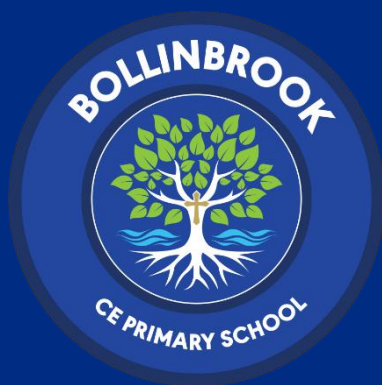




MEDICAL NEEDS POLICY

'...like a tree firmly planted by streams of water which yields its fruit...'

Psalm 1v3

Bollinbrook CE Primary School Medical Needs Policy

Recommended by	A Burns
Approved by	A Burns
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Legal Status	

CHANGE RECORD FORM

Version	Date of change	Date of release	Changed by	Reason for change
2	May 2020	May 2020	A. Burns	Covid-19 update
3	August 2022	September 2022	L. Le Marinel	Policy review
4	August 2023	September 2023	L. Le Marinel	Policy review
5	August 2024	September 2024	L. Le Marinel	Policy review
6	August 2025	September 2025	L. Le Marinel	Policy review

Mission Statement

... 'a tree firmly planted by streams of water which yields its fruit...' Psalm 1v3

At Bollinbrook CE Primary the Christian value of 'Love' is at the heart of who we are as a community. We teach our children to be rooted in Jesus Christ so they develop a love of learning that supports their academic, emotional and spiritual growth. If rooted in Christ, children can grow into who they were created to be. Based on Psalm 1v3, 'like a tree firmly planted by streams of water which yields its fruit...' We are helping our children grow spiritually, emotionally and academically laying firm roots that will provide strong foundations and bear fruit that will help them on the next stage of their educational journey.

Bollinbrook CE (A) Primary School

MEDICAL NEEDS POLICY

This policy should be read in conjunction with the First Aid Policy, Educational Visits Policy, and Health & Safety Policy. Where pupils with medical conditions are also disabled or have Special Educational Needs then this policy should also be read in conjunction with the Special Educational Needs policy.

Introduction

Most young people will at some time have short-term medical needs. Some young people will also have longer term medical needs, such as those with epilepsy, severe allergies, diabetes or asthma, and may require medicines on a long-term basis.

Bollinbrook School will ensure that pupils with medical conditions, both physical and mental health, are properly supported in school so that they can play a full and active role in school life, having full access to education, including school trips, residential activities and physical education. Reasonable adjustments will be made to support activities wherever possible.

The Head Teacher has overall responsibility for making arrangements to effectively support young people with medical conditions, but may delegate this responsibility to other, named, members of staff.

Principles

Admission

Pupils with medical conditions are entitled to a full education and have the same rights of admission to school as other pupil. This means that no pupil with a medical condition will be denied admission or prevented from taking up a place in school because arrangements have not been made.

However, in line with their safeguarding duty, the Governing Board will ensure that the pupil's health or that of others, is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a pupil in school at times where it would be detrimental to the health of that pupil or others.

Working with parents

At Bollinbrook we work together with parents in order to meet all pupils' needs. Parents are usually the first source of information regarding their child's health. We recognise that sending a child with medical needs to school can be a worrying experience. It is important that parents feel confident that the school can meet the needs of their child and that the child feels safe.

For some children, such as those with severe allergies, their Doctor or allergy nurse usually provides school with a care plan. Where a pupil has a long term or serious condition, parents will be invited to a meeting to discuss this with school staff and any relevant professionals such as; school nurse, diabetic nurse, continence nurse. At this meeting we may write an Individual Health Care Plan (IHCP), a sample can be found in the appendices of this document.

Working with pupils

Pupils will be involved in discussions around their needs and will be encouraged to help with writing their own IHCP as soon as this is appropriate. This will depend on their understanding of their condition and their ability and maturity to make decisions. If they are deemed competent, pupils will be encouraged to take responsibility for their own health and medication with support available if needed. The level of independence will be based on the competence of the individual child. Our younger children often require more support and so we work towards children taking full responsibility for their own needs as they get older and in preparation for High School.

The level of independence and support agreed on will be recorded on the IHCP.

Practice

Individual Health Care Plans

The Head Teacher has overall responsibility for the development of Individual Health Care Plans (IHCPs) but may delegate this responsibility to another, named, member of staff. The process for development of IHCP is outlined in *Appendix 1* and see *Appendix 2* for template.

Individual Health Care Plans (IHCP's) detail the child's diagnosis, medical needs, medication and what to do in an emergency. They are useful for sharing information and having an agreed plan of action/treatment. The amount of information on the IHCP will depend upon the complexity of the pupil's needs and the level of support needed.

