Fairfields Primary School

Medical Needs Policy

September 2026 – September 2029

We will value the way in which children are unique, celebrating diversity and valuing the importance of each person within our community. We will respect others regardless of ability, gender, ethnicity or religion. We will provide a happy, caring, supportive and positive learning community where each child can develop and extend their potential and achieve success.

Aim

The ultimate aim of this Policy and scheme is to provide the safeguarding of children and ensure equity and inclusion for all and to ensure all their medical needs are met in a sensitive and safe way.

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short−term situation or a long−term medical condition which, if not properly managed, could limit their access to education. The Governors and Staff of Fairfields Primary School ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities. This includes children with physical needs or a physical disability.

Roles and Responsibility • The role of the Headteacher and Governing Body

The ultimate responsibility for the management of this policy lies with the Headteacher and Governing Body. The Headteacher will manage the policy on a day−to−day basis and ensure all procedures and protocols are maintained.

The School Medical Officer (Vanessa Ford) will ensure accurate and up to date records are kept for children with medical needs.

- **The Role Staff – Staff 'Duty of Care'**

  Anyone caring for children, including teachers and other school staff, have a

common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers / childcare practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non−teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

- **The Role of Parent / Carers**
  Parent / carers have prime responsibility for their child's health and should provide the 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 the School / other health 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.

Identification
Upon entry to school, parent / carers will be asked to complete admission forms requesting medical information together with parental emergency contact numbers. We request that parents keep us up to date with any changes in medical information and emergency contact numbers. We also send out data collection sheets 3 times per year for parents / carers to check, amend and sign to ensure all our records are up to date and relevant.

Individual Health Care Plan (IHCP)
The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents / carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents / carers of the school, or as required.

An IHCP will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play
- Special requirements e.g. dietary needs, pre−activity precautions
- Any side effects of medicines

A copy will be given to parents / carers, class teachers. childcare practitioners and a copy will be retained in the medical needs file in the Medical Room and in the child's individual file. The general medical information sheet given to all staff will indicate that the child has an IHCP.

Communicating Needs
A medical file containing class / childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non−teaching staff (including Lunchtime Supervisors and Activity Leaders) on the school portal. A hard copy of all medication forms and IHCPs will be kept in the Medical Room secure cupboard.

First Aid
Many of our staff are trained 'First−Aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent / carer as soon as possible. If hospital treatment is required and a parent / carer is not available, 2 members of staff will take the child to hospital and stay with them until the parent/carer arrives. If the child is required to travel by ambulance, a member of staff will accompany the child in the ambulance.

We will inform parents / carers by making a telephone call and use a form or a wrist band to inform you that your child has had a bang on the head and received first aid attention.

The Use of First Aid Cold and Hot Packs
All children that come to the Medical Room for any injury and/or aches and pains will be assessed. If it is deemed that the child needs a cold/hot pack, staff will check with the child where the pain is and establish if there is any obvious injury and / or mark prior to administering the cold / hot pack. Cold / hot pack covers are always used so that they are not put directly on to the skin.

Allergy to Plasters
Children that are unable to have plasters due to having an allergic reaction to them will be offered a low adherent dressing to cover any grazes or wounds.

Accident Reporting
Details of all accidents / incidents are recorded on Bromcom/ accident forms together with any treatment provided. Accidents of a serious nature are reported to the Headteacher / and or the Senior Leadership Team.

Physical Activity
We recognise that most children with medical needs (including children with Asthma) can participate in physical activities and extracurricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in the IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits
When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.
Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent / carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Residential Visits

Parent / Carers of children participating in residential visits will need to complete a consent form giving details of all medical / dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

Administration of Medicines

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy. Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents / carers provide such medication to the school and parents / carers must specifically request in person that the school administers it.

Medication will not be accepted without a completed Administration of Medicines Consent Form with clear instructions as to administration. The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs, the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.

Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to Reception or person authorised by the Headteacher. The school will not accept medication which is in unlabeled containers.

Staff who volunteer to assist in the administration of medication must receive appropriate training / guidance identified by the Headteacher in liaison with health professionals.

Children who have had any medication administered will be given;

- Green medication band for inhaler use.
- Yellow band for any other medication used – the time given and date and amount administered to be written on the band.

A digital communication will be completed and sent home with the child. Details of this will also be entered onto the Bromcom system.

Children on long term medication will have their medication registered in an individual book. This will be photocopied on a Friday and details entered onto the Bromcom system and hard copy to be put in the pupil's file.

The Headteacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a safe place in the Medical Room. The school member of staff administering the medication must record details of each occasion when medicine is administered to a child and any administration of medicine should be witnessed by a second member of staff.

If children refuse to take medication, the staff will not force them to do so. The school should inform the child's parent / carer as a matter of urgency and may need to call the emergency services.

