Lincoln Christ's Hospital School

Medical Needs Policy

Link member of staff:	**Martin Mckeown**
Date presented to SLT:	**January 2025**
Date presented to Governors:	**March 2025**
Review Date:	**January 2027**

1. Policy Statement

1.1 This policy applies to all employees and volunteers at Lincoln Christ's Hospital School.

1.2 Lincoln Christ's Hospital School ("the school") is committed to providing a supportive and welcoming environment for students with medical conditions. The school ensures that all students with medical needs have the same opportunities as their peers by:

- Training staff to understand their duty of care towards students with long-term conditions and in emergency situations.
- Building staff confidence in handling emergencies through appropriate briefing and training.

1.3 The school recognises that certain medical conditions can be serious or life-threatening if mismanaged or misunderstood. It acknowledges the importance of prescribed medication being taken as directed and ensures staff are briefed or trained to meet the needs of students with additional medical requirements.

1.4 This policy is aligned with the Department for Education (DfE) guidance (December 2015) on "Supporting pupils at school with medical conditions."

2. Key Principles

- Students with medical conditions will be encouraged to take control of their condition.
- All students will be included in school activities regardless of medical needs.
- Open communication will be maintained between the school, parents/carers, and healthcare professionals.
- Staff will be briefed on Individual Medical Care Plans (IMCPs) and Personal Emergency Escape Plans (PEEPs) to ensure prompt and safe responses during emergencies.
- The Senior Leadership Team (SLT) will be informed about and updated on students with serious medical conditions.

3. Emergency Procedures

3.1 **Dealing with Sick or Injured Students:**

- Students feeling unwell or injured should be directed to the medical room or office, by their class teacher or other adult, following the guidelines on the 'traffic light' system (see appendix 8).
- In cases of serious injury, immediate treatment should be provided on-site while ensuring the student's dignity. Emergency services should be contacted without delay.

3.2 **Serious Injury:**

- For serious injuries where the student is unconscious or unable to walk, emergency services must be contacted immediately.

3.3 **Head Injuries:**

- A member of the Pastoral Team or First Aider will contact the student's parent/carer in the event of a head injury. Emergency services will be contacted if necessary.

3.4 **Hospital Referrals:**

- Parents/carers will always be informed if a hospital visit is required.
- A staff member will accompany the student to the hospital if a parent/carer cannot attend immediately. The staff member will stay until a parent/carer arrives.

3.5 **Leaving School Premises:**

- Students unwell during the day must be collected by a parent or authorised guardian.
- Students may only leave unaccompanied in exceptional circumstances with parental permission.

3.6 **After-School Activities:**

- Staff supervising extracurricular activities must ensure appropriate first aid treatment is available. Emergency services should be contacted for serious injuries.

4. Medication Administration

4.1 **General Principles:**

- Medication will only be administered at school if essential to the student's health or attendance.
- Written consent from parents/carers is required for administering any medication.
- Written consent from parents/carers is required for administering paracetamol during the school day. If they do not have consent a call will be made to parents/carers to get verbal permission for that one occasion. This is recorded on the student's medical record. Any medication administered during the school day is recorded on ClassCharts to make parents aware.

4.2 **Storage and Supervision:**

- Medications must be stored securely, in original containers, and clearly labelled.
- Emergency medication (e.g., inhalers, EpiPens) should be readily accessible and not locked away.
- Self-administration of medication is encouraged when outlined in the student's IMCP.

4.3 **Training and Records:**

- Nominated staff administering medication will receive appropriate training.
- All medication administration will be documented in the school's medication record book.

4.4 **Emergency Medications:**

- Emergency medications will be easily accessible at all times, including during off-site activities.
- Staff and students will be briefed on procedures for emergency medication use.

5. Safe Storage and Disposal

5.1 **Storage:**

- Controlled drugs must be stored in locked cupboards with access limited to named staff.
- Refrigerated medications will be stored in dedicated, labelled, and secure containers.

5.2 **Disposal:**

- Expired medications will be returned to parents/carers or safely disposed of by a nominated staff member in collaboration with a local pharmacy.
- Sharps boxes will be used for needle disposal and collected through local environmental services.

