


<b>Organisation</b>	Middlezoy and Othery Schools	
<b>Title</b>	Medical Policy	
<b>Author</b>	Trust Health & Safety Compliance Officer	
<b>Owner</b>	Chief Executive Officer	
<b>Protective Marking</b>	OFFICIAL-Unclassified	

## MEDICAL POLICY

Middlezoy and Othery Schools are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in all Trust schools and to support individual pupils with medical needs. The policy is drawn up in consultation with the Head teacher and Special Needs Co-ordinator from Preston C of E primary school and complies with the Statutory DfE Guidance on Supporting Pupils at School with Medical Conditions (December 2015).

***This policy must be read in conjunction with the Trusts Policy on Children with Health Needs who cannot access School.***

The Trust Aims to provide a clear policy that is understood and accepted by all staff, parents, and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

In order to comply with the above, this policy provides; the Trust's rules that must be followed, the standards to be maintained and signposts to further guidance. It also highlights the risks to users, clients and the Trust and the potential consequences of breaching this policy.

This document will be available to the: Trust Chief Executive Officer, Board of Directors, Local Governing Bodies for all schools within the Trust, Headteachers, Employees within the Trust, and 3<sup>rd</sup> Party Contractors working for or on behalf of the Trust and Volunteers

***This policy has been written with the underlying principles of a Church of England school; however, it applies to all schools within the Trust. Although this policy applies in general across all schools within the Trust, some of the schools may use slightly different terminology. Therefore, each school within the Trust must adopt this policy and personalise it to fit their school.***

**The policy includes:**

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines.
- Procedures for managing prescription medicines which need to be taken in the school day.
- Procedures for managing prescription medicines on outings and trips.
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines.
- Assisting children with long term medical needs (to be read in conjunction with the Children with Health Needs who cannot access School)
- Staff training
- Record keeping
- Safe storage of medicines
- Emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

**This “policy on a page” is a summary of the detailed policy document below. Please ensure you read, understand, and comply with the full policy Revision History**

<b>Revision Date</b>	<b>Reviser</b>	<b>Previous Version</b>	<b>Description of Revision</b>
Nov 2019	Fiona Packer	Draft	Draft policy
Jan 2020	Fiona Packer	V001	New Policy
Jan 2023	Fiona Packer	V002	Scheduled review
Dec 2023	Fiona Packer	V003	Prompted review
June 2024	Fiona Packer & Ellie Booth	V004	New Individual Health Care Plan template and letters included
January 2025	Fiona Packer	V005	To include the need for a termly form for parents of children who have medical needs
Sept 2025	Fiona Packer	V006	Medication review
April 2026	Fiona Packer	V007	Included ref to the Trust’s policy on Children with Health Needs who cannot access school
April 2026	Fiona Packer	V008	Medical Care Plan – Staff Flow Chart added

***This policy will be reviewed at intervals not exceeding 3 years.***

## RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child's health and should provide their 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 their school head teacher & Special Educational Needs Co-Ordinator (SENCO) or other health care 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.

b) All teachers have a general professional duty to safeguard the health and safety of their pupils and to act "in loco parentis", that is, to act as any reasonable parent would. Section 100 of the Children and Families Act 2014 places a duty on proprietors of academies to arrange to support pupils, with medical conditions, at school. Therefore, all schools within the Trust will so far as is reasonably practicable, assist with the administering of medication to children where **essential**. Medication can only be administered where written permission has been obtained from the child's parent or carer. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health care professionals.

c) The policy of the Trust is **not** to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of medication or medical care during the school day only where it is absolutely necessary.

## SHORT-TERM MEDICAL NEEDS

If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition, they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.

## LONG-TERM MEDICAL NEEDS

***This section must be read in conjunction with the Trusts Policy on Children with Health Needs who cannot access School.***

Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals/ SENCO in consultation with the child's parents or guardians and will contain the following information:

- Definition and details of the condition
- Special requirements e.g., dietary needs, pre-activity precautions
- Treatment and medication
- Consent and agreement
- What action to take/not to take in an emergency
- Who to contact in an emergency?

- Staff training where required.
- The role the staff can play.

