

Westwoodside C of E Academy



Medical Policy

Reviewed and amended: Autumn 2025
Next Review Date: Autumn 2026

Westwoodside Church of England Academy Medical Policy

Written with advice from the School Nursing Team and in line with DfE Statutory Guidance

Aim

The aim of this policy is to ensure that all medical-related matters are addressed uniformly and clearly, promoting the safety and wellbeing of all pupils.

Administration of Medicines

The administration of medicine during the school day is discouraged, in line with Local Authority recommendations. Parents/carers are responsible for administering the correct dosage of prescribed medication at home. However, if a treatment schedule requires doses during the school day (e.g., medication prescribed 4x daily), the following guidelines apply:

- Parents/carers are welcome to come into school to administer the medicine themselves.
- Alternatively, a consent form must be completed and returned to enable school staff to administer the medication.
- Medicines must be provided in their original packaging, as dispensed by a pharmacist, with the prescriber's instructions clearly visible.

School will not:

- Accept medicines removed from their original container.
- Make changes to dosages based on parental instructions.

Parents/carers are required to complete a consent form held in the school office. A confidential record of medicine administration will be kept and stored with the pupil's records.

Children who are unwell or infectious should not be sent to school.

Inhalers

Pupils diagnosed with asthma, regardless of frequency of use, must have an inhaler in school, clearly labeled with their name. Inhalers will accompany pupils

on any trips outside school. Severe asthma cases may require two inhalers at school.

- Parents/carers are responsible for monitoring the expiry dates on inhalers.

Storage of Medication

- Most medicines will be stored in a locked first aid cupboard in the front office or in a fridge if necessary.
- Emergency Epi-pens are stored in the first aid cabinet in the front office. A copy of the child's individual care plan is displayed alongside the cabinet. The child's individual Epi-pen is clearly labeled with the child's name and stored in the first aid box in the child's classroom with a copy of the child's individual care plan.
- Inhalers are stored in the first aid box in the child's classroom and are not locked away for ease of access in emergencies.
- Parents/carers should collect medicine from the school office at the end of the day. Medicines will not be handed to pupils to bring home.

Asthma inhalers and Epi-pens will remain in school.

Emergency Medication Use

Inhalers:

The school will hold emergency salbutamol inhalers (with spacers), as per government guidance. Emergency inhalers will be used only for children with written consent for prescribed inhalers and only in cases where the child's own inhaler is unavailable, broken, or empty.

Epi-pens/Auto-Injectors:

The school will hold emergency epi-pens/auto-injectors for pupils with prescribed devices. These will only be used in emergencies if the child's own device is unavailable, broken, or empty.

All emergency medication usage will be recorded in the usual way.

Refusal of Medicine

If a child refuses medication, staff will not force them to take it. This will be noted in the records, and the named contact on the medication form will be informed.

Parental Responsibility

Parents/carers have the primary responsibility for their child's health and must provide the school with medical information upon admission or when a medical need arises. For complex, long-term needs, a health plan will be drawn up in collaboration with parents/carers and health professionals.

Parents/carers must monitor and replace expired medication, inhalers, or auto-injectors.

Known Medical Conditions

- Class teachers will receive a comprehensive list of pupils with known medical conditions including asthma to be kept in the first aid bags in each classroom.
- Lunchtime supervisors will be informed of children requiring medication or with known conditions and this list will be kept in the lunchtime first aid box.

Minor Accidents

- All minor accidents will be recorded on meditracker, which includes the child's name, cause, location, treatment, time, date, action, and staff member's name.
- An accident book will be kept in the first aid box, available on the playground during breaks and dinner times to note the information before recording on meditracker. The accident book is then returned to admin at the end of the lunch break and a member of the admin team updates Meditracker with all non-urgent accident information. Any urgent accident information is recorded at the earliest point by the member of staff who dealt with the incident.
- Head injuries are recorded on meditracker, and a "bumped head" notification will be sent home.
- First aiders must wear disposable gloves when treating injuries involving broken skin.

