Medical Needs Policy

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This policy outlines the school's approach to supporting young people with medical conditions at Selly Oak Trust School.

Welcome to Selly Oak Trust Schools Medical Needs Policy

School's Commitment to Medical Care:

Selly Oak Trust School will always aim to provide the best medical care and support for your child during school hours. This includes basic first aid and positive reinforcement when needed. The Medical Co-ordinator will ensure all medical staff follow school policies and procedures, keep staff training up to date, make sure policies and procedures follow national guidelines, and maintain correct stock and equipment.

Supporting Students:

As a school, we will support students with medical conditions to the best of our ability, so they have full access to education, including school trips, physical education (P.E.) and off-site activities.

Working Together:

The medical team and relevant staff members will work with parents, carers, and health or social care professionals to identify, manage, and support students with ongoing medical conditions effectively.

Medical Team:

The medical co-ordinator will work with parents, teachers, the SENCO, school nurses, and the school doctor to arrange referrals to relevant teams and support services when needed.

The medical co-ordinator will manage and monitor regular check-ins with school doctors and nurses to ensure ongoing medical support is maintained.

The medical team will be aware of all conditions that may occur in school, respond appropriately, provide treatment when needed, and inform relevant school staff.

The medical co-ordinator will work with the CPD co-ordinator to make sure staff training is completed and updated as needed to support students with medical conditions.

First Aid Support:

First aiders will provide timely and effective first aid and will communicate any concerns with parents or carers and all relevant teaching staff.

Appropriately trained staff will make sure any medication that needs to be given during school hours is administered correctly, recorded, and parents or carers are informed.

When appropriate, the medical co-ordinator, first aider, or trained staff may oversee checks such as heart rate, blood pressure, and blood sugar monitoring. Parents/carers or support teams must supply the necessary equipment so the student can perform the task independently and if necessary, attend school in the event of an incident.
If a student cannot complete the task independently, parents may attend school to carry out the procedure, or supporting teams may provide hands-on training for the medical staff.

After each check, the medical co-ordinator will share the readings with parents/carers. Any concerns will be communicated immediately to parents/carers, school nurses, and other relevant teams.

Contacting Parents; First Aid:

The medical coordinator or first aider will contact you via phone call or text if you child attends the medical room for any reason during school hours. If you wish to be contacted any other way, please inform the medical co-ordinator.

Admission – Parent/Carers

Paperwork:

When transitioning to Selly Oak Trust School parents or carers should provide us with full details of their child's medical needs. This should include any conditions the school needs to know about, such as asthma, epilepsy, diabetes, or allergies, and copies of any GP notes and care plans.

Emergency medication:

Parents and carers must give written consent for school staff to administer emergency medication according to the student's care plan and school policy. If your child requires any emergency medication a consent form will be sent home to be completed and filed. Any medication must be supplied from home.

Emergency treatment:

If hospital treatment is required and parents or carers cannot be contacted, school staff will escort the student to hospital and continue attempts to reach parents or carers. Medical professionals will provide any necessary treatment in line with emergency protocols.

Please provide emergency contact names, phone numbers, and their relationship to your child. Include your family GP's name, address, and phone number, any relevant hospital details, and the names and contact information of any agencies or support teams involved.

Please list any past medical conditions, previous treatments and any severe injuries or illnesses.

Other health concerns:

Please tell us about any issues such as hearing (including support aids), eyesight (including glasses), incontinence, sleep problems, or any other health concerns.

Please provide details about medication needed at home, treatments or medical care, equipment or aids used, and any extra support your child needs.

If your child requires any ongoing support or develops any new conditions the medical team will work alongside parents/carers to complete referrals and develop a plan to support the student in school.

Dietary Concerns:

Please provide details about any allergies (including food or drink) or any special diets like gluten-free or lactose-free. If it is not recorded as an allergy, where the nurses do not provide an BSACI allergy alert card – The medical coordinator will send out a personal alert card to be filled in by parents or carers.

Ongoing parents'/carers responsibilities

Parent/Carer responsibility for medication:

Parents and carers must ensure school has any emergency medication required on site and an appropriate amount of prescribed regular medication needed during the school day.