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENATAS may be contacted to support any adaptations to the curriculum.

In some cases, this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.

In addition to this, the school will also send out a termly form (see appendix 4) for parents of children who have medical needs so that they can update the school with any new, relevant information.

### INDIVIDUAL HEALTH CARE PLANS

a) A written, individual health care plan (appendix 2) will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required.

This will include:

- Details of the child's medical condition,
- Any medication,
- Daily care requirements
- Action to be taken in the event of an emergency.
- Parents/ carers details including emergency contact numbers.

b) Those who may contribute to a health care plan include:

- The school nurse, specialist nurses, children's community nurses, the child's GP, or other health care professionals (depending on the level of support the child needs)
- The parents/ carers (and the child, if appropriate)
- The head teacher and SENCO
- The class teacher, care assistant or teaching assistant
- Support staff who are trained to administer medicines or trained in emergency procedures.
- PIMS Team
- Trust H&S Compliance Officer

It is good practice to have a health care plan endorsed by a health care professional and in many cases, it is essential to do so.

c) The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.

d) Health care plans and training are not transferrable, even when children have the same condition.

Please see appendices at the end of this policy for templates on the following:

**Appendix 1** – Individual Health Care Plan template

**Appendix 2** – Whole school care plan letter

**Appendix 3** – review of care plan annual letter

**Appendix 4** - termly form for parents of children who have medical needs so that they can update the school with any new, relevant information.

**Appendix 5** – Medical care plans – staff flow chart

### **MEDICINES (PRESCRIBED AND NON-PRESCRIBED)**

a) Medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Where possible, medicines that need to be taken 'three times a day', should be administered "before school, after school and at night".

However, the Trust recognises that there may be extreme circumstances where this may not be possible therefore, if staff are required to administer medication during 'school hours' they may do so upon completion of the appropriate medical forms, with written permission from the parent/carer. Without written permission from a parent/carer, staff will not administer any medication that is required however, parents and carers are allowed into school to administer medication if they so desire.

b) Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) Schools within the Trust will only accept medicines that are presented in the original container which include the pupil's name, instructions for administration and dosage. The school will also require information such as time of last dose taken.

Both prescribed and non-prescribed medicines will only be administered with prior written permission from parents/carers in extreme circumstances. Staff will check the medicine has previously been administered without adverse effect and the appropriate medical forms must be completed.

***Staff will never administer medicines containing aspirin unless prescribed by a doctor.  
Staff will never administer medication containing ibuprofen to children who are asthmatic.***

### **ADMINISTERING MEDICINES**

a) The Trust recognises that no child under 16 should be given medicines without their parent's written consent. Following written consent using the appropriate medical forms, any member of staff administering medicines to a pupil should check:

- The child's name.
- Name of medication
- The required dose (including date/time of last dose)
- Expiry date
- Written instructions provided on the label or container.

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

b) A written record must be kept following administration of medicines to pupils, using the appropriate medical forms. These are witnessed by another member of staff.

c) If a child refuses to take a medicine, staff will not force them to do so but will record this on the appropriate medical form and parents/carers will be notified of the refusal.

### RECORD KEEPING

a) Parents should tell their school about the medicines their child needs to take and provide details of any changes, or the support required. Medicines should always be provided in the original container and include written instructions.

Requests for staff to administer medication should be completed using their school's medical form. These should include:

- Name of child
- Name of medicine
- Dose (including date/time of last dose taken)
- Method of administration
- Time/frequency of medication
- Any side effects.
- Expiry date

Completed forms should be kept in the class medical folder and referred to when administering medication. The medical form must be completed by staff following administration; this should also be kept in the class medical folder. If a child refuses medication, this must be recorded on the medical form and parents should be notified.

b) Requests for updated medical conditions including asthma, are distributed to parents at the beginning of each school year. These are collated by the school office/ SENCO/ SEN Assistant and registered and recorded. All staff have access to this information and actions to take in an emergency.

c) A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available to all teaching and support staff and is kept in the School Office. It is also recorded electronically on SIMS.

d) Health care plans for individual children are also kept in the classroom where they are accessible to all staff involved in caring for the child.

e) Further copies and full medical records are stored in the child's personal file locked in the SEN cupboard.

f) Children with food allergies have their photographs and details provided by the office to the catering provider to ensure that food products are safe for children.

g) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the head teacher/SENCO as they are presented.

