Great Marlow School

Excellence • Compassion • Integrity

First Aid & Supporting Students with Medical Conditions
2025- 2026

Recommended by the Leadership Team:	November 2025
Approved by GMS Governors	December 2025
Adopted by GMS Governors	December 2025
Review Due:	Autumn 2026

Indicate as appropriate:

✓There **has not been** a change to the previous policy.

Contents

1. Rationale

Great Marlow School values the abilities and achievements of all its students and is committed to providing for each student the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual students, or groups of students. This means that equality of opportunity must be reality for our children. We make this a reality through the attention we pay to the different groups of children within our school.

This policy is to be read in conjunction with our:

• SEND Policy;

• Child Protection and Safeguarding Policy;

• Equality, Diversity and Inclusion Policy;

• Behaviour for Learning Policy;

Anti Bullying Policy

• Curriculum Statement and Policy

Teaching and Learning policies;

• Health and Safety Policy (MET)

2. Introduction

The Children and Families Act 2014 states that arrangements for supporting students at school with medical conditions must be in place and those students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Many children, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in school activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other children may have a medical condition that, if not properly managed, could limit their access to education.

This policy includes managing the administration of medicines, supporting children with complex health needs and first aid. The school makes every effort to ensure the wellbeing of all children, staff and adults on site.

3. Aims and Objectives

i) To ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
ii) To establish a positive relationship with parents and carers, so that the needs of the child can be fully met - Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because students with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Other children may require

interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe.

iii) To work in close partnership with health care professionals, staff, parents and students to meet the needs of each child – In making decisions about the support they provide, it is crucial that Academies consider advice from healthcare professionals and listen to and value the views of parents and students.

iv) To ensure any social and emotional needs are met for children with medical conditions – Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.

v) To minimise the impact of any medical condition on a child's educational achievement – In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.

vi) To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.

4. Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between Great Marlow staff, healthcare professionals, and parents and students will be critical.

The Headteacher is responsible for:

- ensuring that a policy is in place to meet the needs of children with medical conditions;
- Ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation;
- Ensuring that all staff who need to know are aware of the child's condition;
- Ensuring that sufficient trained staff is available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- ensuring that the school is appropriately insured and that staff are aware that they are insured to support students in this way;
- Ensuring that the school nursing service is contacted in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the Medical Team;
- Ensuring that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Great Marlow staff are responsible for:

- Understanding that any member of Great Marlow staff may volunteer or be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.

- Understanding the role they have in helping to meet the needs of a child with a medical condition;
- Working towards/complete targets and actions identified within the Health Care Plan or the SEN Education, Health and Care Plan.

Healthcare professionals are responsible for:

- Notifying the Great Marlow when a child has been identified as having a medical condition who will require support in school;
- Taking a lead role in ensuring that students with medical conditions are properly supported in school, including supporting staff on implementing a child's plan;
- Working with the Headteacher/appropriate senior members of staff to determine the training needs of Great Marlow staff and agree who would be best placed to provide the training;
- Confirming that Great Marlow staff are proficient to undertake healthcare procedures and administer medicines.

5. Assisting Children with Long Term or Complex Medical Needs

A proactive approach is taken towards children with medical needs. Every child with a long term or complex medical need will be offered a home visit from the Inclusion Manager and/or class teacher at the onset of condition or change in condition. This enables the Great Marlow / parents to identify potential issues/difficulties before a child returns to school. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Health Care Plan (Appendix 1) will be produced for any child with long term/complex medical needs and will be reviewed on a regular basis. To assist children with long term or complex medical needs, the school will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the child to access a particular aspect of the curriculum or area of the school. Involving the home and hospital support service. Working in partnership with medical agencies and receiving advice/support from other professionals including the Medical Team;
- Arranging for additional adult support throughout specific parts of the school day;
- Adapting lesson plans;
- Establishing a phased attendance programme;
- Ensuring that there are procedures in place for the administration of medicine;
- Training for Support Staff/Teachers on a specific medical condition;
- Providing a programme of work for children who are absent from school for significant periods of time;
- Providing appropriate seating during assemblies;
- Ensuring there is adequate supervision during social times so that the health and safety of all children is not compromised;

- Ensuring that arrangements are made to include a child with medical needs on school visits.

