Supporting Pupils with Medical Needs Policy

Status	Statutory
Review cycle	Annually
Date written/last reviewed	October 2026
Date of next review	October 2027
Name of Headteacher	Joanne Wreford
Name of Chair of Governors	Christina Powell
Published on website	Yes

This policy has been written in line with DfE statutory guidance 'supporting Pupils at School with Medical Conditions' 2014 and the 'Children and Families Act' 2014. In addition to the 'Guidance on The Use of Adrenalin Auto Injectors in Schools' 2017 and 'Guidance on the Use of Emergency Salbutamol Inhalers in Schools' 2015.

The policy should be read in conjunction with:

- Equalities Policy
- SEN Policy
- Accessibility Plan
- Child Protection/Safeguarding Policy
- Attendance Policy
- Health and Safety Policy

Principles

At Meadlands Primary School we are committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment or recuperation. Pupils will not be excluded from any activity offered by the school due to the nature of their medical condition. The school will do all that is reasonably practical to ensure their inclusion.

Governors have a statutory responsibility to ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education
- Arrangements are in place in school to support pupils at school with medical conditions
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported
- Appropriate levels of insurance are in place and that this appropriately reflects the level of risk

Definition of Medical Needs

For the purpose of this policy, pupils with medical needs are:

- Children with chronic or short-term medical conditions involving specific treatment or forms of supervision during the course of the school day, or
- Sick children, including those who are physically ill or injured or are recovering from medical interventions, or
- Children with mental health problems.

Identification of Medical Needs

Most medical needs will be identified by the parents in consultation with a medical professional outside school. The child's parent/carer has the responsibility to notify the school on admission of any medical conditions and a School Healthcare Plan (Appendix 1) will be written. It is the responsibility of the parent/carer to ensure that they notify the school office at the earliest opportunity any changes to the child's care plan. The school will ask for Care Plans to be amended/updated by parents/carers at least annually, usually in September at the start of a new academic year.

Any medical concerns the school has about a child will be raised with the parents and reported to the school nurse. Most parents will wish to deal with medical matters themselves through their GP. In some circumstances, the school, after consultation with the parent may write a letter to the GP suggesting a referral.

Named person
The members of staff responsible for ensuring the pupils with medical needs receive a proper access to education Jo Wreford, Headteacher. They will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to pass on information to the relevant members of staff. Parents may also be invited to meet with the SENCO or safeguarding lead if this is appropriate.

Catering for a pupil's needs in school
The majority of children who have medical needs are able to attend school regularly and do not have to undergo extended periods of treatment. Parents of new pupils are required to complete an admission form which gives the school basic information about individual medical needs. It is the duty of parents to return this form promptly so that any necessary preparations can be made. Information supplied by the parents is transferred to the School Medical Needs folder which lists the children class by class. A copy of the class Medical Needs folder is kept in all classrooms and the office so that it can be referred to easily by permanent staff and supply teachers. There are also copies in the Medical Room. Any children with allergies or intolerances have their photograph and a brief description of their needs and plan displayed in: School kitchen, Medical Room folder and Staff Room board.

Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs e.g. Diabetes Nurse, so that staff know what precautions to take and how to react in an emergency. Before taking children off the school premises, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed and parents/carers are consulted

Partnership with parents/carers and pupils
Parents/carers hold key information and knowledge and have a crucial role to play. Both parents/carers and pupils will be involved in the process of making decisions. This includes parents invited to assist in writing risk assessments for residentials that their child is attending Parent/carers are asked to keep the school informed about any changes in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and their permission will be sought before the school contacts any outside agencies. Parents and pupils will be consulted before any home tuition begins if needed.

Medication
The school does not take responsibility for administering medication for general ailments, including antibiotics. Medication is only administered in school in specific circumstances and following appropriate training and briefing from medical professionals and on seeking permission from the Headteacher. In such circumstances:

- A medical/health care plan will be put in place in consultations with the parent/carer and school nurse
- All medication must be clearly labelled with the child's name, doctor, prescribed dose, possible side effects
- Medication is taken under supervision. A register will be kept detailing the medication taken and when and who supervised
- It is the parents'/carers' responsibility to make sure that any medication is not out of date
- Needles will be disposed of in a sharps bin
- All medication will be kept locked in the school medical room
- On a day or residential trip, the named trip leader will take responsibility for ensuring that medication is taken from school for the duration of the trip and administered in line with the policy.