### **STORING MEDICINES**

a) Staff will only store, supervise and administer medicine that has been authorised for an individual child. Medicines must be stored safely in the original container and clearly labelled with the child's name, the dosage, and instructions for administration.

b) Non-emergency prescribed medication is stored with the medical consent form in the school office. Medication requiring refrigeration will be stored in the staff room and access will be restricted to the refrigerator holding medicines.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Children should know where their medicines are stored; they should not be locked away. Where children are considered safely able to take care of their own medicines, they will be supported to do so.

d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The school will also check medication expiry dates twice a year.

### **DISPOSAL OF MEDICINES**

a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

### **EMERGENCY PROCEDURES**

a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.

b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.

c) All staff know how to call the emergency services; guidance is displayed on the school office noticeboard.

d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

e) If there is an emergency within the school i.e., if the fire alarm goes off, then it is the responsibility of staff to ensure that any essential medication is taken to the assembly point, for the child/ children to whom it applies.

### EDUCATIONAL VISITS

a) This Trust actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.

b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current general health and medication. Medication will only be administered, providing parents have completed the appropriate medical form & supplied the medicine to be administered.

c) All medication or equipment which needs to be administered during the visit should be handed directly to the class teacher in accordance with the school's guidelines.

d) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

e) Children's parents will not be required to accompany their own children on school trips. If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted, and medical advice sought from the school health service or the child's GP.

### SPORTING ACTIVITIES

a) All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental, and physical health & well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson for all children to be included in ways appropriate to their own abilities.

b) Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

c) Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.

d) Children are not permitted to share medicines in any circumstances. Only medicines authorised for a particular child may be taken by that specific individual.

### STAFF TRAINING

- a) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. Each school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.
- b) If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, e.g., the school nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training, but parents and children will be asked to participate in the training and give evidence on how they prefer things to be done.
- c) Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.
- d) School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition changes, they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan.
- e) School staff will request further training when needed, and professional updates.
- f) Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do so.
- g) The SENCO (in discussion with the head teacher) will liaise with health care professional and the trained staff to support and facilitate training refreshers and updates as needed.
- h) Individual members of staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCO will inform parents and health care professionals in writing and discuss whether further training is needed.
- i) In addition to all of the above, each school within the Trust also has several appointed First Aiders and Paediatric First Aiders. Training for them is also reviewed regularly and updated every three years.

## MEDICAL CONDITIONS

### *HEAD INJURIES*

Pupils who sustain a head injury **MUST** be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A bumped head form must be completed and sent home with the child.

### *ASTHMA, EPILEPSY, ANAPHYLAXIS AND DIABETES*

Parents have a duty & responsibility to notify the school if their child has any of these conditions & should provide details of any treatment & support, they may require in school. Relevant health care professionals will liaise between parents/guardians & school personnel to ensure staff are

aware of, and trained to provide, any relevant or emergency support or treatment. An asthma plan will usually be compiled, detailing the course of action to be taken. The Trust has separate policies for Asthma, Epilepsy & Anaphylaxis which should always be consulted.

**ABSENCE FROM SCHOOL FOR MORE THAN 15 DAYS**

a) For those children who attend hospital appointments or who are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event, advice may be sought from Medical/ PEVP panel who might offer additional support from the Link Education Centres.

b) Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will attempt to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained.

***Please also refer to the Trusts Policy on Children with Health Needs who cannot access School.***

**Appendix 1 – Individual Health Care Plan Template**



Middlezoy and Othery Schools

Photo of child

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date


## MIDDLEZOY AND OTHERY SCHOOLS – MEDICAL POLICY

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

## MIDDLEZOY AND OTHERY SCHOOLS – MEDICAL POLICY

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 circulated to: Admin Team/Pupil File; Class Teacher and Support Staff; Parents

<b>Date of plan:</b>	<b>Date of Review:</b>
<b>Parent signature:</b>	
<b>Senior member of staff signature:</b>	
<b>Class Teacher signature:</b>	

## Appendix 2 – Whole school care plan letter

[date]

Dear parents and carers,

In line with the PPAT Trust Medical Policy, we are reviewing our medical health care plans. Parents or guardians have prime responsibility for their child's health and should provide their school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.

