



Rockwell Green Church of England Primary School

Supporting Pupils with Medical Conditions Policy

Status:	STATUTORY
Responsible person:	HEADTEACHER
Responsible Governor:	CHAIR OF GOVERNORS
Approved by the Governing Body:	July 2025
Review Period:	Annually
Review Date:	July 2026

Statement of intent

The governing board of Rockwell Green C of E School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Rockwell Green C of E School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Role of Individuals:	Who is responsible?
<p>a. The governing body is legally responsible for fulfilling its statutory duties under legislation and ensures that arrangements are in place to support pupils with medical conditions.</p> <p>The governing body ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil in the school</p>	Chair of Governors
<p>b. The Head teacher ensures that all staff are aware of this policy and that a sufficient number are trained and available to implement it, including in emergency situations.</p>	Head teacher
<p>c. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher or SENCO) 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>Parents should provide the school with sufficient and up-to-date information about their child's medical needs.</p>	Parents
<p>d. Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines.</p> <p>Staff receive training for supporting pupils with medical conditions.</p>	Named staff
<p>e. Supply Teachers are provided with access to this policy and are informed of all relevant medical conditions of children in the class they are providing cover for.</p>	Class teachers

f. Pupils are, where appropriate, fully involved in discussions about their medical support needs	Head teacher SENCO
2. <u>Pupils with Short – Term Medical Needs</u>	
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 a teaching assistant, lunchtime supervisor or member of the office staff in order that the child can be taken home.	Parents
b. Many children will need to take medicines 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 medicines may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to school office in the original containers with the labels attached.	Parents
c. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.	Parents
3. <u>Responsibility for administering medication</u>	
<p>- The school will ensure that there are sufficient members of support staff who are employed and appropriately trained. 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>Each child's medicine will be placed in a named box/bag if going into the medicine cupboard or an airtight container if going into the fridge when it arrives at school. This will ensure that the child's name is checked twice (the box/bag/container and the medicine bottle/packet). If medication is not named/labelled then Office staff will ensure that this is done on receipt of the medication from the parent. Office staff will also ask the parent for an appropriate syringe/spoon, etc for the medicine to be administered with too.</p>	Head teacher

<p>The medicine will be administered by a member of office staff or a TA. This will be done outside the School Office.</p> <p>The member of staff will ensure that they check carefully the name of the child and the medicine against the consent form <u>prior</u> to the medicine being administered.</p>	
<p>4 <u>Record-keeping</u></p>	
<p>a. Staff will complete and sign a record each time they give medicine to a child. (These are filed in the medicine folder and stored in the school office). This does not include inhalers for asthma. If staff observe that children are taking an inhaler more than would be expected this will be shared with parent/carers.</p>	<p>Named staff</p>
<p>5 <u>Refusal to take medicine</u></p>	
<p>a. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately.</p>	<p>Head teacher Named staff</p>
<p>b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.</p>	
<p>6 <u>Storage of medication</u></p>	
<p>All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and, following discussion with parents, where children are considered safely able to take care of their own medicines they will be supported to do so.</p>	<p>Head teacher Class teachers</p>
<p>Some medicines need to be refrigerated. These will be kept in the fridge in the staff room. Other medicines will be kept in a locked cupboard in the school office.</p>	
<p>The expiry date of emergency medication is checked on receipt by the school office and is recorded on the outside of the storage container. These are checked on a monthly basis to ensure that all medication remains in date. Parents will be contacted when the expiry date approaches.</p>	<p>Office staff</p>

<p>When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.</p>	
<p>Pupils know where their medicines are at all times and are able to access them, when needed, whether in school or attending a school trip / residential visit.</p>	
<p>7 <u>Absence from school for more than 15 days</u></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 will be sought from The Medical Tuition Service and referrals made where appropriate</p>	<p>SENCO</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 may make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained</p>	<p>Class teacher</p>
<p>8 <u>Absence from school for more than 5 days due to a Medical Need</u></p>	
<p>For those children who will be absent from school due to a medical need for a period of more than 5 days the parents will need to inform the school and give copies of any documentation explaining the need and the treatment that may be occurring. If appropriate, a short-term Medical Health Care Plan will be put in place so all adults who support the pupil are fully informed and know the actions that need to be taken.</p>	<p>Parents Head teacher SENCO</p>
<p>9 <u>Pupils with Long Term or Complex Medical Needs</u></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 PIMS Team and SENATAS may be contacted to support any adaptations to the curriculum.</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>SENCO</p>

10. Individual Medical Health Care Plans

<p>a. A written, individual medical health 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 may include:</p> <ul style="list-style-type: none">• details of the child’s medical condition, along with its triggers and symptoms• any medication or treatment to be administered• where medication is stored and whether the child can self-manage their medication• daily care requirements including how the curriculum may need to be adapted to support them or how the pupil may need support in managing their need.• action to be taken in an emergency,• parents/carers details including emergency contact numbers.• Separate arrangements or procedures required during school trips or activities	SENCO
<p>b. Those who may contribute to a medical health care plan include:</p> <ul style="list-style-type: none">• The parents/ carers (and the child, if appropriate)• 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• The Head teacher and SENCO• The class teacher, care assistant or teaching assistant• Support staff who are trained to administer medicines or trained in emergency procedures.• PIMS team	SENCO
<p>c. The school will agree with parents how often they should jointly review a Medical Health 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</p>	SENCO

