Wincle CE Primary School

*Wincle School provides an enriching and outstanding rural education. We nurture the whole individual: body, mind and soul, inspiring rounded, happy, courageous children **who shine in all that they say and do**. Our children exhibit a passion for learning, a confident faith, a loving concern for community and an inclusive respect for all.*

Shine Like Stars' Philippians 2:15

Medical Needs Policy	
Date updated:	**Brief summary of changes:**
October 2026	Policy reviewed and change made regarding responsibilities of health care plans.

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.

Related Policies and Procedures

This policy should be read in conjunction with a number of other school policies and procedures that support the health, safety, wellbeing and inclusion of pupils. These include:

- First Aid Policy
- Administration of Medicines Policy
- Allergy and Anaphylaxis Policy
- Asthma Policy
- Educational Visits Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Intimate Care Policy
- Accessibility Plan
- Attendance Policy
- Emergency Evacuation Procedures

Where a pupil has a specific medical condition, staff must also refer to the pupil's Individual Healthcare Plan (IHCP), any associated risk assessments and any guidance provided by healthcare professionals.

Pupils with medical conditions may also have disabilities or special educational needs. In these circumstances, this policy should be read alongside the SEND Policy, Accessibility Plan and Equality Objectives to ensure that reasonable adjustments are made and that pupils are able to access all aspects of school life.

The school recognises that some medical conditions, including severe allergies, asthma, epilepsy, diabetes and mental health conditions, may require additional procedures, staff training or emergency arrangements. These will be detailed within the relevant policy and the pupil's Individual Healthcare Plan.

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 such as those with epilepsy, severe allergies, diabetes or asthma, and may require medicines on a long-term basis.

Wincle 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 planning 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 Body 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 Wincle, 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 ICHP.

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. At Wincle, the headteacher, who is a qualified pediatric first aider, is responsible for the completion of individual health care plans. 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 shared with all members of staff who work with the pupil. Information will be confidential. The First Aid Lead will retain master copies of IHCPs in the First Aid room.

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, 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 of pupils with medical conditions such as Asthma, Epilepsy, Heart Conditions and Allergies are stored in class teacher files and a shared one in the school office.

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

Support and training for medical conditions

All school staff will be made aware of this policy and the reading of this policy will be part of the induction park for new staff members.

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.

Wincle has several adults who have volunteered and been trained as first aiders. 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 when a current pupil has a 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.

Other pupils in the school will know what to do in general terms in an emergency, such as informing a teacher immediately if they think help is needed.

Administration of Medication

- 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 including the use of paracetamol and ibuprofen. *(Appendix 5)*. Parents will be informed of any medication given *(Appendix 4) and sign to acknowledge they have received the information*. 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. 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 Body (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 medicines that are in-date, 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 either in a locked cupboard or in a fridge which is located in the school's kitchen which children do not access. 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. Other medicines should be locked away out of pupils' reach.

- 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.

- 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 First Aid 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.

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 remain in the classroom under supervision. 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.

Governors have agreed that Piriton is to be stored in school in a locked cupboard in case of emergencies. It will only be used following the instruction from a health professional whilst the school awaits an ambulance.

Educational Visits

The Governing Body and Head Teacher (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 school's 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. Administrative staff will ask for the information to be checked at least

