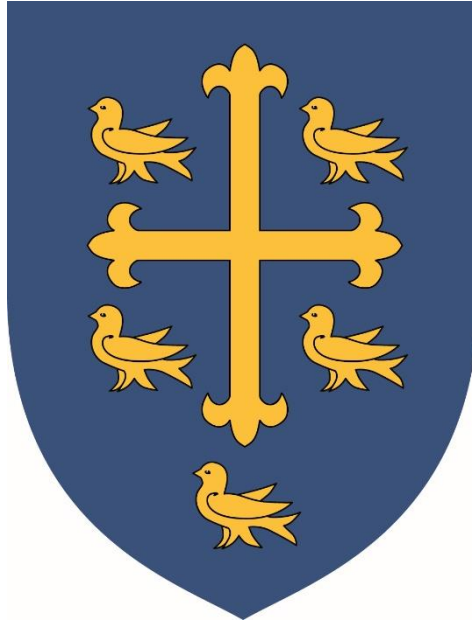


St. Edward's Catholic Primary School



Managing Medical Needs Policy 2025/26

'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 2025

Review date: September 2026

**SAINT EDWARD'S CATHOLIC PRIMARY SCHOOL
MANAGING MEDICAL NEEDS POLICY SEPTEMBER 2025**

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

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

1. AIMS

- **To provide appropriate medical attention to all students and staff as required.**
- **To provide comfort and security.**
- **To maintain contact and good communication with students 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, with the First Aid Team being led by Miss Akhtar and supported by Miss Atkins and Miss Phipson who all hold a paediatric First aid certificate, assisting when needed. They are trained and qualified as First Aiders with training being updated every 2-3 years. 3 additional members of staff have undertaken a Full-day Paediatric First Aid Course and 5 members of staff have undertaken 1-day Paediatric First Aid Course all staff have undertaken basic first aid training which is refreshed annually.

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 students go out of school on organised trips or to participate in sporting events together with continually updated student medical information.

1.5 All new students (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 he or she becomes unwell or if we have any worries or concerns about their health. More serious injuries, or those requiring an ambulance, will also have an incident form completed by the First Aider dealing with the incidence, which is then sent off to Birmingham City Council. A copy is saved on the central system and emailed to all staff concerned.

- 1.8 Parents should contact their child's class teacher, The named medical needs person or Mrs Crehan (SENCO) 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 STUDENTS

- 2.1 Students 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. Students 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 needed. 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 student's location and assist each other in making major decisions.
- 2.3 If a student has suffered a more serious injury or is showing signs of an illness which requires hospital treatment, the student's parents will be contacted immediately to be taken to the Casualty department of the nearest 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 all cases if there is any uncertainty or suspicion that a student has suffered a serious injury or is seriously unwell then an ambulance should be called immediately with initial first aid 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) are placed in a disposable bag and fastened securely then placed in the medical waste disposal bin. Any student's clothes should be placed in a yellow plastic bag and fastened securely ready to take home.

4. Supporting students with medical conditions

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

- 4.1 Consult with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.
- 4.2 Formulate a Care Plan, in conjunction with the parent, a member of school staff and a healthcare professional involved in providing care for that child. Care Plans will be discussed with all staff involved in the care of the pupil but remain GDPR protected via access to the school staff common area.
- 4.3 Review the Care Plan annually (or more frequently if the child's needs change in the interim period) in order to ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
- 4.4 Ensure that sufficient staff have received suitable training and are competent before they taken on responsibility to support children with medical conditions and ensure that any members of staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.
- 4.5 At the Staff Meeting which takes place during the INSET prior to the start of each new academic year, Miss Akhtar will brief all staff on students with care plans, advising of specific details and explain how the school will support staff in carrying out their role in supporting students with medical conditions.
- 4.6 Support students who, after consultation with parents, are deemed competent to administer their own medications. (This will be incorporated into their Care Plan).
- 4.7 Actively support students 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 students using crutches

- 5.1 Students 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 student's first day back in School, and if the child is in Key Stage 2 and working upstairs, 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 Person consider it unsafe for the student to be in School, and following a discussion with parents, work will be set for the student to complete at home.