For pupils with some conditions the IHCP is written by a medical professional and sent into school. The school, in consultation with parents, may then add further information which will usually be the practical arrangements such as where medication is to be kept, named members of staff etc.

Not all pupils with medical needs will need an IHCP; the school, healthcare professionals and parents should agree whether one is needed. If an agreement is not reached then the Head Teacher is best placed to make the final decision. If an IHCP is written then this will be distributed to all members of staff who work with the pupil. Information will be confidential. First Aid Lead and SENCO retain master copies of IHCPs.

Where a pupil has medical needs, but an IHCP is not required, these details are kept in the First Aid file in the pupil's classroom.

Plans will be reviewed annually as a minimum but will be reviewed more often if needs change.

Information Sharing

The Head Teacher (who is also the SENCO) and Class Teachers will ensure that all adults working in school are aware of a pupil's medical conditions. Individual Health Care Plans are

shared with all staff and are also kept with the pupil's medication so that they can be quickly accessed. Information and photos of pupils with medical conditions such as Asthma, Epilepsy, Heart Conditions and Allergies are on the wall in the Staffroom and added to the child's Arbor profile. This information is also made available to the class teachers.

Updated or new information about a child's condition is shared at the weekly staff briefing, and IHCP, information in the First Aid file and anaphylaxis notices are also amended.

Support and training for medical conditions

The Head Teacher will ensure that sufficient members of staff are suitably trained to meet each pupil's medical needs. There will be several members of staff aware of and trained in the pupil's needs so that if one member of staff is absent someone else can take responsibility.

Any member of staff can be asked to support a pupil with their medical needs. However, because administering medication is not part of the Teachers Professional Duties it is up to individual teachers to volunteer to administer medication. Sometimes a different member of staff will take on this responsibility. This may be the Head, Special Educational Needs Coordinator (SENCO), a member of the office staff or a Teaching Assistant.

All members of staff working with a pupil with medical needs will know how to respond in an emergency.

Bollinbrook has several adults who have volunteered and been trained as first aiders and, in addition, our staff complete annual training in the use of Epi-Pens for anaphylactic shock. However, it is recognised that a First Aid Course is not sufficient to meet the needs of some of the conditions our pupils may have. Additional training is required to support conditions such as; Diabetes, seizures, tube feeding or the use of oxygen. School staff must receive training from appropriate medical professionals and must be deemed competent before being allowed to carry out the procedure.

The Head Teacher is responsible for ensuring that members of staff have adequate training and insurance for carrying out medical procedures. Support from other medical professionals will be sought where required, to support staff and pupils.

At least two members of staff will be trained in each condition. Where possible, staff will receive such training before the pupil enters the school but if a pupil develops a new condition it may take time to organise this training and interim measures may be needed until training is completed. This will always be to ensure the safety of the pupil and will be decided on a case by case basis. School will endeavour to have arrangements in place within two weeks. Parents are asked to alert the school to medical conditions as soon as possible.

Short term supply staff and student teachers/teaching assistants are not routinely expected to administer medication; however, they can supervise a pupil taking inhalers for asthma. They will be informed of any medical conditions of pupils in the class they are covering and what to do in an emergency. Individual Health Care Plans or Pen Portraits will be available for Supply Teachers, Student Teachers or Student Teaching Assistants so that they are able to act in an emergency.

Administration of Medication

- When administering medicines, single-use disposable gloves, disposable apron and the staff members allocated face visor must always be worn (disposable face masks are optional).
- Medicines will only be administered at school when it would be detrimental to a child's health or their attendance at school not to do so. Where clinically possible, medicines

should be prescribed in dose frequencies which enable them to be taken outside school hours

- Parents must give written consent for administration of medicines at school. (*Appendix 3*). Parents will be informed of any medication given (*Appendix 4*). Staff administering medicines will do so in accordance with the prescriber's instructions. If a young person suffers from frequent or acute pain the parents will be encouraged to refer the matter to their GP. A pupil will never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.
- Records will be kept of all medication administered (*see Appendix 5*), and any side effects of the medication noted when administered at school should be recorded. Records offer protection to staff and children and provide evidence of agreed procedures being followed. The Governing Board (SEN governor) is responsible for checking that records are kept.
- Where possible the medicine, in the smallest amount, should be brought into school by the parent, or their nominee, and it should be delivered personally to the Head Teacher or their nominated member of staff. If a young person brings to school any medicine for which the Head Teacher has not received written notification, staff at school will not be responsible for that medicine.