School Nurse Checks

- Pupils in Foundation Stage will undergo height, weight, vision, and hearing screenings conducted by the school nurse.
- Year 6 pupils will have additional height and weight screenings.

Head Lice

- Parents will be informed of visible signs of head lice at the end of the day.

- A generic head lice letter will be sent home to the entire class.
- If live lice are causing significant discomfort, parents may be contacted to collect the child for treatment.

Risk Assessments

Parents must notify the school office of any injuries that require hospital treatment or GP advice. Upon the pupil's return to school, a risk assessment will be completed by school administrators and agreed upon with parents to ensure the pupil's safety and wellbeing.

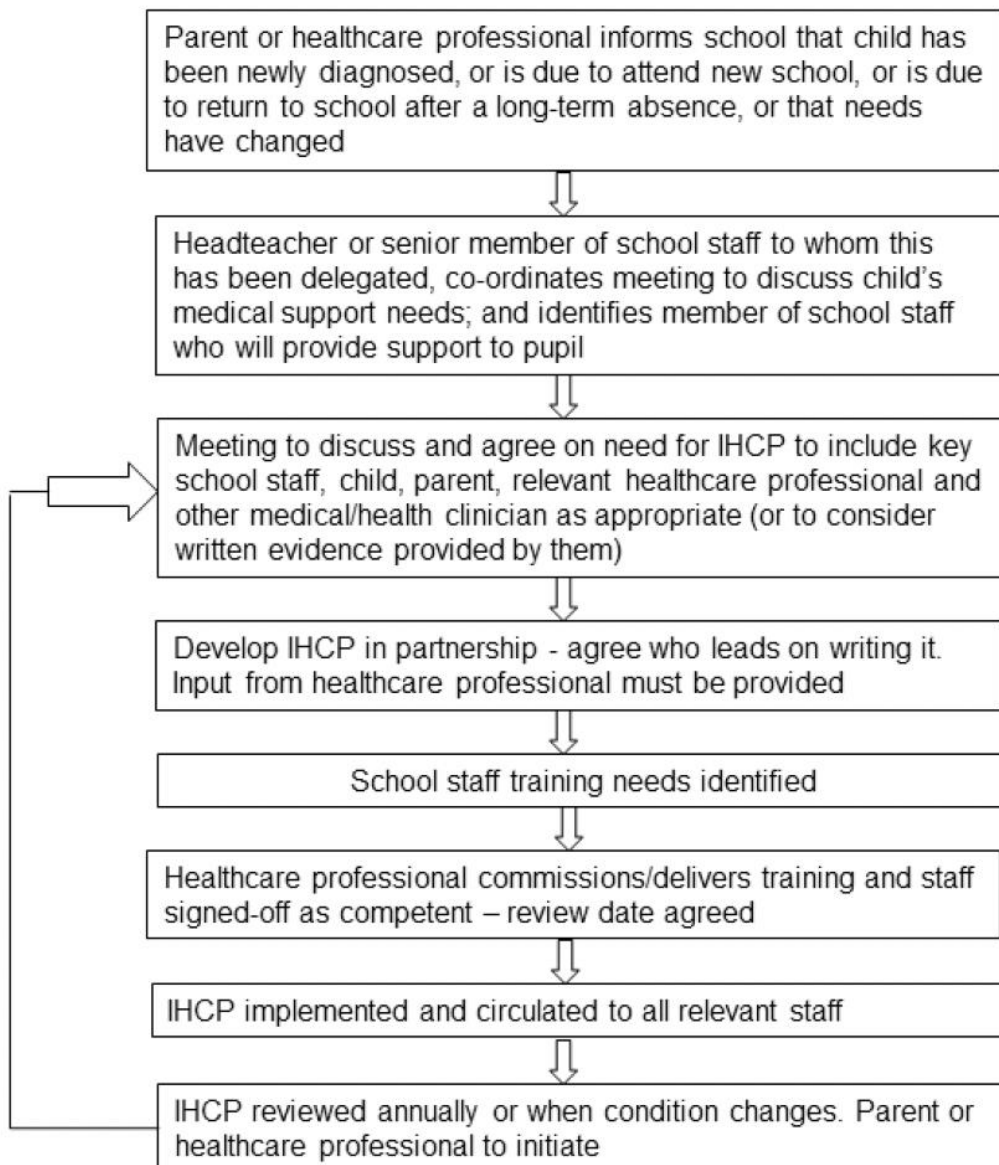
Equality and Inclusion

Children with medical conditions will be treated with dignity and equality. Reasonable adjustments will be made to ensure inclusion in all activities.

Individual Healthcare Plans (IHP)

The school's SENCO will normally be responsible for developing IHPs – in liaison with, and with appropriate oversight of, a relevant healthcare professional (e.g. school nurse / nurse specialist –diabetes / epilepsy / paediatrician, etc). The purpose of an IHP is to ensure that there is clarity about what needs to be done, when and by whom. Appendix A

Appendix A Process for developing IHP



Annex B: INDIVIDUAL HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS



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NAME

DATE OF BIRTH

--	--

NHS NUMBER

UNIT NUMBER

--	--

CONDITION/S

ALLERGIES

--

CLASS/FORM

DATE:

--	--

NAME OF SCHOOL:

REVIEW DATE:

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CONTACT INFORMATION

Family Contact 1, Name, Phone Numbers, Relationship

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Family Contact 2, Name, Phone Numbers, Relationship

IC/Hospital Contact, Name, Phone Number

General Practitioner, Name, Phone Number

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

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Daily care requirements: (name of meds and when required, eg: before sport/at lunchtime)

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Describe what constitutes an emergency for the pupil, and the action to take if this occurs

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Follow-up care

--

Who is responsible in an emergency: (state if different on / off-site activities)