Adrenalin Auto Injectors (AAI / Epi Pens)

All staff, including support staff have up to date Anaphylaxis training and understand Benedict's Law. 'Signs for Anaphylaxis' to be displayed in all classrooms, medical room and school hall. We hold a 'spare' Adrenaline Auto Injector (AAI) in the school medical room, obtained, without prescription, for use in emergencies, if available, *but only to a pupil at risk of anaphylaxis,* where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instruction provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), you must call 999 without delay, even if they have already used their own AAI device, or a spare AAI. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate. Our 'emergency AAI kit' is stored in the medical room contains:

- 1 AAI (minimum, to be assessed if number of pupils with anaphylaxis increases)
- Instructions on how to use the device
- Instructions on storage of the AAI device
- Manufacturers information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangement for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

At least two named volunteers amongst the school staff Melissa Spicer and Kate Watts should have responsibility for ensuring that:

- On a half-termly basis the AAIs are present and in date
- That replacement AAI are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Schools may wish to require parents to take their pupil's own prescribed AAIs home before school holidays (including half term breaks) to ensure that their own AAIs remain in date and have not expired.

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAI can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council. Whenever an AAI is administered an ambulance should be called, whether the child improves or not, as the medicine can affect the heart's rhythm.

Schools conduct a risk assessment for any pupils at risk of anaphylaxis taking part in a school trip off the premises, in much the same way as they already do with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate under some circumstance to take spare AAIs obtained for emergency on some trips.

We hold an 'Allergy Register' which is part of our wider 'Medical needs in school register'. This contains:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI (and if so what type and dose)
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

Emergency Salbutamol Inhalers

All staff, including support staff to read 2015 Guidance Documents at Induction. 'How to recognise an Asthma Attack' and 'What to do in the event of an Asthma Attack', to be displayed in every classroom, school hall and medical room. From 1st October 2014 the Human Medicines (amendment No 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription for use in emergencies. *The emergency inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.* The inhaler can be used if the pupils' prescription inhaler is not available (e.g. it is broken or empty). A supplier will need a request signed by the Headteacher on headed paper stating: - the name of the school for whish the product is required and the total quantity required. Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

We hold an emergency asthma kit in the school medical room which includes: -

- A salbutamol inhaler;
- A compatible plastic spacer with the inhaler
- Instructions on how to use the inhaler and spacer
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date with half-termly checks recorded
- A note of the arrangements for replacing the inhaler and spacer

ALL staff to be: -

- Trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- Aware of the Medical Needs Policy
- Aware of how to check if a child is on the register
- Aware of how to access an inhaler
- Aware of who the designated members of staff are, and the policy on how to access their help

Designated members of staff should be trained in: -

- recognising the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- responding appropriately to a request from another member of staff
- Recognising when emergency action is necessary
- Administering salbutamol inhalers through a spacer
- Making appropriate records of asthma attacks

AED (automated external defibrillator)

We have 1 AED on site which is located by the Office

The AED should only be used on children, for whom it is part of their Health Care Plan and has been advised by medical professionals to be administered.

All staff to be:-

- Aware of any child who suffers from a heart condition and may need the use of an AED
- Receive training related to any heart conditions any of our children have
- Aware of the location of the AED

- Aware of who the designated members of staff are, who have been trained in using the AED

Designated members of staff should be trained in: -

- Recognising the symptoms of specific heart conditions for example hypertrophic cardiomyopathy (HCM)
- Responding appropriately to a request from another member of staff
- Administering life support through the use of the AED
- Contacting medical professionals as specified on the health care plan

Support staff:

- All support staff should complete Monthly checks of their class medical boxes and ensure that they are stocked.