individual needs. Medical Health Care Plans and training are not transferable, even when children have the same condition.	
d. Medical Health Care Plans will need to be taken by staff when they have an off-site visit, so all procedures are followed.	All staff
e. Asthma – please see separate asthma policy. If a child has a food allergy and is also asthmatic this will be included on their asthma plan.	
11. <u>Training</u>	
a. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, eg School Nurse, specialist nurse or children’s community nurse. Parents cannot be responsible for leading this training but parents and children may be asked to participate in the training and give advice and guidance on how they prefer things to be done.	SENCO
b. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.	Head teacher
c. School staff who have been trained are responsible for following the procedures in the Medical Health Care Plan as they have been trained to do so	Individual staff
d. Individual staff are responsible for identifying and communicating any changes that they notice in the child’s care needs, this may be directly with an appropriate Health Care Professional as well as with parents. Alternatively, the SENCO will inform parents and health care professionals in writing and discuss whether further training is needed or an alteration to the plan.	
e. School staff will request further training when needed, and professional updates at least once a year.	Individual staff
f. The SENCO will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.	SENCO
g. A record of training completed by staff is maintained and updated regularly.	SENCO
12. <u>Communicating Needs</u>	

<p>a. A confidential Medical folder is kept in the School Office, containing a list of all medical needs by class, as well as individual Medical Health Care Plans. This is available to all teaching and support staff.</p>	<p>SENCO</p>
<p>b. Medical Health Care Plans for individual children are kept in the classroom where they are accessible to all staff involved in caring for the child.</p>	<p>Class teacher</p>
<p>c. Further copies and full medical records are stored in the child's SEN file on the school computer system and/or in the SEN office.</p>	<p>SENCO</p>
<p>d. In each room/classroom there will be a red card with the location's name on. If an adult needs somebody in an emergency then the card can be taken to the school office where somebody will then support.</p>	<p>All staff</p>
<p>13. <u>Educational visits</u></p>	
<p>a. Visits and school residential 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 to ensure that they are enabled to join in the curriculum surrounding the trip.</p>	<p>All staff</p>
<p>b. Staff supervising excursions and residential 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 the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.</p>	<p>All staff</p>
<p>c. A copy of individual Medical Health Care Plans will be taken on visits in the event of the information being needed in an emergency.</p>	<p>Visit leader</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. Children's parents will not be required to accompany their own children on school trips</p>	<p>Visit leader</p>
<p>e. If there are any concerns 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>Head teacher</p>
<p>14. <u>Sporting Activities</u></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 delivery for all children to be included in ways appropriate to their own abilities.</p>	<p>All staff</p>
<p>b. Any restrictions on a child's ability to participate in PE will be recorded in their individual Medical Health Care Plan. This will include a reference to any issues of privacy and dignity for children with particular needs.</p>	<p>All staff SENCO</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>15. <u>Insurance:</u></p>	
<p>The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions. Somerset County Council self-insures for Employers' liability, public liability and professional indemnity.</p>	
<p>16. <u>Concerns/Complaints:</u></p>	
<p>Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are encouraged to speak to the school in the first instance.</p> <p>If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure.</p> <p>If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.</p>	

Appendix 1 - Medical Healthcare Plan

FORM 1

Healthcare Plan for Pupil with Medical Needs

Name

Date of Birth

Condition

Class/Form

Date

Review Date

Name of School

CONTACT INFORMATION

Family contact 1

Name

Phone No (home)

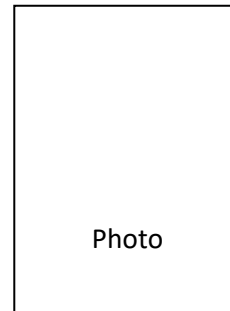
(mobile)

Family Contact 2

Name

Phone No (work)

(mobile)



Relationship

Relationship

Clinic/Hospital Contact

GP

Name _____

Name _____

Phone No _____

Phone No _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements: -

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (state if different on off site activities):

Date:

Review:

Appendix 2 – Checklist for Headteacher/Governor

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of the child with medical conditions are effectively supported.

Use the checklist below to evaluate the school’s position in respect of supporting children with medical conditions in school.

Use the checklist below to evaluate the school’s position in respect of supporting children with medical conditions in school.	Action Required	No Action Required
Do you have a policy in place which matches the standards in the Guidance for Supporting Pupils with Medical Conditions in School? (DfE April 2014)		
Does the policy clearly identify roles and responsibilities in supporting pupils with medical conditions in school?		
Is a named person responsible for updating the policy?		
Is the named person responsible for ensuring all staff are aware of the policy?		
Is a clear procedure followed when the school is informed that a pupil has a medical condition?		
Is there an Individual Health Care Plan in place for each pupil with a medical condition?		
Are staff suitably trained to support pupils with medical conditions?		
Do staff take responsibility for identifying their own training needs and are they supported to do so?		
Do you know which professionals should be involved in delivery of training to meet the needs of pupils with medical conditions at your school?		
Are all staff aware of the procedures in place for the administration of prescription medication?		
Are children who are competent to do so, encouraged and supported to manage their own medicines and health care needs?		
Are there clear procedures about managing medicines safely on school premises?		
Are arrangements in place for dealing with medical emergencies?		
Are children with medical conditions supported to participate in school trips, visits and sporting activities?		
Have you informed insurers about medical interventions your staff are undertaking?		