6. Educational Visits

6.1 **Planning:**

- Staff organising educational visits will consider students with medical conditions in their risk assessments.
- Visit coordinators will ensure necessary medications and care plans are accessible during the visit.

6.2 **Supervision of Medication:**

- Medications will be stored securely and administered under supervision during off-site activities.
- Sharps boxes for medical waste will be managed by a named staff member.

6.3 **Defibrillators**

- There are two defibs in school. One located outside the Sports Hall and can also be accessed by external clubs. The code is C159X. One located in the main corridor adjacent to the men's toilets. No code required – twist to open.

7. Individual Medical Care Plans (IMCPs)

7.1 **Purpose:**

- IMCPs outline the medical needs of students with complex health issues, including triggers, symptoms, and emergency procedures.

7.2 **Management and Review:**

- Parents/carers must update the school regarding changes to their child's medical condition or treatment.
- IMCPs will include a review date, with the frequency of review determined in consultation with the SENDCo.

8. Policy Review and Amendments

This policy may only be amended or withdrawn by the Governors of Lincoln Christ's Hospital School. It will be reviewed regularly to ensure alignment with current regulations and best practices.

APPENDIX 1 – MEDICINE ADMINISTERING FORM

Medicine Administering Form

Medication will not be held without this completed form.

The Headteacher reserves the right to withdraw this service.

School:
Name of Child:
Tutor Group:
Date of Birth:
Medical Condition or Illness:

Medicine Details:

- **Name/Type of Medication:** (As described on the container)
- **Expiry Date:**
- **Dosage and Method of Administration:**
- **Timing:**
- **Special Precautions/Other Instructions:**
- **Side Effects:** (Please list any the school needs to be aware of)

Note: Medication must be presented in its original container as dispensed by the pharmacy. A photocopy of the prescription label and guidance should be taken and retained with this form.

G.P. Details:

- **Name:**
- **Telephone Number:**

Contact Details:

- **Name:**
- **Relationship to Child:**
- **Telephone Number (Work):**
- **Telephone Number (Home):**
- **Telephone Number (Mobile):**

Declaration:
I confirm that the information provided above is accurate to the best of my knowledge. I consent to my child taking the stated medication in accordance with medical guidance. I will complete a new Medical Administration Form if there are any changes in dosage or frequency of the medication and will inform the school if the medication is stopped. I understand that Lincoln Christ's Hospital School is not legally obligated to provide this service, and it may be withdrawn at any time. I will ensure I am contactable during school hours.

Signed: _____

Date: _____

Print Name: _____

APPENDIX 2 – CENTRAL REGISTER – STORED MEDICINE

Central Register – Stored Medicine

School:

Person(s) Responsible:

Name of Child (Tutor Group):	Medication Name:	MAF Complete (Tick):	IMCP Complete (Tick):

Medicine Details:

- **Expiry Date:**
- **Medicine Returned:**
- **Expiry Date of Medication Checked:**

Month	Checked By	Month	Checked By
Month 1		Month 7	
Month 2		Month 8	
Month 3		Month 9	
Month 4		Month 10	
Month 5		Month 11	
Month 6		Month 12	

APPENDIX 3 – RECORD OF MEDICATION ADMINISTERED TO AN INDIVIDUAL

Name:	
Tutor Group:	
Time:	
Medication Administered:	

- **Taken Anything in the Last Four Hours?** (If yes, provide details):

Date:	
Staff Initials:	

APPENDIX 4 – PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Personal Emergency Escape Plan

Name: _____

Reason for PEEP: _____ *(Specify if temporary)*

School: _____

Normal Building/Floor/Room: _____

Notification of Fire Evacuation:
(e.g., fire alarm, pager, or other – specify): _____

Evacuation Requirements:

- **How many people need to assist you?** _____
- **Do you need to be shown escape routes?** Yes / No
- **Do you need help with your assistance dog?** Yes / No
- **Do you need doors opened for you?** Yes / No
- **Will you require additional time due to slow movement?** Yes / No
- **Will you need help moving your wheelchair to the assembly point?** Yes / No
- **Do you need to hold the arm of an assistant(s)?** Yes / No

Assistants:

- **I require person(s) to assist me.**
- **Names/Departments of People Assisting:** _____
- **Back-Up Assistants/Departments:** _____

Equipment Provided (including means of communication):

Additional Information:

Signatures:

- **Signed by Manager:** _____ Date: _____
- **Signed by Individual:** _____ Date: _____

Once completed, attach the student's timetable and submit a copy to the Estates Manager.