The Medical Co-ordinator/ First aider (Medication trained) will regularly check expiry dates and remaining doses of medication and inform parents or carers when medication needs to be replenished or replaced.

Care plans for specific medical needs:

If your child has a medical condition or any specific needs, please provide a care plan from their GP. If you already have a care plan, give a signed copy to the school as soon as possible. If the plan changes, send the updated and signed version immediately. Where needed, school staff will receive specialist training to make sure your child is cared for safely.

If your child suffers from a specific condition requiring no emergency medication or treatment, where the nurses do not provide a care plan – the medical coordinator will

send out a personal alert card o be filled in by parents or carers and a risk assessment will be completed where necessary.

Keeping information up to date:

Parents and carers must let the school know straight away about any changes to contact details, care plans, treatments, or medications. Please provide any paperwork that helps us give the right care. The medical team will send a form for you to update your child's records termly.

If there are any changes to your child's health, please update the medical team as soon as possible and provide evidence from any medical professionals.

Please inform us of any health concerns or queries where we may be able to support in school or to further refer to relevant teams.

Medication in school:

Parents and carers must complete a consent form for any medication their child needs during school hours. This ensures medication can be administered safely and in line with school policy. This allows us to follow the correct procedure as the medication will have been prescribed.

If your student requires medication in school and for whatever reason it hasn't been given or taken, the person administering will contact home to inform parents or carers and seek further advice.

Where possible, medication should be given at home. If it needs to be given at school, a consent form must be completed before any medication is administered. Each request will be considered individually by the headteacher. If consent is not provided the medication will not be administered.

If a student brings any medication that is not prescribed or consented, it will be confiscated, locked away, and returned to parents or carers at the end of the day.

If a GP prescribes medication to be given at school, it must be sent in the original pharmacy container, correctly labelled with the student's name, date of birth, medication name, route, dose, and time to be given. The medication must be in date, and a school consent form must be fully completed.

This information allows the medical first aider/nominated staff member to administer any medication safely and correctly.

For ongoing medication, medication consent forms must be renewed every September, if there are changes to the medication or changes to a student's circumstances.

The medical co-ordinator or first aider will notify you when we return any medication due to them expiring. If medication is running low a text reminder will be sent and any empty packaging will be returned home.

MARs (medication administration records) forms will be completed each time a medication is administered.

Any medications are to be sent in with the student's guide if on transport or handed to reception to be given the medical team. No medication should be kept in the student's school bag.

Over the counter (OTC non-prescription) medication:

OTC counter medication will only be administered after 12pm to avoid overdosing. Parents/carers will be contacted via phone to inform them of the administration of OTC medication.

OTC Medication for students such as paracetamol, ibuprofen, Calpol will be kept locked separately from students' daily medication. School will consider administering OTC medication if it is safe and appropriate to do. In this case parents/carers will be contacted first to confirm they consent to OTC medication being administered.

OTC medication must be sent in from home and must be in the original container and in date.

If the student is an independent traveller OTC medication is to be sealed in the original box.

A consent form must be correctly filled in. (It will only be administered for the 'reason for medication' on the consent form).

Parents can request a consent form to be sent home the day before or if necessary emailed. In exceptional circumstances they can be completed verbally with the consent of the headteacher.

The parent/carer can bring the medication in and sign a consent form at reception or collect a consent form from reception to be filled in at home. In exceptional circumstances with agreement from the head teacher a consent form may be completed over the phone with the medical coordinator.

Administration of OTC medication is at the discretion of the headteacher.

It will be given by the school following the national guidelines instructions.

Children under 16 should not be given medicines containing aspirin unless prescribed by a doctor.

School will not accept strips of medicines or individually wrapped tablets

There will be no medication on site for staff. If staff require any medication during the school day, they can bring it to the medical room where it can be labelled and locked in a separate cupboard.

Antibiotics:

Anti-biotics can be sent in with prior discussion with the medical coordinator and administered providing a consent form has been filled in. At least 2 doses must have been given at home with no reaction.

Children are most likely to have adverse reactions to a NEW antibiotic after the 2nd dose.

Antibiotics, where possible, should be prescribed by the GP in dosages where it can be administered outside of school hours.

If needed 4 times a day it is encouraged to be given at 8am/12pm (at school)/4pm/8pm. Only the correct number of tablets to be given in school are to be sent in. (If on a 2-week course – 10 tablets to be sent in).

