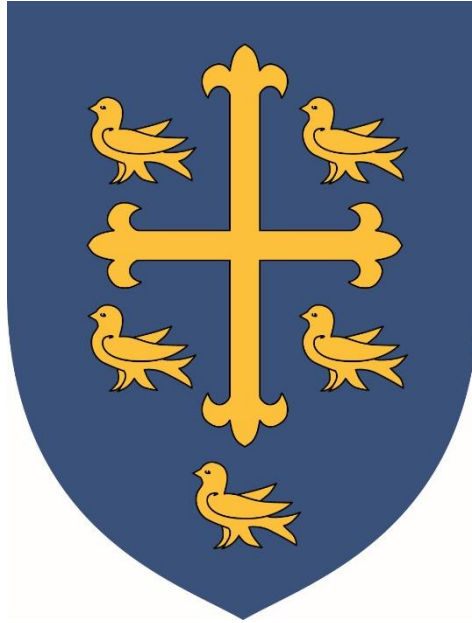


# St. Edward's Catholic Primary School



## Managing Medical Needs Policy 2026/27

*'Jesus is at the heart of all that we do'*

***At St. Edward's, we are committed to safeguarding and promoting the welfare of the children and adults in our school, and we have the same expectation of our staff and volunteers.***

Policy agreed/Signed by: \_\_\_\_\_  
(Mr K Connolly – Chair of Governors)

Date: \_\_\_\_\_

Agreed on: September 2026

Review date: September 2027

**SAINT EDWARD'S CATHOLIC PRIMARY SCHOOL**  
**MANAGING MEDICAL NEEDS POLICY SEPTEMBER 2026**

Saint Edward's Catholic Primary School aims to provide a safe and caring environment for all members of staff and pupils.

The safety and health of all the community is of great importance.

**1. AIMS**

- **To provide appropriate medical attention to all pupils and staff as required.**
- **To provide comfort and security.**
- **To maintain contact and good communication with pupils and parents or carers.**

- 1.1 First Aiders are on duty during school hours. We have a designated First Aid / Medical Room, lower ground floor, next to the Staff Room at St Edward's School where qualified First Aiders will be available to administer first aid in the event of any accident or emergency or to help if someone is taken ill.
- 1.2 First Aiders are on duty during school hours. The school will ensure that it has an appropriate number of suitably trained first aiders and that qualifications are renewed within the timescales applicable to the relevant qualification. Paediatric first aid requirements for Reception will be met in accordance with the Early Years Foundation Stage requirements. The Medical Needs Lead will coordinate provision and maintain an up-to-date operational list of trained staff.
- 1.3 The main First Aid box is situated in the First Aid Room. It is checked at the start of each half term but if stocks are depleted the stock need is replenished when needed, please see the First Aider to have them replenished. Two large kits are also kept in the Main Office.
- 1.4 First Aid bags are kept by all members of staff for use at breaktimes and are always taken when groups of pupils go out of school on organised trips or to participate in sporting events together with continually updated pupil medical information.
- 1.5 All new pupils (and staff) are given information on where to go for help in the event of an accident as part of their induction into the school.
- 1.6 We have a text messaging service for parents to speed up notification of an injury and to ensure they are aware. Medical Needs Lead person will regularly look at the types of injuries occurring to see if they can be prevented or lessened in the future. A record of injuries / accidents where a phone call has been made to inform parents is kept in an incident book kept in the main Office and is regularly checked by the first aider.
- 1.7 We will always contact parents if their child suffers anything more than a trivial injury, if they become unwell or if we have any worries or concerns about their health. More serious injuries, including those requiring an ambulance, will also be recorded on the school's electronic recording system by the member of staff dealing with the incident. The current provision is a log on SIMs and also it is recorded in the Accident Book.
- 1.8 Parents should contact their child's class teacher, the Medical Needs Lead or the SENDCo if they wish to discuss any concerns relating to their child's health.

- 1.9 Staff should inform the school's management of any relevant medical details which the school should be aware of regarding themselves.