Absence as a result of a medical condition

Absence of up to 15 days

Parents will follow the normal arrangement for informing the school as outlined in our attendance policy. If appropriate the school may provide the pupil with a pack of work to complete at home. Absence will be recorded on the register as I (Illness). M (Medical) is used for dental and medical appointments.

Absence exceeding 15 days

Where an absence exceeds 15 working days, the school will inform the Education Welfare Service. Parents will need to provide the school with a letter from a medical consultant containing details of the medical condition or intervention and information about the estimated period of absence. The Education Welfare Service will work with the school to provide home tuition. If a pupil is to be admitted to hospital for a period longer than 5 working days, then the headteacher will contact the hospital school and will consult the staff there about ensuring continuity of education. The school will send to the home tutor or hospital school records of the pupil's attainment and, if appropriate, their 'My plan' to support them in planning and delivering appropriate provision.

Home Tuition

Home tuition will start as soon as is practicable. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases the amount of tuition may be increased if the home tuition service has the capacity at the time. In cases where a child has recurrent or regular treatment and is away from school for a number of shorter periods, the headteacher will alert Education Welfare. The school will work with Education Welfare to make every effort to organise appropriate special provision for the people in question. The school, with the parents' cooperation, will maintain contact with pupils unable to attend. The school will continue to monitor the progress of the pupils unable to attend. This will be done through discussion with teachers working with the child out of school and by examining work samples (where appropriate). In cases of extended absence, the teacher will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher. The school will monitor the progress of this group of children and report on it to the governors at every Full Governors Meeting.

Reintegration following absence for medical treatment

As with the notification of absence, it is very important that parents give the school as much notice as possible about the pupil's date of return to school. The school will draw up an individually tailored reintegration plan in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases, it will be necessary to have outside professionals on site

when the child first returns. For some children, reintegration will be a gradual process. A pupil may start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for a pupil's return. If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for needs assessment under the SEND Code of Practice (Pupils with medical needs). There will be consultation with the parents on this matter.

Complex medical needs

Children with complex medical needs may require a care plan. This will be drawn up with parents and outside professionals. A named, designated member of the staff will supervise the carrying out of the plan. Pupils who have to carry out regular exercise or OT programmes will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with a degree of privacy whilst carrying out their exercises. Training will be given to staff if pupils need special arrangements for toileting. Protective gloves and aprons will be provided for staff and procedures put in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection with toileting.

Best Practice

Meadlands Primary school will do all it can to ensure that best practice is followed at all times. This includes: -

- Ensuring children have easy access to inhalers
- Supervising pupils who self-administer their medication
- Respecting the dignity of pupils at all times

We will not: -

- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parent or medical evidence or opinion
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their medical/care plans
- Send a child who has become ill to the school office unsupervised
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- Require parents to attend school to administer medication or provide medical support to their child, including toileting issues
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents to accompany their child

Complaints

1 If a parent/carer has a complaint about the way their child's medical condition/needs are being met by the school they should initially speak to the class teacher to try and resolve the issue.

2 If a parent/carer is still not happy then the parent/carer should put their complaint in writing to the head teacher. The headteacher will respond within ten school days

3 If a parent/carer feels that the issue has still not been resolved then they need to put their complaint, in writing, to the Chair of Governors. An initial response will be made

within five days acknowledging the letter. Within 20 school days, a Governor review panel will convene to review the complaint.

Monitoring of policy

This policy will be monitored by the Governing body each year to ensure compliance with statutory responsibilities.

