



Airedale Junior Academy

MEDICAL NEEDS POLICY

Date 2025-27



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Medical Needs Policy 2025-27

Information	Dates
Last reviewed	September 2025
Next review	September 2027
Owner	Mrs. K Walker/Inclusion Team
Approver	Academy Council

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1.1 Rationale

Airedale Junior Academy (AJA) is committed to ensuring that all staff responsible for supporting children with medical needs carry out their duties with professionalism, sensitivity, and respect. We recognise the importance of safeguarding each child's health and wellbeing, and of providing care that is consistent, dignified, and free from distress. Medical support will always be delivered in line with individual healthcare plans, ensuring privacy, safety, and the child's sense of security. Staff maintain a high awareness of safeguarding responsibilities and work in partnership with parents, carers, and healthcare professionals to ensure continuity of care. We acknowledge that children arriving at school without their prescribed medication can face barriers to learning and participation, and we therefore emphasise the importance of shared responsibility between home and school in managing medical needs. This rationale underpins our commitment to creating a safe, inclusive, and supportive environment for all children

1.2 Definition of Medical Needs

At Airedale Junior Academy, medical needs are defined as any physical or mental health condition that requires ongoing support, prescribed medication, monitoring, or emergency response during the school day. Medical needs may include chronic conditions such as asthma, diabetes, or epilepsy; acute conditions such as severe allergies; or mental health needs that impact attendance and participation. Where medical needs are identified, the school will work in partnership with parents, carers, and healthcare professionals to ensure appropriate provision and training is in place. We recognise that children arriving at school without their required medication may face barriers to learning and inclusion and therefore emphasise the shared responsibility between home and school in managing medical care.

1.3 This policy contains information about first aid, medicines and long term health conditions.

2. Care. Aspire. Succeed.

Our Medical Care Policy reflects our commitment to safeguarding, dignity, and respect.

Care – We provide safe, sensitive, and respectful support for pupils with medical needs, ensuring their health and wellbeing are always safeguarded.

Aspire – We encourage independence in managing medical conditions wherever possible, helping children build confidence and resilience.

Succeed – We ensure that medical care is delivered in a way that promotes inclusion, equality, and success for every pupil, removing barriers to learning and participation.





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3. Statement of Intent

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as any other child. No pupil should be denied admission or prevented from taking up a place because arrangements for their medical condition have not yet been finalised.

In line with Section 100 of the Children and Families Act 2014 and the Department for Education's statutory guidance (2015), Airedale Junior Academy will make arrangements to support pupils with medical needs, including the development of Individual Healthcare Plans where appropriate.

We will work in partnership with parents, carers, and healthcare professionals to ensure continuity of care. However, in line with safeguarding duties, the governing body must ensure that pupils' health is not put at unnecessary risk — for example, from infectious diseases — and therefore may determine that attendance is not appropriate at times when it would be detrimental to the health of the child or others.

Safeguarding and Welfare

- The welfare, safety, and emotional wellbeing of each child remain paramount.
- Medical care will be delivered in a manner that safeguards privacy and promotes trust.

Respect and Dignity

- Children will be treated respectfully, with their individual medical needs and rights fully acknowledged.
- Staff will adapt their practice to reflect developmental changes, including puberty and menstruation, and respond sensitively to health needs.

Best Practice and Professional Standards

- Staff providing medical support will follow established best practice, supported by training, suitable equipment, and appropriate facilities.
- Clear communication with colleagues will be maintained to ensure transparency and accountability.

Safeguards and Security

- Staff responsible for medical care will maintain professional boundaries and ensure safeguarding standards are upheld at all times.
- All administration will be documented and where possible, counter signed.

Independence and Autonomy

- Children will be encouraged to achieve the highest level of independence appropriate to their age and ability in managing their medical needs.
- Staff will actively promote autonomy, supporting each child to take responsibility for their health wherever possible.

Individualised Care Planning

- Personal medical care plans will be developed in consultation with parents/carers and, where necessary, external agencies.