6. MEDICINES – Policy and Procedures

- 6.1 The administration of medicines to students is the responsibility of parents and as a result, longer acting medication would be preferable for all children. Following a period of illness, a student's own doctor is the person best able to advise whether or not the student is fit to return to school, and it is for parents to seek and obtain such advice as is necessary.
- 6.2 When the prescribed dosage indicates the need for medicine to be taken at times while the student is at school, the teaching staff take responsibility for its administration providing that the medicine is handed in to the Office staff 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.

8. Parents' Responsibility

- 8.1 Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the student's name, and the dosage and / or other instructions. The school office will check the intelligibility of the instructions.
- 8.2 Parents should also ensure the student, and member of staff concerned, is familiar with the dosage.
- 8.3 In cases where students require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the school office.
- 8.4 Parents are responsible for ensuring that medicines held by the school for their child are "in date".

9. Guidelines for Medicines

- 9.1 ALL medicines will be checked regularly to ensure they are correctly labelled for the children concerned and, more importantly, are in date.
- 9.2 Medicines will be kept in the fridge in the First Aid Room, with no access for unattended children. Under no circumstances will medicines be kept in first aid bags in classrooms.
- 9.3 A written record of the dates and times of the administration of the medicine will be made.
- 9.4 Students with asthma will be encouraged to look after their own medical needs in this school. It is generally appropriate for asthmatic students to take responsibility for the administration of their own inhalers. Except in exceptional circumstances, they will be allowed to keep their inhalers with them in school and be encouraged to use them as necessary. (Paragraph requires deleting as not relevant)

Students with asthma will be aware of where their inhaler is at all times, Inhalers are kept in class medical bags which are in clear view of all staff and students. There is open access to inhalers at all times.

- 9.5 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.
- 9.6 During Breakfast Club, the inhaler in the school office will be used and taken to the child to be administered.
- 9.7 Teachers are aware that a number of students with asthma will take a dose of their reliever inhaler before exercise. This helps to prevent exercise-induced asthma. If the student 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.
- 9.8 Students who are normally active will not be forced to participate in games if they say they are too wheezy to continue.
- 9.10 Medicines no longer required will not be allowed to accumulate. They will be returned to the parent in person for disposal.
- 9.11 Students who may experience extreme reaction to (for example) food stuffs or wasp stings will require an individual care plan. This will include immediate contact with the Emergency Services and /or the local medical practice and the administration of drugs as previously agreed. 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. All staff have been trained in the correct administration of an Epi-Pen and a Jext Pen, and also the signs and symptoms of an allergic reaction. This training is undertaken annually.
- 9.12 Diabetic children will be encouraged to maintain as much control as possible over their finger-prick testing, food diary/carbohydrate measuring and administration of insulin. 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. A care plan will be provided by child's diabetic nursing team.

10. Administration of Painkillers

The school will not permit painkillers to be administered during school hours by members of staff.

Policy Written September 2025

Co-Ordinator Miss Akhtar

Review Date

September 2026



MEDICATION PROTOCOL

MEDICINE BROUGHT INTO SCHOOL

- Parents must fill in medicine form and sign. This will be emailed to the relevant staff to notify them of details.
- Antibiotics should be named with Pharmacy label and child's name.
- Where possible any other medication should be named with pharmacy label.

FIRST AIDER RECEIVING MEDICINES

- Check medicine instructions, and form filled in by parents.
- Medicine to be placed in fridge or cupboard in medical room.
- Check instructions/dosage onto medical form to be kept with bottle.

ADMINISTERING MEDICATION

- Medication to be administered at the stated times where possible.
- Person administering medication MUST check with class teacher plus 1 other adult, correct child (full name). Mainly Reception, year 1 and 2.
- In staffroom, person administering medicine, should ask the child to give their full name (play game with child e.g. you are Sam Smith trying to get them to give you their correct name, rather than you asking "is your name.....") In case of Reception Yr1/2.
- Check Bottle for correct name and dosage.
- Fill in medicine form and sign.



Health Care Plan 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:

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



Health Care Plan 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:

- 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 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