Offsite Group leader

Form copied to

Headteacher Class teacher Consultant Paediatrician etc
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Whilst every effort will be taken to ensure this individual healthcare plan is up to date, it remains the parents / carers responsibility to inform school of any changes.

Signed Health Professional	Signed Parent	Signed Headteacher

Appendix C: ***Parental agreement to administer medicine***

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

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type 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/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

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.

Name _____

Signature

Date

Appendix D: **SCHOOL ASTHMA CARD**

Child's name

Date of birth

Class / Form

Parent/Carers Name

Phone no. (work)

(home)

(mobile)

This card should be reviewed annually or when treatment changes during the year

Reliever treatment when needed:

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity

Medicine	Dose

Expiry dates of medicines checked:

Medicine	Expiry Date	Signature / Date

What signs can indicate that your child is having an asthma attack?

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Will your child tell us when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking their asthma medication?

☐ Yes ☐ No

Does your child need medication before exercise or play?

☐ Yes ☐ No

If yes, please describe below:

Medicine	Dose

Parent/Carers Signature	Date

ASTHMA ATTACK TREATMENT

These steps could save a child's life so make sure you know them – and share them with other people who look after your child, too.

1. Help them to sit up straight and stay calm.
2. Help them take a puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. Call 999 for an ambulance if:
 - their symptoms get worse while they are using their inhaler (cough, breathlessness, wheeze, tight chest or tummy/chest ache)
 - they don't feel better after 10 puffs
 - you are worried at any time, even if they have not yet taken 10 puffs.
4. While you wait for the ambulance, reassure your child. Repeat step 2 if the ambulance takes longer than 15 minutes.

Remember: you are not wasting anyone's time

Not sure whether a child really needs emergency help? It's always better to be safe, so don't risk having to look back and wish you'd got urgent treatment for a child.

Appendix

Children with asthma – First aid procedure