Parent / carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents / carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

Diarrhoea and Vomiting
If a child has had diarrhoea or vomited (or both), they should be sent home and parents advised that the child should not attend school until 48 hours after the last episode. If they have either symptom at home, the 48 hour rule still applies.

Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy
The school recognises that these are common conditions affecting many children and young people and welcomes all children with these conditions. The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

Anaphylaxis

Anaphylaxis policy from September 2026.
All schools are required now to purchase Adrenaline Auto−Injector (AAI) without prescription for use in emergencies to children that have been prescribed with an AAI. These are kept on a shelf in the medical room.

Written parental consent is required (as with any medication being administered) to enable staff to administer the AAI should an emergency occur.

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non−foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system.

In the event of an attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance.

How will staff know which children might need an AAI?
Photographs of all children needing an AAI can be found inside the cupboard of their classroom /the lunch hall and all staff are made aware of each child's medical condition from the IHCP. At the start of each school year all members of staff are allocated a comprehensive report detailing each child's medical condition.

Children's IHCP's are kept in classrooms along with their adrenalin pens and antihistamine, copies are also stored centrally in the medical file in the office and in individual children's files.

How will staff know when and how to administer an AAI? There
will be annual training sessions for all staff.

Where are AAI stored?
AAI's are stored in labeled boxes in the child's class. School spare AAI are stored in the medical room with copies of permission slips from parents. The School Medical Officer is responsible for monitoring the expiry date of the AAI/and or other prescribed medication and advising parents/carers accordingly.

School spare AAI are 0.15mg and 0.3mg. In event of the child's own AAI not being available, the same dosage they are normally prescribed should be used UNLESS advised by a member of the emergency services to use a higher dose.

Asthma
From 1st October 2014 the Human Medicines (Amendment)(No 2) Regulations 2014 will allow schools to keep a salbutamol inhaler, without prescription, for use in emergencies (if they wish) for any pupil with asthma or who has been prescribed an inhaler as a reliever for other medical conditions. The inhaler can be used if the child's inhaler is not available, empty or broken etc. Parental consent is required for this as with any medication being administered.

Inhalers and spacers will be thoroughly cleaned after use with manikin wipes to stop any cross infection, guidance on this can be found in the Emergency Asthma Kit which is stored in the medical room.

Asthma is common and appears to be increasing in children and young people. The most common symptoms of Asthma are coughing, wheezing, tight feelings in the chest or getting short of breath. There are two main types of inhalers to treat Asthma, Relivers (blue inhaler) should be taken to relieve Asthma Symptoms and also during an asthma attack, sometimes children will take their inhaler prior to play time and / or before exercise, whilst Preventers (various colours) are usually used out of school hours.

Children who are able to use their inhalers themselves are encouraged to have it with them at all times (with a spare inhaler kept in the medical room). If the child is too young or immature to take that responsibility, staff should make sure that it is stored safely and readily available at all times.

How will staff know when a child is having an asthma attack?
Asthma is covered in our First Aid Training Courses.

Signs of an asthma attack
Coughing, short of breath, tight chest and wheezing. When a child has an asthma attack, they should be treated according to the IHCP. An ambulance should be called if symptoms do not improve within 5 – 10 minutes or if the child is too breathless to speak, becomes exhausted and looks blue.

Diabetes
We recognise that Diabetes should not be taken lightly because it is a very serious condition and could result in a Hypoglycaemia attack (Hypo) where blood sugar levels become too low,or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own IHCP. Each child with diabetes will

have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

Eczema
We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Epilepsy Seizures IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

- Stay calm.
- If the child is convulsing then put something soft under their head.
- Protect the child from injury (remove harmful objects from nearby).
- NEVER try and put anything in their mouth or between their teeth.
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
- When the child finishes their seizure, stay with them and reassure them.
- Do not give them food or drink until they have fully recovered from the seizure.

Head Lice
Any case of head lice should be reported to the school. Parent / Carers will be advised on an appropriate course of action as advised by the local health authority. Individual cases will not be identified unless it becomes a safeguarding issue. If there are concerns with regards to head lice, the information will be shared as a whole class, year group or school.

Staff Training
The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend epi pen training annually.

Confidentiality
Staff must always treat medical information confidentially. Agreement should be reached between parents / carers and the school about whom else should have access to records and other information about a child and this will be detailed in their IHCP. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other Agencies

The School Nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and Evaluation

Staff and Governors, on a three−yearly basis will review this policy unless circumstances demand an earlier review.

Approval: Medical Needs Policy 26 -29

This policy was ratified by the Governors

Date: September 2026

Signed: Penelope Beesley-Evans

Next Review on or before:

September 2027

This policy will be reviewed annually and approved by the Governors on an annual basis.