Educational Need or Disability these should be mentioned in the IHP.

Refer to Appendix E for the model process for developing an IHP and Appendix F for the IHP template.

Roles and responsibilities

Governing body

The Governing Body makes arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher and Federation Leadership Team

The Headteacher and Federation Leadership Team ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher and Federation Leadership Team ensure that all staff who need to know are aware of the child's condition. The Headteacher and Federation Leadership Team also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall

responsibility for the development of individual healthcare plans. They also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. School staff receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Emergency Procedures

In a medical emergency first aiders will be called upon to assess the situation. First aid treatment will be given as appropriate and a decision will be made as to whether an ambulance needs to be called. Parents will be informed of the medical emergency and the child's current state. If an ambulance is called any relevant information will be passed on to the ambulance crew and a member of staff will accompany the child in the ambulance if appropriate. In the event of a medical emergency the relevant staff would complete statutory/non-statutory documentation following the event and submit to the appropriate agency.

Each school has a defibrillator, located in the office reception area at Queen Emma and in the medical room at Queen Edith.

Refer to Appendix G for further information regarding calling the Emergency Services.

Appendix A – Parental agreement for the school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

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.

Name of Pupil: Class:

I wish to have the following medicine administered to my child (named above):

.....

Reason for the medication:

.....

Time to be given and dosage:

- I confirm that the that the timing and administration is not of vital importance and that there would be no serious consequence if for any reason the medicine is not administered to my child.
- I am aware that it is my responsibility to collect the medicine from the school office at the end of each day.

Signed: Print Name:

Date:

Appendix D (i)- CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Name of child: :

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Appendix D (ii)- LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear Parents/Carers

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when..... A member of staff helped them to use their asthma inhaler.

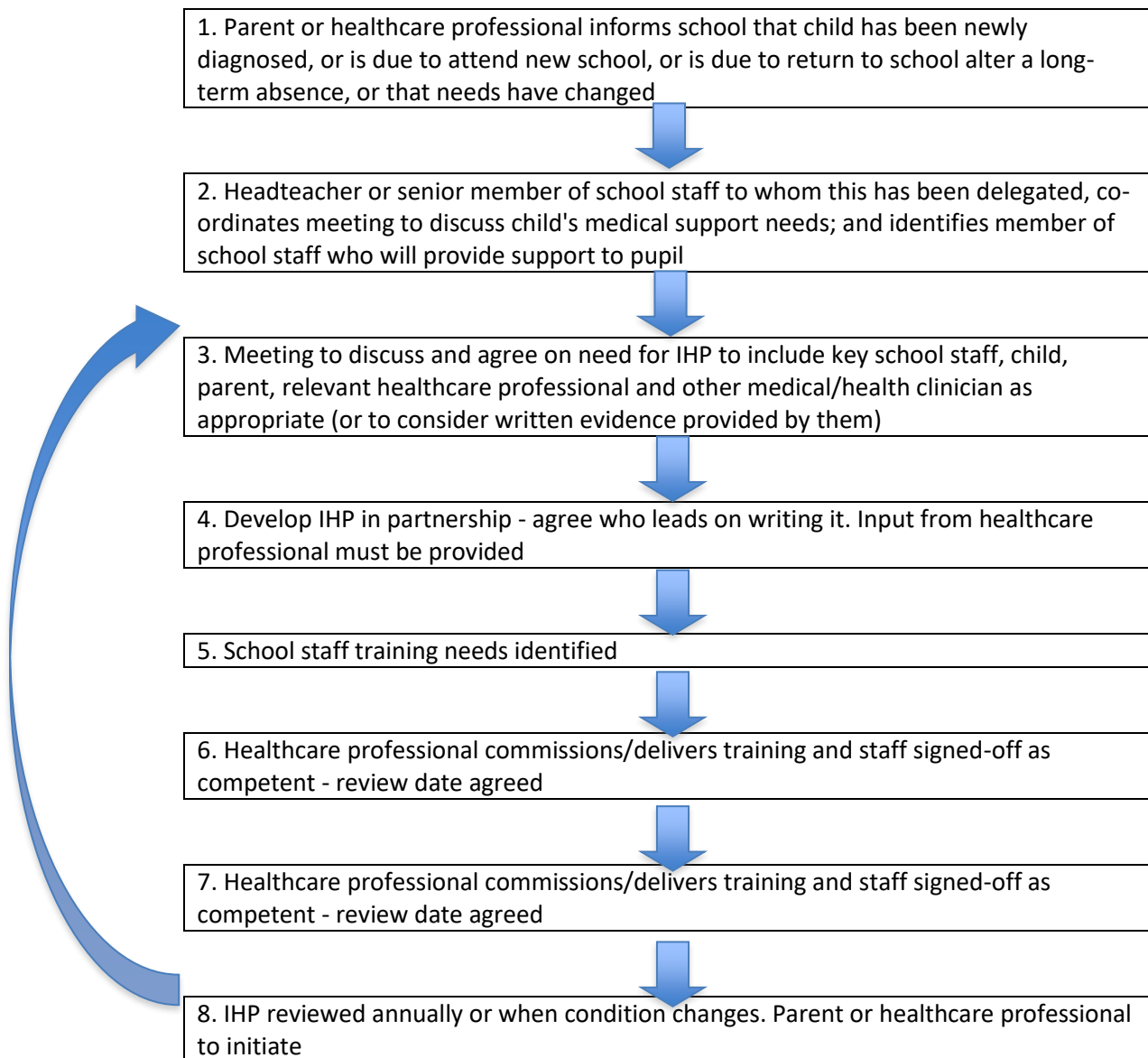
They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

We strongly advise that you seek further medical advice and obtain a replacement inhaler for school as a matter of urgency.

Kind Regards

Appendix E– Model process for developing Individual Healthcare Plans (IHPs)



Appendix F – Individual Healthcare Plans (IHP)

Name of school/setting	
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.	

Who is responsible for providing support in school

--

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix G – Calling the 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
2. Your name
3. Your location
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
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

A member of staff, wearing a hi-vis jacket, should wait at the entrance to direct emergency assistance to the exact location within the school.