Antibiotics must be clearly labelled, in original container, name of medication, Child's name, in date, dose to give and prescription information.

Parents/Carers will inform us of any medication allergies or previous reactions to be aware of.

Further medication information:

All medication including emergency medication will be sent home over the 6-week summer period. If parents are unable to collect them the headteacher will be notified.

Any medication not collected will be disposed of/kept on school premises at the discretion of the head teacher. A new supply will have to be sent in on return to school, if disposed of – parents/carers will be informed.

During any other half terms or school closures all medication including emergency medication will be kept onsite.

If emergency medication is needing to be used; protocol will be followed (Appendix 5 and 7).

Medication should only be sent to school if required more than 4 times a day. If 3 times a day – before school, immediately after school and before bedtime. If 2 times a day – before and after school. If it is once a day, morning or night.

Medication can be given at school where support is required with discussion with the medical co-ordinator and relevant teaching staff to develop a plan.

Students will not be permitted offsite, if they do not have consent for emergency medication or necessary medication.

Allergens and anaphylaxis:

Parents/Carers are responsible for providing the school with up-to-date information regarding their child's allergies. They must also supply all necessary details and prescribed medication required for the management of an allergic reaction.
The administration of an AII is strictly for the treatment of anaphylaxis. The school will always maintain an emergency AII in the medical room for immediate use.

If a student has a prescribed AII, it will be stored in Student Reception alongside their individual care plan and will accompany the student when going offsite.

Any student with an BSACI allergy alert card or personal alert card will require a risk assessment completed by school.

Your child's personal AII/Emergency medication will be stored in the Student Reception emergency medication locker. This area is accessible to all staff and is continuously monitored to ensure immediate withdrawal if required.

Parents/Carers must provide **two complete sets** of emergency medication (Buccal/AII) for school use.

A register of students with allergies and those who have AII or other emergency medication onsite will be maintained and highlighted in three locations:

- The Medical Room
- Student Reception
- The school's secure cloud system

This ensures all staff have access to essential information for emergency response.

This register will be checked as part of initiating the emergency response.

Several staff members will be designated and fully trained to administer AII (Adrenaline Auto-Injector) and Buccolam in the event of a medical emergency. If necessary, other staff members may assist in administering an AII to prevent a fatality.

If an AII or Buccolam is administered:

- **Call 999 immediately**
- **Contact parents/carers without delay**
- Record the following details:
    - Where and when the reaction occurred
    - How much medication was given
    - Who administered the medication

For children aged 6–12 years, a dose of 300 micrograms of adrenaline will be administered. For children aged over 12 years, a dose of 300–500 micrograms will be used, as prescribed. Used AII devices must be handed over to paramedics upon their arrival.

Rescue medication will be given following appendix 4 and 5.

Asthma:

Every student diagnosed with asthma must have a blue reliever inhaler available in school for emergency use. Parents/Carers are required to provide a care plan or action plan from the GP, if one has not been provided the medical coordinator will complete an asthma alert card with parents or carers. This plan will inform school staff of the signs and symptoms to watch for if the student experiences an asthma attack and outline the appropriate treatment steps.
An emergency inhaler will be kept in the medical room onsite, and one will be sent on any offsite visits. Consent must be obtained from parents/carers for the administration of the school's emergency inhaler. If consent has not been provided and the inhaler is required in an emergency, parents/carers will be contacted immediately and 999 will be called.

Your child's reliever inhaler will ideally be kept in the Student Reception emergency medication locker, which is accessible to all staff and monitored at all times for immediate use if required. However, some students may prefer to carry their inhaler to reduce anxiety. If this is the case, please inform the Medical Co-ordinator and, where possible, provide a spare inhaler to be stored in the emergency cupboard.

If the inhaler is used during school hours and the student makes a full recovery, the Medical coordinator/first aider will inform parents/carers of usage and timings. All inhalers must be clearly labelled, in date, and accompanied by a spacer.

If a student begins to suffer from an asthma attack, the First Aider or teaching staff will treat appropriately (see Appendix 3). Reliever medication is very safe.

Regardless of asthma diagnosis, students will be encouraged to participate fully in PE lessons and any sporting activities the school may take part in, such as swimming, skiing, rock climbing, and walking.