Storage of medicines

- Schools will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips
- A spare Asthma inhaler will be held which can be used by children diagnosed as asthmatic if they lose/forget their inhaler. Parents must give written permission for the inhaler to be used in an emergency.
- **EpiPens** – Where a child may suffer a severe allergic reaction two EpiPens should be kept in school. The school will maintain an allergy folder, and training for all staff will be updated annually.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other

sharps. (Children who need a sharps box are usually prescribed an extra one for school by their GP).

- Controlled drugs that have been prescribed for a pupil will be kept securely stored in a non-portable container, locked in the staff room, and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. School staff may administer a controlled drug to the child for whom it has been prescribed.

Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should make a note of this. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Other Medication/Issues

- Eye or ear drops - School do not routinely administer these and where this medication is prescribed parents may be required to make arrangements to come into school to administer.
- Sun cream – This must be applied by the child, or if the child is too young, by parents
- Vomiting/Diarrhoea – children must be kept off school for 48 hours after the last episode in order to ensure the welfare of other members of the community.

Emergency Procedures

All schools should have arrangements in place for dealing with emergency situations. This may be part of the school's First Aid procedures.

Individual Health Care Plans (IHCP's) should include instructions as what constitutes an emergency, how to manage a young person in the event of an emergency and identify who is the responsible member of staff. This should help everyone in school be clear of their role.

If a child becomes ill in the classroom they will be sent to the office accompanied by an adult. If no adult is available, another child will be sent to get an adult who can help. If a child needs to be taken to hospital, a member of staff will accompany them in the ambulance and stay with the child until the parent/carer arrives. If Covid-19 is the suspected cause, the child will be accompanied to the isolation room by an adult and monitored until they can be collected.

Educational Visits

The Governing Body, Head Teacher and Educational Visits Co-ordinator will endeavour to ensure that arrangements for trips include all pupils with medical needs. Pupils will be actively supported to take part in these activities.

The school will consider what reasonable adjustments can be made to enable young people with medical needs to participate fully and safely on visits. Risk assessments will cover arrangements for such young people.

Arrangements will be made to take any necessary medicines. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan will be available during the visit and will be carried by a member of staff for use in the event of an emergency.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, they will seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

Complaints

Should parents or pupils have any concerns about the support provided then they should discuss them directly with the school. If the issue is not resolved, a formal complaint may be made via the schools complaint procedure.

