



## **Medical Needs Policy**

**Completed by: Sarah Dakin**

**Date: September 2025**

**Review Date: September 2027 (or in line with new guidance)**

### **Policy Development & Consultation**

Ladywood staff have contributed to the development of this policy during staff and curriculum meetings, and have been consulted throughout the process. This policy has been developed in line with recommendations using current guidance.

### **Introduction**

The Children and Families Act 2014 (Section 100) places a duty upon schools to make arrangements to support pupils at school with their medical conditions in line with the statutory guidance issued. The aim is to ensure that all children with medical conditions, both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

As a special school dealing with pupils who experience a wide variety of special needs, we endeavour to promote a positive ethos, which supports all of our children's needs. Supporting pupils with medical needs, and in particular the administration of medication, is an issue, which must not only be handled sensitively but must follow clearly stated guidelines which serve to reassure parents, pupils and staff.

The following guidelines are intended to provide clarity and ensure that all pupils are treated in the same manner. The guidelines have been formulated

in consultation with specialist health care professionals, school nursing team and with reference to the DfE Guidance.

- All medication administered in school will be recorded and witnessed by two members of staff.
- Medication must be handed directly to a member of school staff by the parent and must not be transported via authority transport or in a child's book bag.
- All staff involved with supporting a specific individual have the relevant training.
- All Emergency medication, travelling with transport, will be signed into the office on a daily basis. This is the responsibility of Transport colleagues.

### **Long Term Medical Needs**

This aspect refers to conditions such as asthma, epilepsy, hyperactivity, diabetes and severe allergy. Pupils may need medication to be given in school on a regular or emergency basis and we, of course, agree to administer this as required. A list of pupils with long term medical needs will be available throughout school and will be updated at regular intervals and added to children's individual CPOM accounts.

The administration of medication for long term needs will be identified in an individual pupil's health care plan which will be prepared by the school nurse and other specialist health care professionals. A Medication Permission Form should be completed by parents/carers and added to CPOM. A copy of the permission form is to be kept with the medication along with a record of every time the medication has been given and in regard of epilepsy medication a seizure recording chart may be required.

All staff are to be aware of and follow pupils' individual health care plans (IHCP), particularly with reference as to what to do in an emergency. This duty also extends to staff leading activities taking place out of normal school hours and/or off the school site. This could extend to a need to administer medication or call for help from the emergency services. In the absence of a healthcare plan, the school's standard emergency procedure will be followed.

Any medication being brought into school must have an official printed pharmacy label showing the child's name, dosage and expiry date. Some emergency medication - adrenaline pens and Asthma inhalers will be held in the top draw in classroom filing cabinets (an identifiable medical sign will be used to indicate where the medication is). Buccal will be held in the emergency medical cabinets in school (Medical Cabinet 1 if you are in the first section of school and Medical Cabinet 2 if you are in the second half of the school). Class teams are responsible for knowing where the medication is held and monitoring the temperature (a thermometer is provided). If the environment exceeds safe temperature levels, medications must be promptly relocated to a cooler area to maintain their effectiveness. This is locked and

clearly labelled for all staff to quickly identify. Other medication such as creams, antibiotics etc, or the will be kept in the locked medicine cupboards (Medical Cabinet 1 or 2 dependent on location within school). With parental permission, information regarding medication in school will be available to the school nurse and appropriate health care professionals.

School emergency medication is now available for children with Asthma and Anaphylaxis under the Human Medicines Regulations 2014/2017 within school, should an incident arise when their medication is out of date or not available. Consent forms are collected annually for specific children and medication is renewed when needed from the local Pharmacy. Staff within school are made aware of these children and this medication can be found in Medical Cabinet 1.

### **Intimate or Invasive Treatment**

Occasionally, it may be necessary for a pupil to have intimate or invasive treatment such as the administration of rectal diazepam for epilepsy. The management of such medication will be handled as specified above (Long Term Medical Needs).

Obviously this needs to be handled sensitively. Staff will be asked to volunteer for training. The decision must rest with individual staff members and there must be absolutely no obligation for anyone to volunteer. Training will be carried out by the school nurse as required.