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- Plans will be tailored to each child's circumstances, reviewed regularly, and updated to reflect changing needs.
- Parents/carers will be fully involved in decision-making, with their views and wishes respected wherever possible.
- Equal opportunities legislation will guide all arrangements, ensuring fairness and inclusivity.

4. Roles and Responsibilities

Staff

- Deliver medical care respectfully, maintaining dignity and privacy.
- Follow safeguarding and health & safety procedures.
- Keep records of medical care provided.
- Encourage independence where possible/appropriate.

Senior Leaders/Head Teacher

- Ensure policy is implemented and reviewed.
- Provide staff training and guidance.
- Monitor safeguarding compliance.
- Communicate clearly with parents.

Parents/Carers

- Share child's care needs and routines.
- Give consent for medical care arrangements.
- Work in partnership with the school.

Governors

- Approve and review the policy.
- Hold leaders accountable for safeguarding standards.
- Ensure compliance with statutory guidance.

5.1 Links to other policies

- Safeguarding & Child Protection Policy
- Health & Safety Policy
- Staff Code of Conduct
- Equality, Diversity & Inclusion Policy
- Special Educational Needs (SEND) Policy
- Behaviour & Anti-Bullying Policy
- Data Protection / Confidentiality Policy





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5.2 This policy:

- This policy is a working document and therefore is open to change and restructuring as appropriate and necessary due to statutory guidance.

5.3 Legislation and Guidance taken into account: -

- Supporting pupils at school with medical conditions 2015
- Guidance on first aid for schools 2014
- Health protection in schools and other childcare facilities 2019
- The Children and Families Act 2014
- Special Educational Needs and Disability Code of Practice 2015
- The Equality Act 2010

6.1 Statement of Implementation

Airedale Junior Academy will implement this Medical Policy through clear procedures, effective training, and strong partnership with parents, carers, and healthcare professionals.

All staff who volunteer to administer medicines or provide medical support will receive appropriate guidance and training specific to the child's needs. Individual Healthcare Plans will be developed and reviewed regularly to ensure accuracy and relevance.

Medicines will be stored securely, administered safely, and recorded consistently in line with statutory guidance. Parents remain responsible for providing in-date medication and accurate medical information, while the school will support by maintaining records and monitoring arrangements.

Safeguarding, equality, and health and safety legislation will underpin every aspect of implementation, ensuring that pupils with medical needs are fully included, protected, and able to access education without discrimination.

6.2 Intimate care for children with a medical need

Where intimate care is required due to a medical condition, it will be provided in line with the child's healthcare plan and our Medical Policy. Staff will ensure dignity, privacy, and safe practice at all times.

6.3 Administering First Aid

Instruction and Training

- Staff receive specific instructions and training before they are required to assist with or administer medicines or medical procedures.
- First Aid Training is updated as a minimum every three years for designated members of staff.
- The main school office serves as the First Aid Point and contains:
 - Trained first aiders
 - A defibrillator
 - A first aid box
 - An emergency asthma inhaler kit





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- A first aid fridge
- Locked medicines cabinet
- Trained lunchtime supervisors carry small emergency first aid kits on the playground to provide immediate treatment if necessary.
- All first aid treatment is recorded, including the date, child's name, nature of the problem, and treatment given.

Informing Parents/Carers

- All children who sustain an injury or become unwell at school will be issued a slip to inform their parent/carer and, where appropriate, their doctor.
- If a child is collected at home time, parents/carers will also be informed verbally by the class teacher.
- In the event of a serious condition, parents/carers and/or emergency services will be contacted immediately by the school office.

Procedures

- Staff must wash their hands or use antibacterial gel before and after administering first aid.
- Staff must ensure that any cuts or broken skin are covered with plasters or wear protective gloves.
- Wounds will be treated by washing with water or using suitable wipes, followed by the application of an appropriate dressing.
- Photographs of children with plaster allergies are displayed discreetly in line with GDPR requirements. Staff must always check for allergies before applying dressings.
- Materials contaminated with blood must be placed in a yellow disposable bag and disposed of in a sanitary bin.
- Other contaminated materials must be double-bagged in plastic bags and placed in the outside bin.