If your child has a more complex medical condition, you should work with your school's head teacher & Special Educational Needs Co-Ordinator (SENCO) or other health care 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. Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a health care plan to meet individual needs and support your child.

If your child has a new medical condition or diagnosis, or requires updates to their existing plan, please contact the School Office to arrange to discuss this with us.

Many thanks,

School Office

## Appendix 3 – Review of care plan annual letter

[date]

Dear (Parent name),

### Health and Medical Care Plan review

Please find enclosed a copy of our Health Care and Medical Plan for [child's name]. I would appreciate it if you could review the attached plan and return it with any further amendments or information you would like included for this academic year, together with any relevant paperwork. If no amendments are required, please sign and return this copy to the School Office. If your child's medical needs have changed and you would like to meet and discuss this, please contact the School Office to arrange an appointment.

If you have any questions, please don't hesitate to contact me via the Office.

Yours sincerely,

[name]

SENCo

**Appendix 4**

<p style="text-align: center;"><b>Medical Care Plan Update</b>  <i>If you would like to see a copy of your child's medical plan, please contact the School Office.</i></p>					
Child's name:		Date of birth:			
Updates to the plan are needed (Please tick)		No update needed (Please tick)			
Changes & updates to be noted (Please indicate if you need to speak with a member of staff about this)					
Parent/ Carer name:		Parent / Carer signature:		Date:	

## Appendix 5

This flow chart will help schools to establish when a medical health care plan is required and when it needs to be reviewed.

### Medical Care Plans – Staff Flow Chart

#### Identification of medical needs:

- Child joins school with medical needs
- Diagnosis / need identified by NHS
- Under investigation (no diagnosis yet, but intervention may be needed)

Exception: Asthma has a separate plan

#### Write Medical Care Plan

- Write / update medical care plan in partnership with parents or NHS professionals / guidance using PPAT Trust template.

**Plan must be shared with all supporting staff.**

#### Send annual information request letter to parents / families

Is the school new to Trust medical documentation?

YES → Send Appendix 2 letter to ALL parents

NO → Send Appendix 2 letter to NEW parents only

#### Annual review of existing plans - September

- Send plan home with Appendix 3 letter
- Ask parents to sign and confirm amendments OR
- Book meeting (Parent, SENCo / Medical lead and Teacher, plus advisory medical professionals as needed)

#### Termly update (January / April)

- Send Appendix 4 update request
- Parents sign to confirm no change OR
- Book appointment if needs have changed

Please note, Schools may need to hold regular meetings for higher-need or evolving conditions (e.g. severe allergies, diabetes, epilepsy)

## Appendix 6

### Governance Arrangements

#### Policy Compliance

If any employee is found to have breached this policy, they may be subject to Preston Primary Academy Trust's disciplinary procedure.

Where it is considered that a criminal offence has potentially been committed, the Trust will consider the need to refer the matter to the police.

If you do not understand the implications of this policy or how it may apply to you, seek advice from the Trust Health & Safety Compliance Officer.

#### Policy Governance

The following table identifies who within Preston Primary Academy Trust is Accountable, Responsible, Informed or Consulted with regards to this policy. The following definitions apply:

- **Responsible** – the person(s) responsible for developing and implementing the policy.
- **Accountable** – the person who has ultimate accountability and authority for the policy.
- **Consulted** – the person(s) or groups to be consulted prior to final policy implementation.
- **Informed** – the person(s) or groups to be informed after policy implementation.

<b>Responsible</b>	Trust Health & Safety Compliance Officer
<b>Accountable</b>	Chief Executive
<b>Consulted</b>	Headteachers
<b>Informed</b>	All employees, contractors, volunteers and 3 <sup>rd</sup> parties

#### Review and Revision

This policy will be reviewed as it is deemed appropriate, but no less frequently than every **3 years**. Policy review will be undertaken by a rolling programme established by the Trust Health & Safety Compliance Officer.