

# St Mary's Church of England Primary School & Little Oaks Nursery



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Together

## Supporting Pupils with Medical Conditions Policy

|                               |                              |
|-------------------------------|------------------------------|
| Status:                       | Statutory                    |
| Responsible Person            | Gemma Barnett - SENDCo       |
| Responsible Governor          | Nichola Bown - SEND Governor |
| Ratified by the Headteacher   | March 2023                   |
| Date first approved by the GB | March 2023                   |
| Review Period                 | Triennially                  |
| Review Date                   | March 2026                   |

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| <b>Purpose</b>  |   |
| <p>a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships, and play.</p> <p>b. Parents have the prime responsibility for their child's health and are required to provide the school with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.</p>   | <p>Governors/<br/>Staff</p> <p>Parents</p>          |
| <b>1. Pupils with Short Term Medical Needs</b>  |   |
| <p>a. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition, they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home. Pupils who have diarrhoea/sickness must not return to school until 48 hours after the last bout.</p> <p>b. Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible, doses should be given before or after school; however, prescribed medicines may be brought into school if it would be detrimental to the child not to do so. Prescribed medicines should be brought to school in the original containers with the labels attached. Parents should inform the school (using the prescribed medication forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.</p> | <p>Parents</p> <p>Parents/<br/>Administrator</p>    |
| <b>2. Responsibility for administering prescribed medication</b>  |   |
| <p>a. The school will endeavour to ensure that there are sufficient members of support staff appropriately trained and willing to manage/administer medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action.</p>  | <p>Appropriate<br/>staff</p>                        |
| <b>3. Record-keeping</b>  |   |
| <p>a. Staff will complete and sign the medication form each time they give medicine to a child.</p>   | <p>Appropriate<br/>staff</p>                        |
| <b>4. Refusal to take medicine</b>  |   |
| <p>a. If a child refuses to take medicine, staff will not force them to do so, but will inform parents of the refusal immediately.</p> <p>b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.</p>  | <p>Relevant<br/>staff</p> <p>Relevant<br/>staff</p> |
| <b>5. Storage of medication</b>   |   |
| <p>a. All emergency medicines, such as asthma inhalers and adrenaline pens, <b>will be securely stored in the first aid room</b> and will be readily available for children to access via a member of staff. Where children are considered able to do so, they will administer their own medicines and will be supported to do so.</p>  | <p>Relevant<br/>staff</p> <p>Pupils</p>             |

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| <p>b. Some medicines need to be refrigerated. These will be kept in the office fridge and access will be restricted.</p>  | <p>Relevant staff</p>   |
| <p><b>6. Absence from School for more than 15 days</b></p>  |   |
| <p>a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event, advice may be sought from the statutory Partnership panel who might offer additional support/alternative provision.</p> <p>b. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event, the school will make arrangements to link the child to suitable learning opportunities and will encourage links with their school friends so that friendships are sustained</p>  | <p>SENDCo</p> <p>SENDCo</p>   |
| <p><b>7. Pupils with Long Term or Complex Medical Needs</b></p>   |   |
| <p>a. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The school may therefore seek support from the Sensory, Physical and Occupational Therapy (POT) team.</p> <p>b. In some cases, this might take the form of dedicated adult support at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.</p>  | <p>SENDCo</p> <p>SENDCo</p>   |
| <p><b>8. Individual Medical Care Plans</b></p>  |   |
| <p>a. A written, individual medical information care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:</p> <ul style="list-style-type: none"> <li>i. Details of the child's medical condition,</li> <li>ii. Any medication,</li> <li>iii. Daily care requirements</li> <li>iv. Action to be taken in an emergency,</li> <li>v. Parents/carers details including emergency contact numbers.</li> </ul> <p>b. Those who may contribute to a medical care plan include:</p> <ul style="list-style-type: none"> <li>i. The parents/carers</li> <li>ii. The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs)</li> <li>iii. The Headteacher, SENDCo and Administrator</li> <li>iv. The class teacher, learning support assistant or teaching assistant</li> <li>v. Support staff who are trained to administer medicines or trained in emergency procedures.</li> <li>vi. PIMS Team</li> </ul> <p>It is good practice to have a medical care plan endorsed by a health care professional and in many cases it is essential to do so; this is the parents' responsibility</p> <p>The school will agree with parents how often they should jointly review a medical information care plan. The timing of this will depend on the nature of the child's particular needs. In most cases, this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.</p> | <p>Administrator /SENDCo</p> <p>Parent</p> <p>SENDCo/<br/>Parent/<br/>Administrator<br/>/Healthcare Professionals</p> |