Staff will receive asthma and AII training every two years.

Infectious disease:

Concerns about the health of a student should be raised with the medical coordinator who will liaise with the headteacher, and business manager and appropriate action will be taken.

Most notifiable diseases can be found in appendix 8.

The Headteacher and Business Manager will be informed immediately if any child or member of staff is diagnosed with or suspected of having an infectious disease.

The Headteacher or Strategic Business Manager will inform any pregnant or otherwise vulnerable members of staff if there is a potential health risk, such as exposure to an infectious disease.

The strategic business manager will complete a RIDDOR, as necessary.

Where a student is known to have travel sickness (supported by confirmation from a health professional) they will be assessed by the medical team and may not have to stay off school for the 48-hour window from sickness.

First aid at school:

The school will ensure that staff are trained appropriately and stay up to date with all relevant training such as, but not limited to administering medication, first aid (adult and paediatric), inhaler and AII administration.

If a student suffers a head injury and can remain in school a red wristband will be provided for visual reminders for all staff to monitor that student, if the condition progresses the first aider will follow appendix 2. A monitoring timesheet will be completed and added to the student's record – The medical coordinator/first aider will contact the class for the student or teacher to complete a set of basic question for the first aider to then triage and assess if a physical check will be needed. The first aider

will complete a visual check at minimum once if no changes have been found during these checks.

If we feel there is a fracture or potential fracture to a limb the first aider will follow appendix 1. The medical coordinator/first aider will contact the class for the student or teacher to complete a set of basic question for the first aider to then triage and assess if a physical check will be needed. The first aider will complete a visual check at minimum once if no changes have been found during these checks.

Parents will be informed via telephone/texts/letters as deemed appropriate by the medical first aider regarding student's seen during school hours and the treatment/advice given.

The medical co-ordinator will ensure we have appropriate stock levels to treat any ailments such as cuts, burns and grazes.

If your young person needs to be collected for any reason during the school day an accident log will be completed and any absence will be authorised by the headteacher.

Where possible students will need to be collected by a nominated contact if leaving school early for any reason or arrangements can be made to ensure the safety of the student.

Risk Assessments:

If your child has an injury, either in or out of school, and needs extra support, we'll work with you to make sure they can return safely.

Before your child comes back, we'll arrange a short meeting with you, your child, our medical lead and the occupational therapist. This will help us understand what support they need and allow us to walk around the school to check any areas that might affect them.

Once the risk assessment has been completed and approved by the Business Manager and Head Teacher, we'll update all the relevant staff, so everyone knows how best to support your child.

As soon as everything is in place and it's safe for them to return, your child will be able to come back to school the following day.

On site defibrillator:

The school has a defibrillator onsite held in the student reception. All staff are aware of its location and relevant staff will be appropriately trained. The emergency services will be called in the event the AED is used.

The medical co-ordinator will check the AED on a weekly basis and keep an up-to-date record of routine checks and any maintenance work.

A risk assessment will be completed regarding the storage and usage of AEDs in school and reviewed annually.

Appendix 1: Injury to limb

Appendix 2: Head injury

Appendix 3: Asthma attack

Appendix 4: AII (Auto – auto injector)