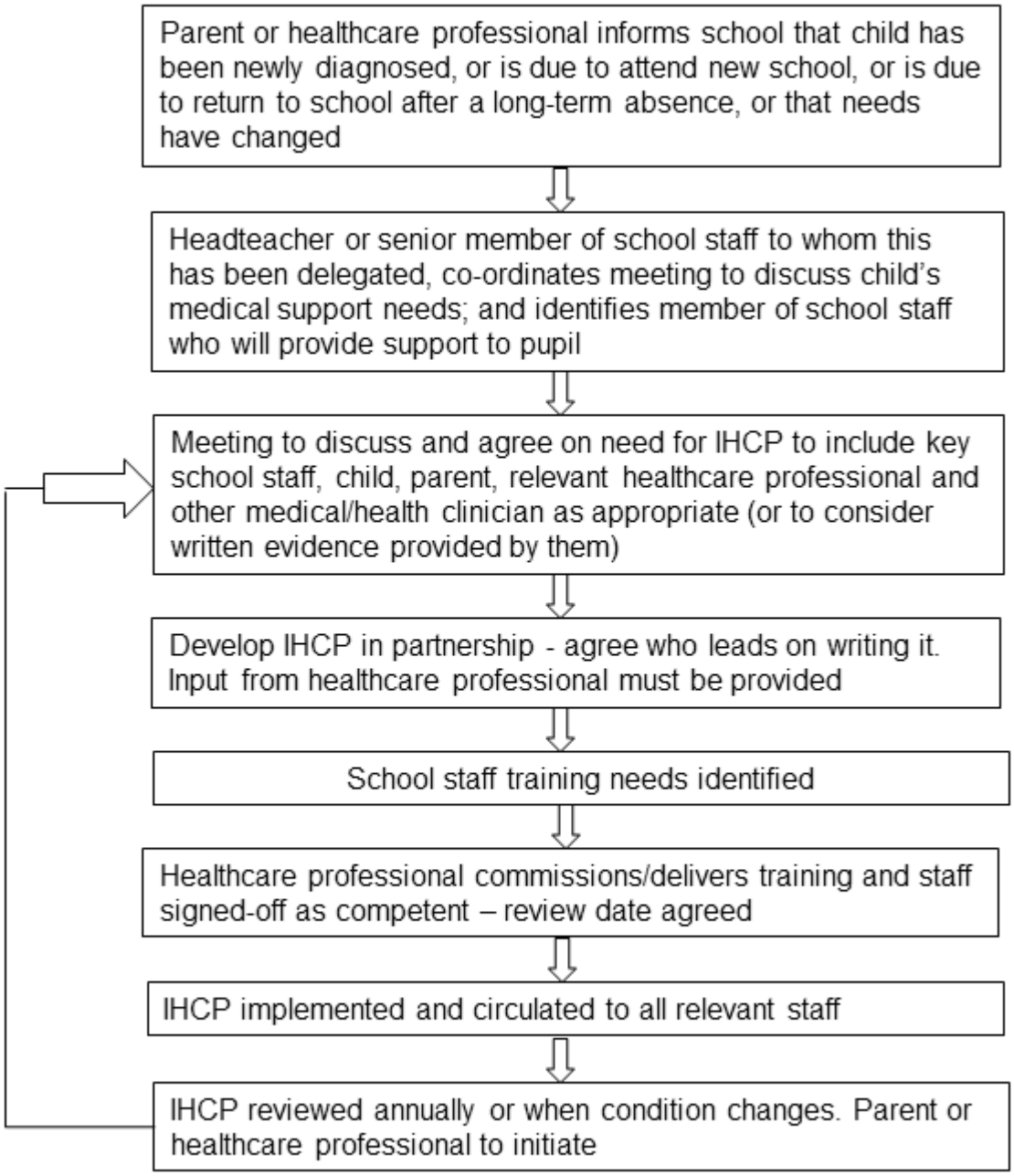
annually at the start of each academic year. Parents must update school of any change, however small.

- 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 penalized 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.

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 for long term medical conditions (Eg. Asthma, Epilepsy, Heart Conditions, Diabetes and Allergies)

Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Address	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Address	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	
G.P. Name	
Phone no.	

Who is responsible for providing support in school	Staff paediatric first aiders.

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

Emergency procedures: 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

Appendix 3: parental agreement for setting to administer long term prescribed medication

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

Name of child	
Date of birth	
Medical condition or illness	
Review date	September

Medicine in original container as dispensed by the pharmacy

Name 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 needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Family Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	See individual health care plan.
I understand that I must deliver the medicine personally to	Staff paediatric first aider:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school 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 (long term prescribed medication)

Name of child	
Name of medicine	
Expiry date	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

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

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

MEDICAL NEEDS POLICY WINCLE C. E. SCHOOL

Name:

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Appendix 5: parental agreement and record of medicine administered to an individual child (short term prescribed medication) (Eg. Anti-biotics, inhalers for coughs and prescribed paracetamol)

Name of child	
Date of birth	
Medical condition	
Name of medicine (as given on the **prescribed** container)	
Expiry date	
Dose	
Frequency/timing of dose	
Special precautions/side effects/ other information school should know about	
Procedures to take in an emergency	

Name of parent _____

Up to date contact details held by school office? Y/N _____

Signature of parent _____

Staff signature _____

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Date			
Time given			
Dose given			
Any reactions			
Member of staff			
Staff initials			
Parent initials			

Appendix 6

PARENTAL CONSENT FOR USE OF EMERGENCY SALBUTAMOL INHALER

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 on the original prescription label, which will be kept in school in the locked medical cabinet.

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 7

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,

Appendix 8: staff training record – administration of medicines

Name of school	Wincle CE Primary
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

MEDICAL NEEDS POLICY WINCLE C. E. SCHOOL