6.4 Medicines

Medical Consent and Record Keeping

Parents/carers must complete the following information at the main school office:

- Name and date of birth of the child
- Name of parent/guardian, contact address, and telephone number
- Name of medicine
- Prescribed dosage details
- Date and time of last dosage given
- Time when next dosage should be given
- Consent for staff to administer medicine
- Expiry date of the medicine
- Storage requirements

The Parent Medical Consent Form, containing all the above, will be retained centrally as a record for future reference.





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Safe Storage and Disposal of Medicine

- Only medicines prescribed by a GP or hospital will be administered by school staff (not over-the-counter medicines such as Calpol).
- Staff must ensure they understand how each medicine should be stored (e.g., refrigeration if required).
- Storage details may be obtained from GP/pharmacist instructions or from parents.
- All medicines must be:
 - In their original container
 - Properly labelled by the pharmacy
 - Stored securely, out of reach of children, and separate from foodstuffs
- Medicines are kept in a secure medical cabinet or designated fridge.
- The designated member of staff will only sign the medicine record book if they have personally administered, assisted, or witnessed the administration.
- Children will be made aware of where their medicine or equipment is stored.
- Classroom staff will be responsible for ensuring the child attends the school office at the correct time.
- Medicines will only be kept while the child attends Airedale Junior Academy
- Any unused or expired medication will be returned to parents for disposal.
- Parents are fully responsible for ensuring that all medication provided to school is in date. While the medical officer may routinely check expiry dates and alert parents as a courtesy, this is an additional safeguard offered in goodwill. The accountability for supplying valid, in-date medication remains solely with parents/carers

Non-Prescribed Medicines – Exceptional Circumstances

- In exceptional circumstances, children recommended by a medical practitioner to take non-prescribed medicines (e.g., paracetamol, antihistamine, topical creams such as E45/Diprobase, or ibuprofen) may have these administered by school staff.
- We acknowledge NHS changes to prescribing practices mean some medicines are no longer routinely provided but may still need to be administered during the school day.
- Parents/carers or a nominated family member should come into school to administer medicines during the day in the first instance.
- Where this is not possible, and with school consent, staff may administer a mid-day dose provided:
 - At least five hours have passed since the last dose
 - Parents/carers have completed a consent form detailing why the medicine is required and why they are unable to attend school to administer it
 - School have telephoned the parent/carer for verbal consent to administrate

Safety Checklist for staff

- Is specific training required to administer the medicine?
- Is protective clothing or equipment available if needed?
- Has the parent completed the Medication Consent Form, and has a copy been filed?





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- Is the member of staff clear on their responsibilities?
- Is emergency contact information (GP and parent/guardian) clear and up to date?
- What action is necessary in the event of an accident or failure of agreed procedures?
- Will medication be stored in a safe place and at the correct temperature?
- Are staff aware of government guidance on infection control in schools?

6.5 Legislation and Accountability

- School staff are not legally required to administer medicines or supervise a child taking them. Any involvement in medical support is voluntary.
- Staff who volunteer to administer medicines must only do so after receiving appropriate information and/or training specific to the child's medical needs.
- Medication must never be administered without the written consent of a parent or guardian.
- The school has a duty of care to safeguard pupils, but responsibility for providing accurate medical information and in-date medication rests with parents/carers.
- All medical procedures carried out in school must comply with statutory guidance (*Supporting Pupils at School with Medical Conditions, DfE 2015*), the Children and Families Act 2014, and the Equality Act 2010.

6.6 Children with Long-Term Medical Conditions, Complex Needs, and Allergies

- Photographs and/or names of children with specific long-term medical conditions or allergies are displayed in strategic areas of the school (e.g., main office, staff room, and school kitchen for food allergies). These are managed discreetly and in compliance with GDPR, ensuring quick identification in case of an emergency.
- Each class file has an up-to-date medical list for those pupils who have a recorded medical need. Class teachers are responsible for maintaining this log and ensuring it is visible in the classroom for those who may cover or teach the class in the absence of the class teacher.
- Where needles or other medical equipment are used, adequate arrangements for safe collection and disposal are in place. This includes any equipment that may be contaminated with body fluids such as blood.