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| <p>Medical care plans and training are not transferable, even when children have the same condition.</p>   |  |
| <p><b>9. Training:</b></p>   |  |
| <p>a. If school staff need to be trained to administer medical procedures, the school will contact the relevant health care professional, e.g. the school nurse, specialist nurse or Children's Community Nurse. Parents cannot be responsible for leading this training, but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.</p> <p>b. Parents and school staff cannot cascade training that they have received when the training is specific and intended for an individual child.</p> <p>c. School staff who have been trained are responsible for following and delivering the medical information care plan. If the child's condition alters, staff will immediately contact the parents to make them aware of the change. The appropriate professional will then be contacted to make them aware of the change and to request further training, or an alteration to the medical plan, if needed.</p> <p>d. School staff will be given further training when needed, and professional updates will be sought at least once a year.</p> <p>e. Staff who have been trained in the child's care are responsible for following the procedures in children's care plans, as they have been trained to do.</p> <p>f. The SENDCo will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.</p> <p>g. Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENDCo will inform parents and health care professionals to discuss whether further training is needed.</p> | <p>SENDCo/<br/>Relevant Staff</p> <p>Headteacher/<br/>SENDCo</p> <p>Relevant staff</p> <p>Relevant staff</p> <p>SENDCo</p> <p>SENDCo/<br/>Relevant staff</p> |
| <p><b>10. Communicating Needs</b></p>  |  |
| <p>a. A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available in the school administrator's office and SENCO's office and an electronic copy is given to all relevant staff.</p> <p>b. Further copies and any medical records are stored in the child's personal file on SIMS.</p>   | <p>Administrator<br/>/All staff</p> <p>Administrator</p>   |
| <p><b>11. Educational Visits (see also School's Educational Visits Policy)</b></p>   |  |
| <p>a. Visits and school residential trips will be planned so that pupils with medical needs can participate, and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made, and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.</p> <p>b. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during a visit will be</p>   | <p>All staff</p> <p>All staff</p> <p>Visit leader/<br/>First Aider</p>   |

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| <p>assembled by the first aider in accordance with the school's guidelines before leaving the school at the start of the trip.</p> <p>c. A copy of individual medical care plans will be taken on visits in the event of the information being needed in an emergency.</p> <p>d. Arrangements for taking any necessary medicines will be made and if necessary, an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. If the school feel that it would be appropriate for the parent to accompany their child on a trip, the school will contact the parent.</p> <p>e. If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted, and medical advice sought from the school health service or the child's GP.</p>        | <p>Visit leader</p> <p>Relevant staff</p> <p>SENDCo/<br/>Headteacher</p> |
| <p><b>12. Sporting Activities</b></p>   |  |
| <p>a. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental, and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.</p> <p>b. Any restrictions on a child's ability to participate in PE will be recorded in their individual medical information care plan. This will include a reference to any issues of privacy and dignity for children with needs.</p> <p>c. Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.</p> | <p>All staff</p> <p>Parents/<br/>Administrator</p> <p>Relevant staff</p> |
| <p><b>13. Insurance</b></p>   |  |
| <p>a. St Mary's is a maintained school. The governing body will ensure that appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the local authority as employers who are responsible for insurance arrangements of LA schools and their employees.</p>  | <p>Board of Governors</p>  |
| <p><b>At St Mary's we endeavour to include all Children in all curriculum activities regardless of their individual and medical needs. Where there are obstacles/barriers that may prevent a child from being included in an activity due to their medical needs, the school will consult the parents.</b></p>  |  |