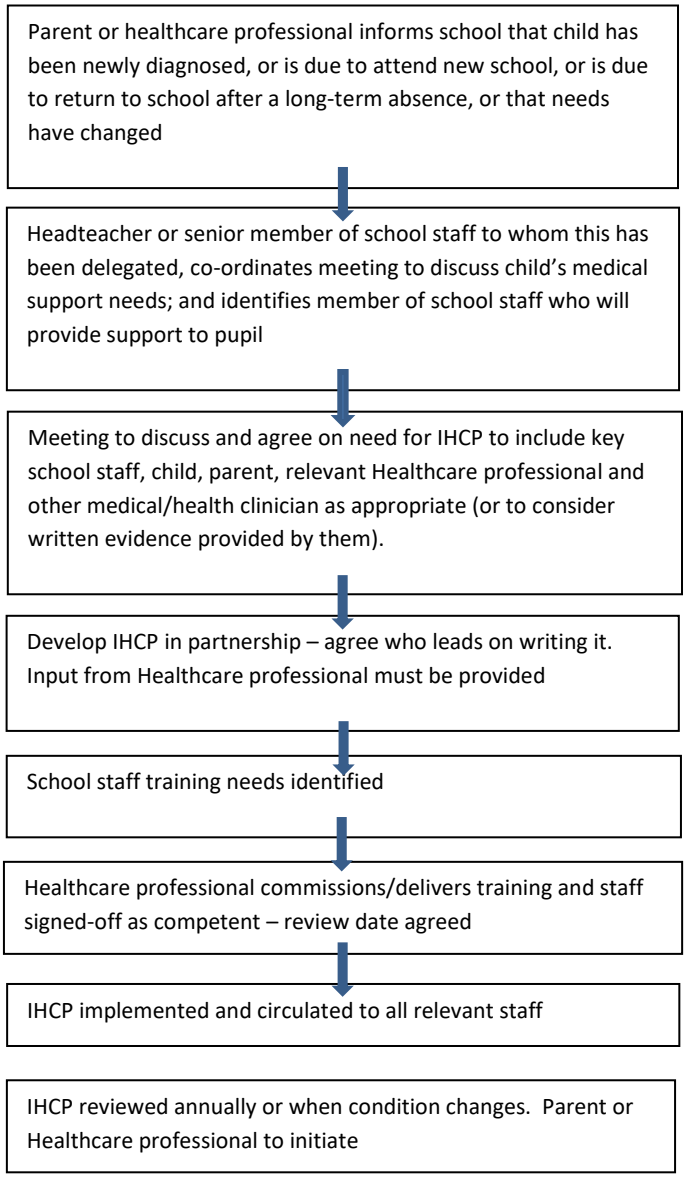
Appendix 1 – Individual Healthcare Plan Template

Meadlands Individual Healthcare Plan

In an emergency call 999 without delay

Name	
Class	
Date of Birth	
Problem	
Symptoms	
Treatment	
In an Emergency	Permission to Administer First Aid and to call Doctor – given
School Contacts	
Family Contact 1	
Family Contact 2	
GP Contact Details	
Clinic/Hospital Contact Details	
Parent/Guardian signature	

Appendix 2 – Model Flow Chart for Initiation of Individual Healthcare Plan



Appendix 3 – Letter template to the pharmacy to purchase an AAI

[To be completed by the headteacher on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school. The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (amendment) Regulations 2017. This allows the school to purchase 'spare' back-up adrenaline auto- injectors for the emergency treatment of anaphylaxis. (further information can be found at hhtp://www.gov.uk/government/consultations/allowing-shool-to-hold-spare-adrenaline-auto-injectors).

Please supply the following devices: -

Brand Name* _____

Dose* _____ (state milligrams or micrograms)

Quantity required _____

Signed _____

Date _____

Print name _____
Head teacher

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly used by its pupils (to reduce confusion and assist with training).

Appendix 4 – Emergency Inhaler and AAI Consent forms

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Meadlands 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 is held in the medical tin in class

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: ……..

CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR (AAI)

Meadlands Primary School

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis and/or has been prescribed an AAI [delete as appropriate].

2. My child has a working, in-date AAI, clearly labelled with their name which is held in the medical tin in class

3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to receive pre-filled pen delivering 150 micrograms of adrenaline 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 5 – Template letter to inform parents of emergency inhaler use

Child's name: ……
Child's 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 the use their asthma inhaler
Or
They did not have their own asthma inhaler, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …….. puffs.
Or
Their own asthma inhaler was not working, so a member of staff helped them use the emergency asthma inhaler containing salbutamol. They were given …….. puffs.

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

Yours sincerely,

_____