Appendix 5: Rescue medication

Appendix 6: Seizures

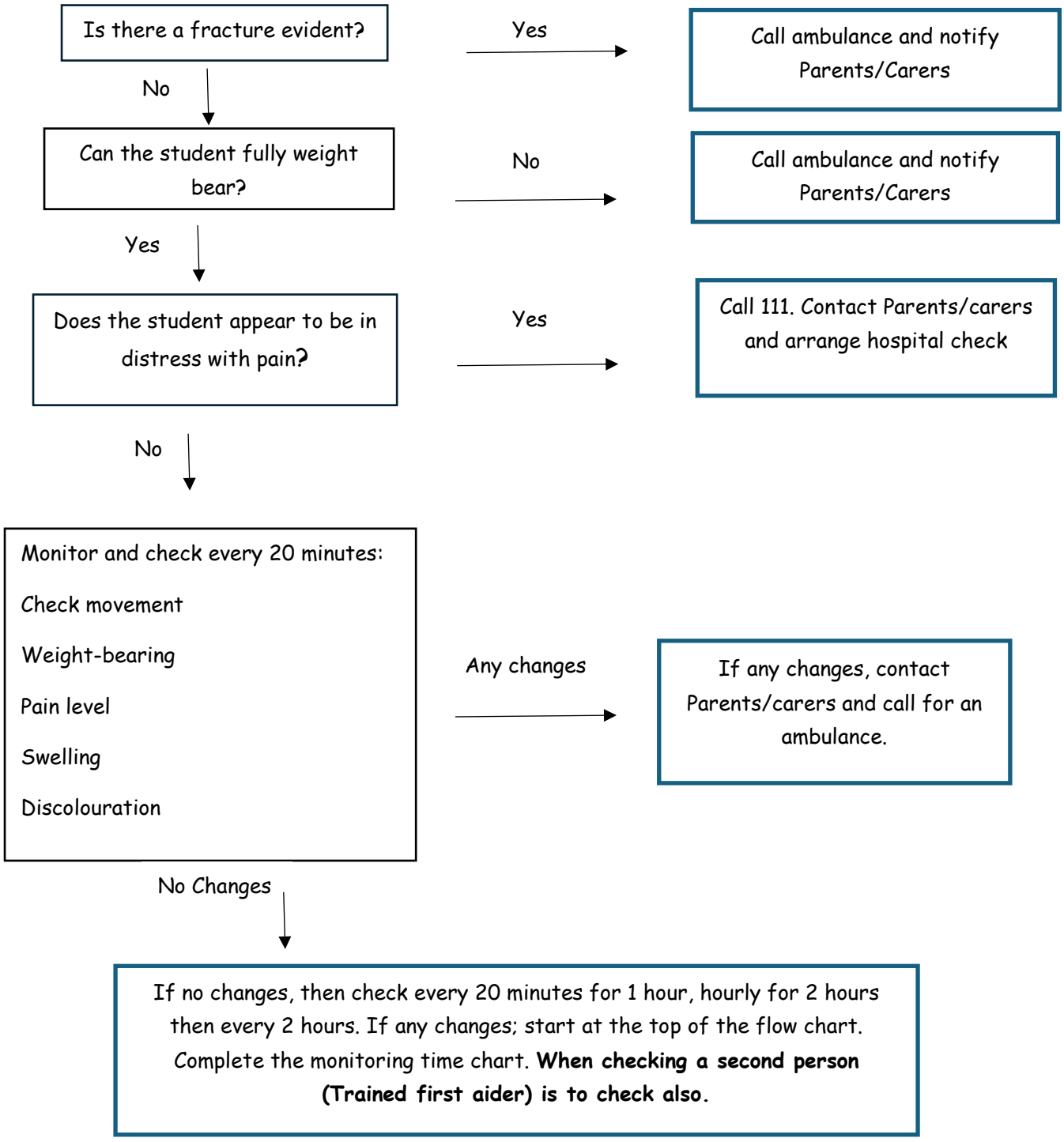
Appendix 7: Emergency protocol

Appendix 8: Diabetes

Appendix 9: Infectious diseases

Appendix 1

Limb injury flowchart



If unsure all limb injuries should be treated as a potential fracture and the flow chart should be followed accordingly. Risk assess movement upon any injury found. If you feel it could be a spinal injury DO NOT MOVE and wait for the emergency services to arrive.

Appendix 2

Head Injury

ACVPU (Alert, Confused, Voice, Pain, Unresponsive) - is the pupil – Alert? – Follow DRABC (Danger, Response, Airway, Breathing, and Circulation).

No →

Do not touch or move the pupil. Ring 999 and notify parents/carers. If unresponsive commence CPR if breathing stops.

Yes →

Yes ↓

Does the pupil have ongoing neurological conditions.

Provide basic first aid.
Monitor for 20 minutes.
Are they showing signs of concussion:

- **Blurred vision**
- **Onset of confusion.**
- **Dizziness**
- **Feeling sick**
- **Only responding to voice or pain**

Yes →

Call 111. Notify parents/carers to collect and be further checked.