Summary of Parental Responsibilities

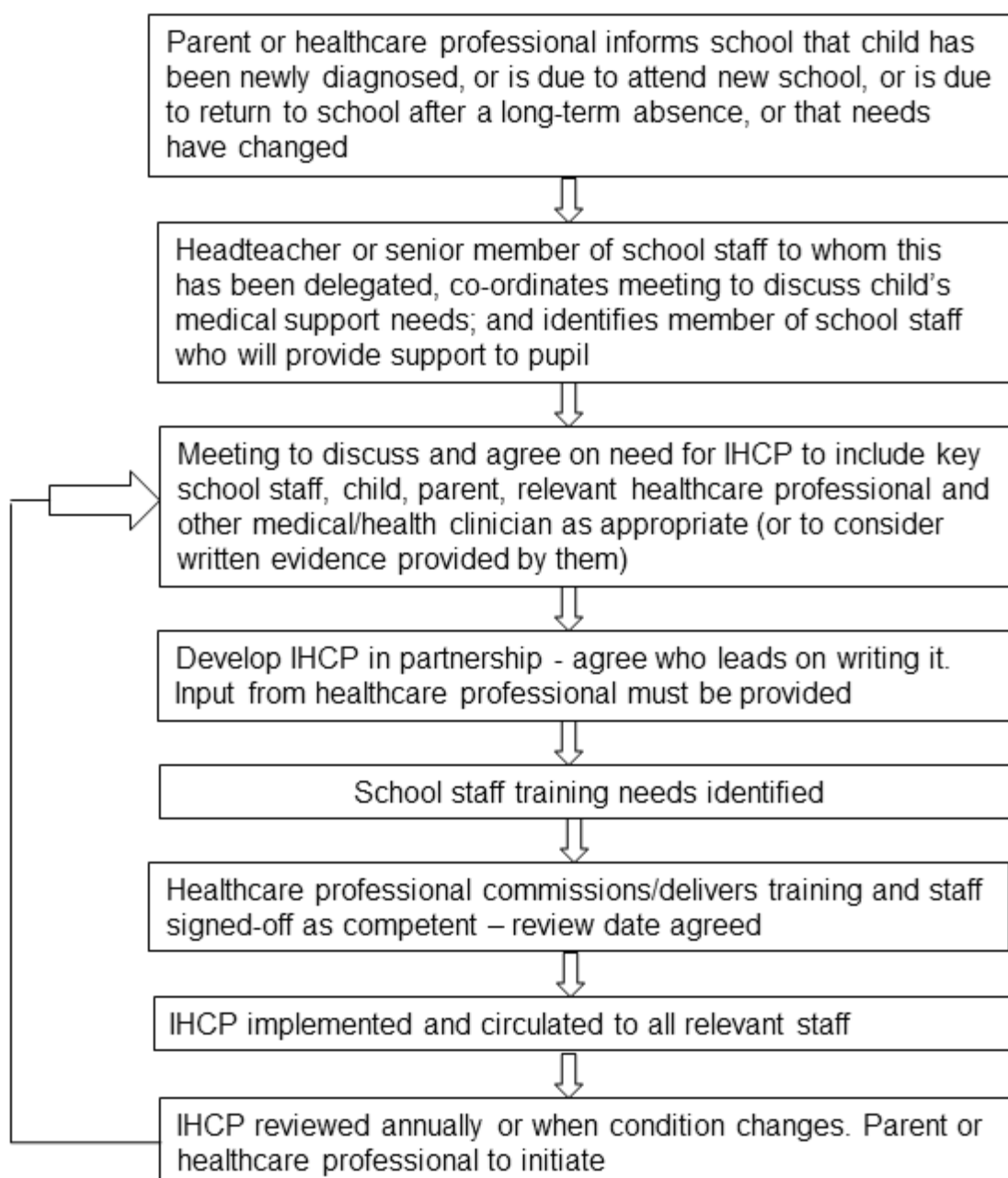
- To provide up to date contact information which can then be used if there is a query about the child's medication/condition or in the event of an emergency.
- To provide school staff (via First Aid lead) with written up-to-date and detailed information about their child's needs. The First Aid lead will ask for the information to be checked at least annually. Parents must update school of any change, however small.
- To provide written confirmation or a care plan from a medical professional where the child's condition requires it. It will usually be written by the child's Doctor or Nurse.
- To provide medication and any necessary equipment such as nappies/wipes/needles/insulin/ epi-pens. Parents are also responsible for ensuring that all such equipment is kept stocked up and in date. Medication must be in the original container with the pharmacy label showing the dosage.
- Parents will be asked to work with school staff to plan for any trips/special events which may affect the pupil's medical condition. For example, Residential visits or swimming lessons.
- Parents are responsible for providing evidence of any hospital appointments or absences from school; this can be recorded on the register. School will accept appointment cards/letters. Alternatively, we ask that the medical professionals endorse the child's reading diary, recording the time and date of the appointment. If a child has absences which are directly related to their condition (Hospital appointments etc.) then they will not be penalised for these absences. They will be given an M on the register.
- Children should not take a full day off for medical appointments unless medical treatment requires it.
- If your child is showing symptoms of Covid-19, school will follow the current government guidance. Please contact the office for additional advice.

Summary of School Responsibilities

- Share information with all adults working with the pupil. Write and update Individual Health Care Plans (IHCP's) if this has not been done by a medical professional.

- Liaise with parents and medical professionals, arranging meetings where needed.
- Ensure that at least two staff are trained to provide any care needed, and ensure training is kept up to date.
- Arrange storage of medication/medical equipment.
- Keep records of all medication given to children.
- Risk assess any parts of the school day which may affect a child's medical needs.
- Risk assess visits or residential trips if they may affect medical needs. Arrange for reasonable adjustments to be made to the trip if possible.

APPENDIX 1: MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



APPENDIX 2: INDIVIDUAL HEALTHCARE PLAN

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*)

Miss Le Marinel (Head Teacher) or Mr Axcell (Deputy Head). Group Leader for off-site activities.

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

APPENDIX 3: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The school/setting 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.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Bollinbrook C of E Primary School

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 4: record of medicine administered to an individual child

Name of school/setting	Bollinbrook C of E Primary School
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			
Reactions			
Administered by (staff signature/initial)			
Witnessed by (staff signature/initial)			

Date			
Time given			

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Date

Time given

Dose given

Reactions

Administered by (staff
signature/initial)

Witnessed by (staff
signature/initial)

Appendix 5: record of medicine administered to all children

Name of school/setting

Bollinbrook C of E Primary School

Date	Child's name	Time	Medicine name	Dose given	Reactions	Administered by (signed)	Administered by (print)	Witnessed by (signed)	Witnessed by (print)

Appendix 6: staff training record – administration of medicines

Name of school/setting

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

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER
Bollinbrook CE Primary School

Child showing symptoms of asthma / having asthma attack

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:

Name
(print).....
.....

Child's name:
.....
.....

Class:
.....
.....

Parent's address and contact details:
.....
.....
.....
.....
.....

Telephone:
.....
.....

E-mail:
.....
.....



Appendix 8

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:
.....
.....

Class:
.....
.....

Date:

Dear.....,

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. .
[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