On the rare occasions when this may be necessary, the process will be carried out with respect to the child's dignity at all times. Two members of staff must be present throughout the process. Following the administration of such medication, a record will be made which will be kept by the class team and a copy given to the AHT Medical Lead and uploaded to CPOM. A copy can be sent to parents upon request.

### **Short Term Medical Needs**

This may apply to all pupils at some time during their education at Ladywood. If a pupil is unwell, there is an expectation that parents will keep them away from school until they feel confident that the child is fit for school.

#### **Public Health England Sept 2014: "Guidance on infection control in schools and other childcare settings"**

However, we do recognise that often a child is well enough for school but has not finished a course of medication (antibiotics). In cases such as this we request that parents time the dosage around school hours.

In very exceptional circumstances, where a child has a recurrent problem but is fit enough for school, we will consult with parents and SLT may agree to waive this policy. In circumstances such as this, we will require written consent (Appendix 1). Medication must be clearly labelled and it is the responsibility of parents to bring and collect medication from school.

In certain cases medication can be transported on local authority transport, this is emergency medication for Epilepsy or Anaphylaxia and will travel in a locked box. Routine medication will not be transported on local authority transport and will need to be dropped at the school by parents where medication forms will be completed.

A record will be kept of the administration of any medication, signed by two members of staff.

### **Training**

The training schedule for the administration of medication in school is in agreement with Integrated Community Paediatric Services (ICPS) and Woodbridge Academy.

Medical Administration training and Asthma Level 1 training is completed via National College training platform.

Bespoke medical training will be arranged for all staff working with identified children: epilepsy, anaphylaxis. This may be updated throughout the year dependent on any changes.

### **Disposal of Medication**

Staff should not dispose of medicines. Medication should be returned to parents who are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal, contact can be made with the school nurse for support and guidance.

Any accidental spillages of medication or dropped tablets should be put into the Sharps box (kept with the medicine cabinets in the Medical room). The Sharps box will be emptied by the school nurse when needed or every 6 months.

No medication should be disposed of into the sewage system or into the refuse. This guidance is in line with current waste disposal regulations. The School Nurse will dispose of any unused medication.

### **Ethnicity & Equal Opportunities**

Our policy is designed to be culturally appropriate and inclusive of all children. We will aim to avoid any form of racism, sexism and stereotyping.

### **Partnership with Parents**

At Ladywood, we strive to build and maintain an atmosphere of mutual respect and dialogue in which the needs of children are paramount. We believe firmly in the need for involvement of parents and carers in the education of their children at Ladywood.

### **Monitoring the Policy**

The Governing Body is responsible for ensuring that the school complies with legislation, and that this policy and its related procedures and strategies are implemented

### **Dissemination of the Policy**

Head of School, Trustees, all staff members and health professionals will have access to this policy via the website and copies are available in school for parents on request.

### **Health Records**

Upon starting at Ladywood Parents are asked to complete a Health Questionnaire and then to update the school nurse whenever there are changes to their child's health throughout their life at the school. This health questionnaire contains essential information regarding a child's health and dietary needs and identifies whether a Health Assessment is required from our school nurse and/or any Health Care Plans need writing. This information is then shared with key staff members, including the class team, AHT Medical Lead and is kept on our recording systems: CPOMS. Editing access to this system is limited to key staff members.

Individual Health Care Plans are stored on CPOMS. Individual Medication Plans are kept with the child's medication.

No paper NHS records are stored on site.

Sharing information between professionals:

Staff members have to adhere to statutory guidance when respecting pupils' confidentiality and staff only access records if they are involved in the pupils care plan. Families give consent for care plans to be shared with professionals when required. However, in certain circumstances this information may need to be released without consent if failure to disclose would place others at risk of death or serious harm.

The Information Commissioner's Office states that parents can make subject access requests on behalf of their children who are too young to make their own request. Therefore, parents have the right to access this information should they request to.



# Appendix 1

## Medication Permission Form

The school will not give your child medicine unless the Head of School or SLT have agreed that school staff can administer the medication. Please complete and sign this form.

Medication being administered in school must have a printed pharmacy label including child's name, dosage and expiry date.