No changes ↓

Continue to monitor for any changes, check every 20 minutes for 1 hour, hourly for 2 hours then every 2 hours. If any changes; start at the top of the flow chart. Complete the monitoring time chart. Provide a head bump wristband. Notify parents/carers, teaching staff of incident, make notes of any changes/improvements by completing the monitoring time sheet, complete accident book and first aid log.

If suffering from a head injury staff to remain with the student, contact parents/carers, be prepared to follow the emergency protocol.

Appendix 3

Emergency Asthma Flowchart

THINK

- Are they coughing, wheezing, finding it hard to breathe, have a tight chest, unable to walk or talk?
- Do they need their inhaler?
- Do you need to call for an ambulance? Are they blue at the lips, progressively getting worse?
- **REMEMBER: always stay with the child.**

Intervene

- Keep the child calm and reassure them.
- Sit them up and slightly forward.
- Ask someone to get their blue inhaler and spacer, administer the inhaler and note the time.
- Do you need to call for an ambulance? Are they blue at the lips, progressively getting worse?

Medicine

- Shake the blue inhaler and place in a spacer, spray 1 puff and take 10 breaths. Every one minute.
- Repeat up to 10 times if needed – until wheezing reduces, chest releases, can begin to talk and coughing stops.
- Do you need to call for an ambulance? Are they blue at the lips, progressively getting worse?
- Contact parents, advise to get a GP review or referral to the asthma nurses.

Emergency 999

- If no there is no improvement, or you are worried or unsure call 999 and request an ambulance.
- Note the time of calling 999 and notify parents/carers.
- If the ambulance is longer than 15 minutes repeat medicine steps.

Anaphylaxis

- Do they have an adrenaline pen?
- If there is no improvement it could be an anaphylaxis reaction.
- If in doubt, follow their allergy management plan and inject.
- Call 999 – stating anaphylaxis 'ANA-FIL-AX-IS'.

Appendix 4

AII (Auto-adrenaline injector) usage in school

Watch for signs of ANAPHYLAXIS.

(Life threating allergic reaction)

Anaphylaxis may occur without skin symptoms ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN **BREATHING DIFFICULTY.**

Airway:	**Breathing:**	**Consciousness:**
Persistent Cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheezy or persistent cough	Pale or floppy
Difficulty swallowing		**Suddenly sleepy.**
Swollen tongue		Collapse/unconscious

IF ANY 1 (OR MORE) OF THESE SIGNS ARE PRESENT:

1 – Lie the child flat with legs raised (If breathing is difficult, allow child to sit).

2 – Immediately dial 999 for ambulance and say ANAPHLAXIS ('ANA-FIL-AX-IS').

3 – In a school with 'spare' back up adrenaline autoinjectors, **ADMINISTER** the **PRESCRIBED/SPARE AUTOINJECTOR** if available.

4 – Commence CPR if there are no signs of life.

5 – Stay with child until ambulance arrives, do **NOT** stand child up.

6 – Phone parent/emergency contact.

*****IF IN DOUBT, GIVE ADRENALINE*****

Appendix 5

Rescue Medication

When to call for an ambulance:

First seizure.

Seizure lasts longer than 5 minutes with no emergency medication.

The child has injured themselves.

If the seizure is different to usual

If concerned.

If emergency medication is held in school – follow care plan and administer as appropriate.

Seizure procedure:

Time how long it lasts.

What happened before the seizure? (bump to the head, argument, sleepy etc)
What happened during the seizure? (Stiff, floppy, jerking, eyes rolled, head turned, continence etc)
What happened after? (how long they took to recover, sleepy, back to normal, do they remember it)
Contact parents'/emergency contact.

Follow care plan.

FIRST AID

DO

- Make the area safe- move any objects that may be in the way.
- Cushion the head- a folded jumper will do, loosen tight clothing around the neck, remove glasses.
- **Stay with the child** and reassure them.
- Once the seizure is finished put in recovery position until fully recovered
- Respect the privacy and dignity of the child.

DO NOT

- Move the child (unless in direct danger)
- Restrain the child.
- Put anything in their mouth.