APPENDIX 5 – INDIVIDUAL MEDICAL CARE PLAN

Individual Medical Care Plan

Date: _____

Review Date: _____

School Name: _____

Name of Child: _____

Tutor Group: _____

Date of Birth: _____

Medical Diagnosis or Condition: _____

Medication Details:

- **Medication Currently Prescribed:** _____
- **Dosage and Method of Administration:** _____
- **When to Be Taken:** _____
- **Side Effects or Contraindications:** _____

Medical Needs and Symptoms:
Describe the child's symptoms, triggers, and medical needs:

Emergency Procedure:
What constitutes an emergency, and what actions should be taken?

Self-Administration of Medication:

- **Can the medication be self-administered?** Yes / No
- If no, refer to additional training required.

Daily Care Requirements:

Storage of Medication:

School Visit Arrangements:
(Include specific needs for residential visits)

Refer to the Lincoln Christ's Hospital School Educational Visits Policy for more information.

Family Contact Information:

Contact 1	Contact 2
Name:	**Name:**
Home Number:	**Home Number:**
Work Number:	**Work Number:**
Mobile Number:	**Mobile Number:**
Relationship to Child:	**Relationship to Child:**

G.P. Information:

- **Name:** _____
- **Telephone Number:** _____

Staff Responsibility and Training:

- Staff Member(s) Responsible: _____
- Training Required: _____

Headteacher's Agreement:
I confirm that this child will receive the medication as directed in this Individual Medical Care Plan.

Signed: _____ **Date:** _____

Print Name: _____

Parental and Pupil Agreement:
I agree that the information in this plan may be shared with relevant individuals (including emergency services). I understand that I must notify the school in writing of any changes.

Signed: _____ **Date:** _____

Print Name: _____

Healthcare Professional Agreement:
I confirm that the information provided is accurate and up-to-date.

Signed: _____ **Date:** _____

Print Name: _____

APPENDIX 6 – TEMPLATE LETTER

Dear Parent/Carer,

The Individual Medical Care Plan

Thank you for informing the school of your child's medical condition. In line with guidance from the Department for Education and the Lincoln Christ's Hospital School Medical Treatment Policy, the school has a duty of care to all students, including those with medical conditions.

To help us provide the necessary care, we kindly ask that all parents/carers of students with complex health needs complete an Individual Medical Care Plan.

Please complete the enclosed plan and return it to **[insert name/title]** at **[insert school name]**. If you would prefer to meet to complete the plan or have any questions, please contact me on **[insert contact details]**.

The completed Medical Care Plan will store details about your child's medical condition, current medication, triggers, symptoms, and emergency contact numbers. This information will assist school staff in providing the best possible care.

We kindly request that the plan be regularly checked and updated. Please notify the school of any changes to your child's medical condition or medication, including dosage and administration times.

Thank you for your cooperation.

Yours sincerely,

[Name]
[Job Title]

APPENDIX 7 – CONTACTING EMERGENCY SERVICES

1. Dial 999 and request an ambulance.

2. Provide the following information:
    - **Your telephone number.**
    - **Location:** (e.g., school name, address, postcode, or precise location if off-site).
    - **Exact location in the school of the person needing help.**
    - **Your name.**
    - **Name of the person needing help.**
    - **Brief description of symptoms and any known medical conditions.**