Parents should bring and collect all medication from school, it cannot be transported on local authority minibuses, unless in emergency situations.

### DETAILS OF PUPIL

Surname .....

Forename .....

Address.....

Male/Female .....

.....

Date of Birth.....

.....

Class.....

Condition or illness.....

GP Name & Address .....

### MEDICATION

Name/type of medication including inhalers (as described on the container)

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Name of Prescribing Doctor.....

Expiry Date: .....

### **Full directions for use: (As prescribed only)**



## Appendix 2

Procedure/Activity/ Use of	Yes/No	Cover Available
Administration of Medicines	YES	Subject to being pre-prescribed by a medical practitioner and written guidelines. Via nasogastric tube, gastronomy tube or orally. Where this involves children, wherever possible parents/guardians should provide the medication prior to the child leaving home. A written consent form will be required from parent/guardian and this should be in accordance with LEA procedure on medicines in schools etc Similar considerations should be given when asked to administer "over the counter" medicines.
Apnea Monitoring	YES	In respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring
Bathing	YES	Following training and in accordance with written guidelines
Blood Samples	YES	But only by Glucometer following written guidelines
Buccal Midazolam	YES	Following written guidelines
Catheters	YES	Following written guidelines for the changing of bags and the cleaning of tubes. There is no cover for the insertion of tubes
Colostomy/Stoma care	YES	Following written guidelines in respect of both cleaning and changing of bags
Chest drainage exercise	YES	Following written health care plan provided under the direction of a medical practitioner
Dressings	YES	Following written health care plan for both application and replacement of dressings
Defibrillators/First aid only	YES	Following written instructions and appropriate documented training
Denture cleansing	YES	Following appropriate training
Ear/Nose drops	YES	following written guidelines
Epipen/Medipens	YES	Following written guidelines with a pressurised eppipen
Eye care	YES	Following written guidelines for persons unable to close eyes Should be a qualified first aider and applies during the course of the business of the benefit of employees and others
First aid	YES	
Gastronomy tube - peg feeding	YES	Cover available in respect of feeding and cleaning following written guidelines. No cover available for tube insertion
Hearing aids	YES	For assistance in fitting/replacement of hearing aids following written guidelines
Inhalers, cartridges and nebulisers	YES	Both mechanical and hand held following written guidelines
Injections	YES	But only for the administering of pre-packaged doses on a regular basis pre-prescribed by a medical practitioner and written guidelines. See below for Insulin injections
Insulin injections	YES	Where possible, these should be self-administered but can be undertaken by trained staff in accordance with written care plan. Cover will operate in respect of the administration of doses that need to be determined due to individual needs of the person as long as this is set out in their care plan and, for children, has parental/guardian approval.
Intranasal midazolam	YES	Following written guidelines
Manual evacuation	YES	
Mouth toilet	YES	
Nasogastric tube feeding	YES	Following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion which should be carried out by a medial practitioner
Oxygen - administration of and assistance with	YES	following written guidelines and suitable training in use of the equipment including oxygen saturation monitoring where required. There is no cover for refilling of oxygen cylinders from a main tank
Reiki	YES	
Physiotherapy	YES	When undertaken by suitably trained staff but excluding treatment by qualified physiotherapists
Pressure bandages	YES	Following written guidelines
Rectal midazolam in pre-packaged dose	YES	Following written guidelines and TWO members of staff must be present
Rectal diazepam in pre-packaged dose	YES	Following written guidelines and TWO members of staff must be present
Splints	YES	As directed by a medical practitioner
Swabs- external	YES	Following written guidelines
Toe nail cutting	YES	Following written guidelines

**Bolton Council      Medical Treatment Insurance Condition**

**Schools Treatment Endorsement**

It is a Condition precedent to the right of the Insured to be defended or indemnified under this Policy that the Insured shall ensure and record that throughout the Period of Insurance;

- a) Each child who receives a medical procedure or intervention in school has a specific individual care plan signed off by the child's parents, the school head teacher and the child's General Practitioner or supervising consultant.
- b) The care plan must include full details of the emergency procedures in the event of a medical emergency.
- c) The child's parents have provided written consent for a non Medical or Healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional, and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual care plan.