Appendix 6

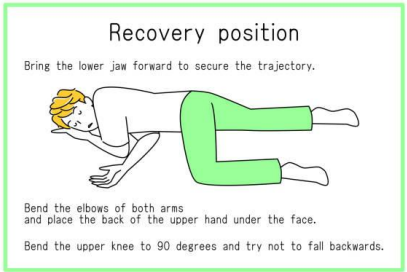
Seizure procedure

Tonic – clonic:

1. Note the time it started. – If other students in the room or around – move out.
2. Clear the area of any danger, allow the child to move freely and safely.
3. If falling – support the fall and lower to the ground.
4. Ensure airway is open by putting the student on their side as much as possible with their chin lifted. DO NOT try to move their body or insert anything in their mouth.
5. Protect their head by placing something soft underneath.
6. Call medical 291/117 – say the students; name – class – year.
7. First seizure -call 999.
8. If known epileptic – administer rescue medication if seizure lasts longer than 5 minutes (Appendix 6) and follow individual care plans.
9. Call 999 if longer than 5 minutes and rescue medication used.
10. Reassure and monitor the child.
11. Student to be collected or at the discretion of the parent/carer.

Absent:

1. Note the time it started.
2. Call medical 291/117 – state the students; name – class – year.
3. First seizure -call 999.
4. If known epileptic – administer rescue medication (Appendix 6) and follow individual care plans.
5. Reassure and monitor the child.
6. Student to stay in school at the discretion of the head teacher/medical lead/parents. Unless recue medication used (999 to be called).



Appendix 7

Emergency protocol

Request for an ambulance:

Dial 999, ASK FOR AMBULANCE SERVICE AND PROVIDE THE FOLLOWING INFORMATION:

STATE INCIDENT, EXACT LOCATION OF CASUALTY – PROVIDE PUPIL INFORMATION, YOUR NAME AND INFORM AMBULANCE OF BEST ENTRANCE.

Location: Selly Oak Trust School
Oak Tree Lane
Selly Oak
Birmingham
B29 6HZ

Telephone: 0121 472 0879

If an ambulance is called, please ensure the medical first aider and medical co-ordinator are aware and attend the incident if not already present.

Always remain with the pupil and provide basic first aid.

Inform the headteacher or a member of leadership of the incident immediately and that 999 has been called.

Inform parents'/emergency contact.

If the ambulance is attending immediately – reception to open the vehicle and outside gate and site team member to direct ambulance to the casualty – it is to remain open until the ambulance has left.

Appendix 8

Diabetes

CB:

0900- Numbers in Diabetes book

1000 - Break - Numbers in Diabetes book

11.15 - Insulin

11.30 – Lunch (See board for carb count)

1300 - Numbers in Diabetes book

1500 - Numbers in Diabetes book

Rotation:

1000- Numbers in Diabetes book

12.10- Insulin (See board for carb count)

12.25- Lunch

1400 - Numbers in Diabetes book

Hypo (Low)Treatment:

Check BG* (Finger Prick)

Calibrate Phone

Treat according to Care plan (Snack)

Complete Diabetes book.

Re-check in 15mins

Hyper (High) Treatment:

Check BG* (Finger Prick)

Calibrate Phone

Treat according to Care plan (Encourage water)

Complete Diabetes book.

Re-check in 15mins

BG* - Blood glucose

Always refer to the individual students care plan.

Appendix 9

Infectious disease

Exclusion table

Infection	Exclusion period
High temperature	Until recovered
Earache/infection	If high temperature or severe pain – until recovered.
Sore throat	None – unless suffering with a high temperature.
Athletes Foot	None
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over
Conjunctivitis	None
Diarrhoea and vomiting	48 hours after last episode of diarrhoea or vomiting
Flu or flu like illness	Until recovered
Headlice	None
Impetigo	Until lesions are crusted or healed or 48 hours after starting antibiotics
Measles	4 days from onset of rash and well enough
Ringworm	Not required – needs treatment
Threadworm	None – treatment recommended for child and household
Tonsilitis	None
Warts and verrucae	None – covered in swimming pools, gyms, changing rooms
Hand foot and mouth	None
Measles	See the GP first if you suspect measles – off school for first 4 days of rash
Slapped cheek	None – inform school

Further information – Google - Is my child too ill for school? - NHS

Please inform school as soon as possible if you child has been diagnosed with any infectious disease or illness.

If your child has been diagnosed by the GP with an illness, please contact the medical room for further support and guidance if needed. Ext 117.