## **2. Procedure for Treating Unwell Pupils**

- 2.1 Pupils who are unwell should be assessed by the class teacher. Call the main office if further assistance is required. Office staff will then take each case as it presents itself and locate a first aider if deemed necessary. Pupils with minor ailments or those who feel generally unwell will be assessed by a class teacher who will again contact the school office if further assistance is required. Where there is no obvious physical symptom of illness SLT must be informed if it is deemed that a child is too unwell to be in school. A child must not go to the office or to find a first aider unaccompanied. Under no circumstances should an injured or ill child requiring assessment be sent or left unaccompanied anywhere around the school building.
- 2.2 Major incidents – preferably 2 members of staff to attend pupil's location and assist each other in making major decisions.
- 2.3 If a pupil has suffered a more serious injury or is showing signs of an illness which requires hospital treatment, the pupil's parents will be contacted immediately, medical advice will be sought from 111 and the pupil can be taken to the Casualty department of the nearest hospital or the Children's Hospital by car or, in the case of an emergency, an ambulance should be called.
- 2.4 The Headteacher should be advised of the situation, but the First Aider or Appointed Person should make the decision about calling an ambulance immediately without consulting the senior management first.
- 2.5 In an emergency, staff must call 999 without delay. Permission from senior leaders or parents/carers is not required before requesting emergency medical assistance. Parents/carers and the Headteacher should be informed as soon as practicable. Initial first aid should be given until professional medical assistance arrives.

## **3. Safety / Protection**

- 3.1 Always wear disposable gloves when treating any accidents / incidents which involve body fluids.
- 3.2 Make sure any waste (wipes, pads, paper towels etc.) is disposed of safely in accordance with the school's infection-control and waste procedures, this entails placing items in a disposable bag and fastening it securely before placing it in the medical waste disposal bin. Soiled pupil clothing should be placed securely in an appropriate (yellow plastic) bag for return to parents/carers.

## **4. Supporting pupils with medical conditions**

The school will have regard to the DfE statutory guidance Supporting pupils at school with medical conditions, as currently in force. The school also complies with the DfE statutory guidance Allergy safety in schools (2026) and maintains and publishes a separate Allergy Safety Policy.

In accordance with Section 100 of the Children and Families Act 2014, the school will:

- 4.1 Consult with health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- 4.2 Where appropriate, formulate an Individual Healthcare Plan (IHP) in conjunction with the parent/carer, relevant school staff and healthcare professionals involved in the child's care. IHPs will be shared with those members of staff who need the information to support the pupil safely. Medical information will be stored securely and processed in accordance with the school's data protection arrangements, while ensuring that relevant staff can access essential information when required.
- 4.3 Review the Individual Healthcare Plan (IHP) at least annually, or sooner if the child's needs change, so that the school can assess and manage risks to the child's education, health and social wellbeing and minimise disruption.
- 4.4 Ensure that sufficient staff have received suitable training and are competent before they take on responsibility for supporting children with medical conditions. Staff providing support will have access to the information and guidance needed to carry out their role safely.
- 4.5 At the Staff Meeting which takes place during the INSET prior to the start of each new academic year, Miss Akhtar/Medical Needs Lead will brief all staff on pupils with Individual Healthcare Plans (IHPs), advising of specific details and explain how the school will support staff in carrying out their role in supporting pupils with medical conditions.
- 4.6 Support pupils who, after consultation with parents, are deemed competent to administer their own medications. (This will be incorporated into their Individual Healthcare Plan (IHP)).
- 4.7 Actively support pupils with medical conditions to participate in school trips and visits, or sporting activities, with any reasonable adjustments unless evidence from a clinician (e.g., a GP) states that this is not possible. Arrangements for such support must be included in the risk assessment for each activity or trip.
- 4.8 Ensure that the appropriate level of insurance is in place and that this appropriately reflects the level of risk.

## **5. Care of pupils using crutches**

- 5.1 Where a pupil returns to school with an injury affecting mobility, the school will complete an individual risk assessment in consultation with parents/carers and, where appropriate, relevant healthcare advice. Reasonable adjustments will be considered to enable the pupil to attend school and participate safely in education. Any arrangements for lifts, stairs, movement around the building, breaktimes and evacuation will be agreed according to the individual pupil's needs and recorded where appropriate.
- 5.2 Pupils who return to School with a lower limb encased in a plaster cast need to be able to bear weight on the plastered limb and be fully confident whilst using crutches. We shall carry out a risk

assessment on the pupil's first day back in School, and if the child is working in part of the building which is accessed via a staircase, access to the lift will be given for ease of movement. No child on crutches will be allowed to move around school unaccompanied. Should the SLT/Medical Needs Lead consider it unsafe for the pupil to be in school, and following a discussion with parents, work will be set for the pupil to complete at home.