Healthcare Plans

- Some children require an Individual Healthcare Plan (IHP), which is completed collaboratively by school staff, the school nurse, and parents/carers.
- Copies of the healthcare plan are held by the Inclusion Team, the class teacher, the main school office, and the staff room.
- Healthcare plans must be reviewed when a child begins a new school, when their medical needs change, or at agreed intervals to ensure accuracy and relevance.

Asthma

- Please see separate Asthma Policy.





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Training

- Annual training regarding relevant, specific medical needs (e.g. asthma, epilepsy, diabetes, use of an EpiPen - anaphylaxis shock) is given by a school nurse to relevant members of staff. An up-to-date list is kept by the school administration team, and a copy is in the school office.

Educational visits

- Steps will be taken to review the procedures for children with medical needs, while completing the initial risk assessment for any school visit. These may be day/part day visits or longer residential visits. Staff supervising visits (including a trained first aider) will be aware of any medical needs, and the medication, along with a copy of any health care plan will be taken so that emergency procedures/ telephone numbers are available. School will always telephone parent/carer for consent to administer medicines provided by parents/carers.

Sporting activities/extra-curricular activities

- Any restrictions on sporting activities will be recorded in the child's individual health care plan/medical records. Staff supervising such activities will be made aware of any relevant medical conditions, any preventative medicine that may need to be taken, and of emergency procedures. Children may need immediate access to their medication (e.g. an inhaler for asthma). **It is the responsibility of the class teacher to inform other members of staff working with the children in their class of any medical conditions.**

Defibrillator

- A defibrillator is available at the main office and training has been given to several staff members. However, the use of a defibrillator is not restricted to persons who have received training, as it is a public piece of equipment. It can be used by anyone, as the machine orally provides instructions at each stage of the process. It can be collected by any member of the public and is accessible. It is safe and will not shock anyone if they are breathing.

7.1 Child Protection and Safeguarding Guidelines

The Academy will:

- Ensure that any action taken is necessary and proportionate.
- Obtain verbal/written agreement to proceed from all relevant parties, including the child when appropriate, parent/carer, and Headteacher.

CARE – CONCERN – COMMUNICATE

Pastoral Care Procedures

- Ensure the child is comfortable with the supporting adult.
- Respond sensitively to any signs of distress.

Protection of Children

- Safeguarding procedures will be strictly followed.





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- Where parents/carers do not co-operate with medical care agreements, concerns should first be raised directly with them.
- If necessary, a meeting may be convened involving the Headteacher, health visitor, and parents/carers to identify concerns and agree on solutions.
- If concerns persist, the matter must be referred to the school's designated safeguarding lead (DSL) for further action to protect the child's welfare.

7.2 Staff Responsibilities

- Any concerns about physical changes in a child's presentation (e.g., marks, bruises, soreness) must be reported immediately to the designated safeguarding lead and reported on CPOMS.
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the issue will be investigated, outcomes recorded, and parents/carers contacted at the earliest opportunity.
- Staffing arrangements will be adjusted as necessary until the matter is resolved.

7.3 Communication with Children

All staff caring for a child have a responsibility to understand and respond to the child's preferred method and level of communication. Depending on their age, maturity, and emotional state, children may communicate in different ways — through words, signs, symbols, body movements, eye pointing, or other non-verbal cues.

To ensure effective communication, staff should:

- Make eye contact at the child's level.
- Use clear, simple language and repeat if necessary.
- Allow time for the child to respond.
- Continue to explain what is happening, even if the child does not respond.
- Treat each child as an individual, with dignity and respect.

8. Monitoring and evaluation

The implementation of this policy will be regularly monitored and evaluated through staff feedback, record reviews, and parental input to ensure safe, respectful, and consistent practice. The policy will be updated as needed to reflect best safeguarding standards.

Complaints

Should you be dissatisfied with the support provided by school you should discuss your concerns directly with the school. If for whatever reason this does not resolve the issue, you may make a formal complaint via the school's complaints procedure.

