

EMPOWERING FUTURES ALTERNATIVE PROVISION

MEDICAL NEEDS, MEDICATION & FIRST AID POLICY

Policy Name	Medical Needs Policy
Site	Birmingham
Version	1.0
Approved By	Director / DSL
Date Reviewed & Confirmed	18 January 2026
Next Review Due	January 2027

1. POLICY STATEMENT

Empowering Futures Alternative Provision (EFAP) is committed to ensuring the **health, safety, and wellbeing** of all learners with medical needs and to providing appropriate care, support, and emergency response in line with statutory guidance.

EFAP recognises that learners in Alternative Provision may have **complex, long-term, or acute medical needs**, including mental health conditions. This policy sets out how EFAP:

- Supports learners with medical needs
- Safely manages and administers medication
- Responds to medical emergencies
- Ensures staff are trained and informed
- Meets Local Authority and Ofsted requirements

No learner will be disadvantaged, excluded, or denied access to education because of a medical condition.

2. LEGAL AND STATUTORY FRAMEWORK

This policy complies with:

- Children and Families Act 2014
- Education Act 1996

- Equality Act 2010

- Supporting Pupils with Medical Conditions (DfE, 2017)

- Keeping Children Safe in Education (KCSIE) 2025 ●
- Working Together to Safeguard Children 2023 ●
- Health and Safety at Work Act 1974

- UK GDPR & Data Protection Act 2018

- Local Authority medical needs guidance

For adults (18+):

- Care Act 2014

- Mental Capacity Act 2005

3. SCOPE

This policy applies to:

- Children and young people aged 11–18

- Adult learners aged 18+

- All staff, tutors, mentors, assessors, and contractors

- All EFAP premises

- Off-site activities and educational visits

4. ROLES AND RESPONSIBILITIES

Director / Designated Safeguarding Lead

(DSL)

- Overall responsibility for medical and first aid arrangements
- Ensures Individual Healthcare Plans (IHPs) are in place •
- Liaises with parents/carers, health professionals, and LAs •
- Reviews incidents and compliance

Deputy DSL / Manager

- Day-to-day oversight
- Maintains records and medication logs
- Ensures trained staff availability

Staff

- Follow medical and medication procedures
- Only administer medication if authorised
- Respond to emergencies in line with training

Parents / Carers

- Provide accurate medical information
- Supply medication and consent
- Inform EFAP of changes

Adult Learners

- Declare medical needs
- Manage self-medication where appropriate

5. INDIVIDUAL HEALTHCARE PLANS (IHPs)

An **Individual Healthcare Plan** is required where a learner has:

- A long-term medical condition
- A condition requiring emergency medication
- A condition impacting attendance or safety

IHPs are developed with parents/carers, learners, and health professionals and reviewed **at least annually**.

(Template embedded in Appendix B)

6. MEDICATION MANAGEMENT

General Principles

- Medication is only administered where essential
- Written consent is required for under-18s
- Medication must be prescribed, in date, and in original packaging
- Clear dosage instructions must be provided

Administration

- Only authorised staff may administer medication

- Each administration is recorded and signed
- Errors or concerns are escalated immediately

7. SELF-ADMINISTRATION

Learners may self-administer medication (e.g. inhalers) where:

- Risk-assessed and age-appropriate
- Written consent is provided

- Staff are informed

8. CONTROLLED DRUGS

- Stored securely in a locked cabinet
- Logged and monitored
- Access restricted to authorised staff

9. STORAGE & DISPOSAL

- Medication stored securely and clearly labelled
- Emergency medication accessible but secure
- Parents/carers responsible for collecting expired medication

10. MEDICATION REFUSAL

- Medication will not be forced
- Refusal recorded
- Parents/carers informed
- Medical advice sought if needed

11. FIRST AID & MEDICAL EMERGENCIES

11.1 First Aid Provision

EFAP ensures:

- At least one **trained First Aider** on site at all times
- Fully stocked first aid kits
- Clear signage identifying First Aiders

11.2 Medical Emergencies

In the event of a medical emergency:

1. Stay with the learner
2. Call emergency services if required
3. Administer first aid within training
4. Contact DSL immediately
5. Inform parents/carers
6. Complete an incident report

11.3 Serious Incidents

Emergency services must be called immediately

where: • There is loss of consciousness

- Breathing difficulties
- Seizures
- Anaphylaxis
- Severe bleeding
- Suspected overdose or self-harm

12. OFF-SITE ACTIVITIES

- Medical needs included in risk assessments
- Medication carried securely
- Trained staff present
- Emergency procedures confirmed

13. RECORD KEEPING & CONFIDENTIALITY

EFAP maintains:

- Medical records
- Medication consent forms
- IHPs
- Administration logs
- Incident reports

All information is stored securely and shared on a **need-to-know basis**.

14. SAFEGUARDING LINK

Medical needs are treated as a safeguarding matter

where: • There is neglect

- Medication is withheld or misused
- Mental health risk is identified
- Attendance is affected

Safeguarding procedures will be followed where concerns arise.

15. TRAINING

EFAP ensures:

- First aid training
- Medical awareness training
- Emergency medication training where required

16. POLICY REVIEW

This policy is reviewed:

- Annually
- After incidents
- Following legislative or LA updates

APPENDICES

APPENDIX A – MEDICATION CONSENT FORM

Learner Name: _____

Date of Birth: _____

Medical Condition:

Medication Name: _____

Dosage: _____

Time/Frequency: _____

Route (oral/inhaler/injection): _____

Storage Requirements:

Emergency Medication? Yes No

I give consent for Empowering Futures Alternative Provision to administer the above medication.

Parent/Carer Name: _____

Signature: _____ Date: _____

Emergency Contact Number: _____

APPENDIX B – INDIVIDUAL HEALTHCARE PLAN (IHP)

Learner Name: _____

Date of Birth: _____

Medical Condition:

Triggers / Symptoms:

Medication & Treatment:

Daily Care Requirements:

Emergency Action Required:

Staff Training Required:

Consent to Share Information: Yes No

Parent/Carer Signature: _____ **Date:** ____

DSL Signature: _____ **Date:** ____

Review Date: _____

APPENDIX C – FIRST AID & MEDICAL INCIDENT REPORT

Learner Name: _____

Date/Time of Incident: _____

Nature of Incident:

Action Taken:

First Aider Name: _____

Emergency Services Contacted? Yes No

Parent/Carer Informed: Yes No

Signature: _____ Date: _____

APPROVAL

Approved by:

Rhean White

Director & Designated Safeguarding Lead

Empowering Futures Alternative Provision