## **6. MEDICINES – Policy and Procedures**

- 6.1 Parents and carers have primary responsibility for ensuring that the school has accurate and up-to-date information about their child's medical needs and medication. Where a pupil requires medication during the school day, the school will make appropriate arrangements in accordance with this policy, the pupil's Individual Healthcare Plan where applicable, and current statutory guidance.
- 6.2 The administration of medicines to pupils is the responsibility of parents and as a result, longer acting medication would be preferable for all children. Following a period of illness, a pupil's own doctor is the person best able to advise whether or not the pupil is fit to return to school, and it is for parents to seek and obtain such advice as is necessary.
- 6.3 When the prescribed dosage of medication, which needs to be refrigerated, indicates the need for medicine to be taken at times while the student is at school, the office staff take responsibility for its administration providing that the medicine is handed in to the office at the beginning of the school day, with the correct medical information form filled out by the parents and **only** if the medication is in a clearly labelled box or bottle with the pharmacy name/information about dosage on. **No** homemade medications can be administered. Otherwise, the teaching staff take responsibility for administration for long term administration of medicines.

## **7. Parents' Responsibility**

- 7.1 Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the pupil's name, and the dosage and / or other instructions. The school office will check the intelligibility of the instructions.
- 7.2 Parents should also ensure the pupil, and the member of staff concerned, are familiar with the prescribed dosage and any relevant instructions.
- 7.3 Where pupils require medication over a longer period, any change in dosage or other arrangements must be notified by parents/carers to the school and supported by appropriately labelled medication and/or updated healthcare instructions as required.
- 7.4 Parents/carers are responsible for ensuring that medicines supplied for their child are in date and replaced when necessary.

## **8. Guidelines for Medicines**

- 8.1 ALL medicines will be checked regularly to ensure they are correctly labelled for the children concerned and, more importantly, are in date.
- 8.2 Medicines will be stored safely and securely in accordance with the manufacturer's instructions and the individual pupil's healthcare arrangements. Medicines requiring refrigeration will be stored appropriately – fridge in the First Aid Room. Emergency medicines, including inhalers and adrenaline

auto-injectors, must be readily accessible to pupils and staff in accordance with the pupil's Individual Healthcare Plan and the school's relevant procedures.

- 8.3 A written record of the date, time and dose of any medicine administered by school staff will be made promptly after administration.  
Pupils with asthma will know where their inhaler is kept and will have ready access to it in accordance with their individual healthcare arrangements. Inhalers are kept in the class medical bags which are in clear view of all staff and pupils. Emergency inhalers and associated procedures will be managed in line with current school and statutory guidance. Emergency inhalers are stored in the main school office.
- 8.4 Staff are aware of the need for asthmatics to have open access to medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill. Each class has a clearly labelled medical bag staff ensure that medical bags are taken with them whenever leaving the classroom. During playtime KS2 keep all medical bags in a designated box which is kept on the KS2 playground. During Key Stage 1 playtimes, key stage 1 inhalers will be kept in a designated box stored by the main door to KS1 playground.
- 8.5 During Breakfast Club, the inhaler in the school office will be used and taken to the child to be administered.
- 8.6 Teachers are aware that a number of pupils with asthma some children will take a dose of their reliever inhaler before exercise. This helps to prevent exercise-induced asthma. If the pupil does become wheezy or breathless a further dose of the reliever should be taken. If a child feels the need to use their reliever inhaler more than four times in the day (at the prescribed dosage), parents will be notified at the end of the school day.  
Where a pupil requires their reliever inhaler more frequently than expected, does not respond as anticipated, or staff otherwise have concerns about their breathing, staff will follow the pupil's healthcare arrangements and seek appropriate medical assistance. Parents/carers will be informed.
- 8.7 Pupils who are normally active will not be forced to participate in games if they say they are too wheezy to continue.
- 8.8 Medicines no longer required will not be allowed to accumulate. They will be returned to the parent in person for disposal.
- 8.9 Allergy arrangements, including the storage and use of antihistamines and adrenaline auto-injectors (AAIs), will be managed in accordance with the school's separate Allergy Safety Policy and the pupil's Individual Healthcare Plan where required. Emergency allergy medication must be readily accessible. Staff will receive appropriate allergy awareness and emergency-response training, this is completed annually. Serious allergy-related incidents and near misses will be recorded, reviewed and used to improve practice. Piriton and Epi-pens will be stored in clearly labelled see-through bag in the school First aid room situated, next to the staffroom. This is the central storage area for all Epi-Pens and antihistamine. Dates on Epi-pens and Jext pens will be regularly checked and parents informed if end date is in the near future to allow them to visit a doctor.
- 8.10 Pupils with diabetes will be supported to develop appropriate independence in managing their condition in accordance with their Individual Healthcare Plan and advice from their diabetes healthcare team. Where staff assistance or observation is required, appropriately trained staff will support the pupil and maintain appropriate records. Children will have two trained, designated

members of staff to assist them in their daily routine. Insulin pen and blood glucose testing kit will be kept in designated area within that child's classroom. Two adults will observe lunchtime insulin intake and record as needed

## 9 Administration of Painkillers

The school does not routinely administer non-prescription analgesics/painkillers. Where pain relief is required during the school day, arrangements will be agreed with parents/carers in accordance with the school's medication procedures and any relevant Individual Healthcare Plan.