3. Inform ambulance control of the best entrance and ensure that the crew will be met and escorted.

4. Do not hang up until the information has been confirmed by the operator.

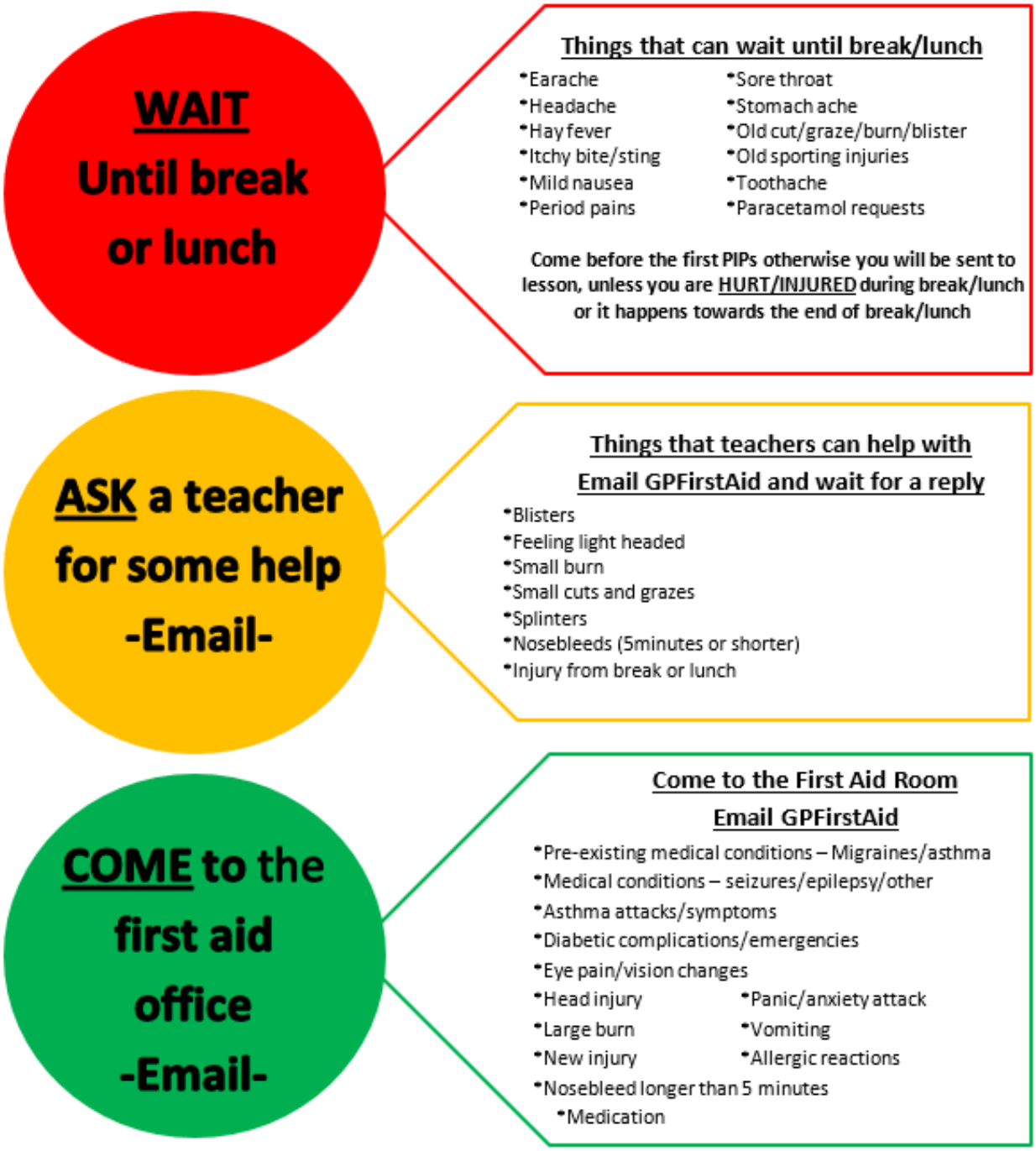
5. Inform site staff to meet paramedics and guide them to the person needing assistance.

6. The caller should ideally stay with the student, as emergency services may provide first-aid instructions.

7. **Important:** Never cancel an ambulance once it has been called.

APPENDIX 8 – 'Do you need the First Aid Office?' Poster

Do you need the First Aid Office?



EMERGENCIES

If a student is seriously unwell and unable to move due to an injury/medical condition, **CALL** for First Aid, on the radio or through a phone call. If the emergency happens in class, please email as usual or put out an SLT alert on classcharts/send a student to Student Reception for help.