6. Individual Health Care Plans

An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of school staff, the Medical Team or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

Parents will receive a copy of the Health Care Plan with the originals kept by the Inclusion Leader. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and medical room, kitchen and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

7. Medicines

Administering

i) Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;

ii) No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;

iii) A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor;. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken;

iv) Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

v) Academies should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;

vi) All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds

the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;

vii) Academies should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access;

viii) Controlled drugs should be easily accessible in an emergency a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction;

ix) Academies should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted;

x) When no longer required, medicines should be returned to the parent to arrange for safe disposal;

xi) Sharps boxes should always be used for the disposal of needles and other sharps.

There is no legal duty which requires Great Marlow staff to administer medication. However, staff across Great Marlow School may administer medication to children provided that the parent/carer has completed an Administration of Medication Form (see Appendix 2). We will only administer non-prescription medicines under exceptional circumstances and with a written request. Occasionally, a child will show an adverse reaction to a new course of treatment and for this reason the Great Marlow will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during school time. Where the dosage is 3 three times a day it is usually acceptable that these doses are given at home – before school, immediately after school and just before bedtime.

Medication and the request form should be handed to staff by parents/carers, never the child. All medication should be placed in a clear container (with a lid) and the name of the child, type of medication and dosage clearly displayed. Medicines should always be provided with the prescriber's instructions.

Students with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the school office or classroom. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.

Storing medicines

Great Marlow School will only store, supervise and administer medicine that has been prescribed for an individual child. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers. Medicines are stored safely in the Medical Room and in the refrigerator if required. All emergency medicines, such as asthma inhalers and adrenaline pens are readily available to the child– not locked away.

Children should know where their own medicines are stored.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. This includes asthma medication. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Safety Management of Medicines

The storage of medicines must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

8. Emergency Procedures

In emergency situations, where possible, the procedure identified on a child's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action. If it is deemed a child needs hospital treatment as assessed by the First Aider the following procedures must take place:

1. Stabilise the child
2. Dial 999
3. Contact parent/carer
4. Notify Head Teacher

The most appropriate member of staff accompanies child to hospital with all relevant health documentation (Inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior member of staff should attend the hospital to speak to parents if deemed necessary.

9. Hygiene and Infection Control

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. The medical room has full access to protective disposable gloves and care is taken with spillages of blood and body fluids.

10. Sporting Activities

Some children may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

11. Educational Visits

We actively support students with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be complete at the planning stage to take account of any Great Marlow Schools needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the Medical Team or other healthcare professional that are responsible for ensuring that students can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.

The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the child throughout the day. A

First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the Great Marlow in case of an emergency.

Wherever possible, a three day trained first aider should attend all school trips especially when a child with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to children on school trips should follow the guidelines above.

12. Staff Training

Any member of Great Marlow staff providing support to a student with medical needs must have received suitable training. It is the responsibility of the Medical Team to lead on identifying with other health specialists and agreeing with the Headteacher, the type and level of training required, and putting this in place. The Medical Team or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

It is important that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. Great Marlow School will ensure training for appropriate persons on conditions which they know to be common within the school is provided (asthma, epi pen, sickle cell, diabetes for example).

Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should not provide specific advice, nor be the sole trainer.

APPENDIX 1

HEALTH CARE PLAN

Child's Name: _____

Class: _____

Date of Birth: _____

Child's Address: _____

Medical Diagnosis or Condition: _____

CONTACT INFORMATION

Family Contact No.1 _____

Tel (H): _____ Tel (W): _____ Tel (M): _____

Family Contact No.2: _____

Tel (H): _____ Tel (W): _____ Tel (M): _____

CLINIC / HOSPITAL CONTACT GP

Name: _____

Tel No: _____

Describe medical needs and give details of child's symptoms: Great Marlow School Medical Needs Policy 8

Is an Intimate Care Plan required? Yes/No

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

_____

Staff involved in daily care requirements:

_____

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

Date: _____

Review Date: _____

Parent's Signature: _____ Date: _____

Headteacher's Signature: _____ Date: _____

APPENDIX 2

ADMINISTRATION OF MEDICINE FORM

Child's Name: _____

Class: _____

Date of Birth: _____

Child's Address: _____

Medical Diagnosis or Condition: _____

CONTACT INFORMATION

Name: _____

Tel: _____

GP / HOSPITAL CONTACT

Name: _____

Tel No: _____

Describe medical needs and give details of child's symptoms: _____

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

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

_____

Name of Medicine: _____ Dosage: _____

Who is responsible in an Emergency: (state if different for off-site activities)

_____

Date: _____

Review Date: _____

Parent's Signature: _____ Date: _____

Headteacher's Signature: _____ Date: _____