Policy Reviewed September 2026

Co-ordinator Medical Needs Lead Mrs Akhtar Review Date September 2027



### MEDICATION PROTOCOL



MEDICINE BROUGHT INTO SCHOOL

- Parents/carers must complete and sign the school's medicine administration form before medication can be administered by school staff. Relevant staff will be notified of the agreed arrangements.
- Prescribed medicines eg antibiotics must be supplied in the original pharmacy-dispensed container, clearly labelled with the pupil's name, medicine, prescribed dose and instructions.
- Any other medication accepted by the school must meet the school's medication requirements and be supplied with clear, appropriate instructions and have the pupil's name on it.

#### FIRST AIDER RECEIVING MEDICINES

- Check medicine instructions, and form filled in by parents.
- Medicine must be stored safely in accordance with the manufacturer's instructions. Medication requiring refrigeration will be stored in the designated refrigerator; other medication will be stored securely in the agreed location. Emergency medication must remain readily accessible.
- Check instructions/dosage onto medical form to be kept with bottle.

#### ADMINISTERING MEDICATION

- Medication to be administered at the stated times where possible.
- Before administering medication, the member of staff must check the pupil's identity, the correct medicine, prescribed dose, route and time against the parental consent/medical administration record and the pharmacy label. Any second-check procedure required by the school must also be followed.
- The pupil's identity must be confirmed in an age-appropriate way before medication is given. Staff must not rely on a leading question alone to identify the pupil.
- Check the medicine label against the administration record for the correct pupil, medicine, dose and instructions.
- Record and sign for the administration immediately after the medicine has been given.



Saint Edward's Catholic Primary School



Individual Healthcare Plan (IHP) for a Pupil with An Injured Hand or Arm

**Name:**

**Date of Birth:**

**Class:**

**Medical Condition:** Broken Arm ☐ Injured hand ☐

**Date plan drawn up:**

**Family Contact 1**

Name:

Home Phone No:

Work Phone No:

Relationship:

**Family Contact 2**

Name:

Phone No:

Work Phone No:

Relationship:

**Describe medical condition and give details of pupil's individual symptoms:**

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**Daily care requirements (e.g. before sport/at lunchtime):**

- Stay in playtime with a buddy
- keep arm in the sling while at school
- No PE at this time
- Sit on a chair at a table to be comfortable and to avoid weight bearing on arm
- Buddy to carry lunch tray
- Leave the classroom first with a buddy (to help with doors) to ensure he/she isn't tripped

**Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:**

- Severe pain in the limb
- Numbness, lack of mobility or discolouration of the fingers
- Action – call parent/carer with any concerns and 111/999 in the event of an emergency requiring immediate response

**Follow up care/medication:**

- Pain relief (analgesia) to be administered if required by parent during dinner time.
- A brief handover explanation at 3:30pm to parents as to how child has been during the day.

**Copy of Care Plan to: Class teacher Parent**



Individual Healthcare Plan (IHP) for a Pupil with An Injured Leg or Foot

**Name:**

**Date of Birth:**

**Class:**

**Medical Condition:** Broken Leg ☐ Injured foot/ligaments ☐

**Date plan drawn up:**

**Family Contact 1**

Name:

Home Phone No:

Work Phone No:

Relationship:

**Family Contact 2**

Name:

Phone No:

Work Phone No:

Relationship:

**Describe medical condition and give details of pupil's individual symptoms:**

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- Possible symptoms – pain, circulation, lack of movement

**Daily care requirements (e.g. before sport/at lunchtime):**

- Stay in playtime with a buddy
- Use crutches throughout the day while at school
- Supervised access to stairs, using lift with an adult if working in upstairs area of the building
- No PE at this time
- Sit on a chair at a table to be comfortable and to avoid weight bearing, elevate limb where possible
- Buddy to carry lunch tray
- Leave the classroom first with a buddy (to help with doors) to ensure he/she isn't tripped
- Ensure, where possible, no obstacles are in the way.
- Adult to ensure safe exit from the building is safe during a fire evacuation

**Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:**

- Severe pain in the limb
- Numbness, lack of mobility or discolouration of the toes

- Action – call parent/carer with any concerns and 111/999 in the event of an emergency requiring immediate response

**Follow up care/medication:**

- Pain relief (analgesia) to be administered if required by parent during dinner time.
- A brief handover explanation at 3:30pm to parents as to how child has been during the day.

**Copy of Care Plan to:**

**Class teacher   Parent**