



Medical Needs Policy

February 2019

Reviewed June 2023

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1. Introduction

This policy is a statement of the aims, principles and strategies for supporting pupils at school with medical conditions. It reflects the statutory guidance set out by the Department for Education in the document 'Supporting pupils at school with medical conditions,' published in December 2015.

2. Rationale, aims and objectives

This policy aims to:

- ensure that pupils with medical needs receive the health-related support to enable them to be included fully in school life
- ensure that parents have the confidence in the school's ability to provide proper support for their child
- ensure the child feels safe at school.

Some children with medical conditions may be disabled. Where this is the case the school complies with duties under the Equality Act 2010. Some children may also have special educational needs (SEN) and may have an Education and Health Care Plan, so this guidance should be used in conjunction with the school's SEN policy.

3. Approaches

3.1 Roles and Responsibilities

School will ensure:

- the effective implementation of this policy to ensure that pupils' medical conditions and how they may impact on their life at school are considered individually.
- that all staff are aware of their role in the implementation of this policy, and that all staff who need to know are notified of the child's condition.
- staff who need to care, support or give medication to children with medical issues receive the appropriate training to do so.
- children who have a medical condition that needs care in school will all have a care plan that has been written with and agreed with parents and which is reviewed annually.
- they seek advice from relevant health services and professionals.
- they listen to and value the views of parents and pupils.
- children's care plans will be accessible to all first aiders.
- children's care plans will be displayed in an area where all class staff, as well as cover staff, are able to see clearly the child's care needs.
- that any care plans and necessary medication are taken on school trips and that risk assessments for such trips take account of the medical needs of any children attending.
- they put in place arrangements to cover staff absence as necessary, and ensure that supply teachers are briefed about a child's condition and healthcare plan.
- they consider the social and emotional implications of a child's medical condition.



Parents will:

- be responsible for providing the school with sufficient and up to date information about their child's medical needs.
- carry out any action they have agreed to as part of the implementation of the health care plan.

3.2 Pupils

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

3.3 Procedures

Where the school is informed of a child's medical needs by parents, carers or medical professionals, a care plan meeting will be arranged as soon as possible with either the SENCO or another Senior Leader in school.

At such a meeting, a care plan will be written, if appropriate, and signed by the parent/carers. This care plan will be distributed to: the central care plan file, relevant staff in school, displayed in an area for all staff to be made aware and parents/carers.

Where evidence comes to light that a child's medical condition has changed before the annual review of the care plan, a meeting should be convened with parents/carers, SENCO or other Senior Leader to agree to amendments to the care plan in place.

3.4 Management and administration of medicines on school premises

The school accepts the need for some pupils to receive medication during school hours. Medicines will only be administered when it would be detrimental to a child's health or school attendance not to do so.

Only medication prescribed by a doctor will be accepted for administration, unless in exceptional circumstances.

The medication will only be accepted and administered when the school receives written consent form the Parent/Carer.

Medicines administered and held in school should be provided in their original container and ensure:

- It has the child's name clearly labelled
- The prescription label is attached
- It is in date
- Has instructions of dosage
- Has instructions for administering
- Has instructions for storage

All medicines should be stored safely. Epipens and blood glucose testing meters must be kept unlocked and easily accessible.

Inhalers are normally outside of this procedure and the following arrangements apply: Generally, Key Stage 2 pupils are expected to be responsible for carrying their inhaler at all times. For Key Stage 1 pupils, inhalers are usually stored in the class room or a central location.



When no longer required, medicines should be returned to the parent for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Medication will be administered in the presence of another member of staff. The member of staff administering will complete the record of administration on the child's form. The second member of staff will sign to witness the administration.

Packets of medicated sweets are unsuitable for young children to eat in school as we are unable to monitor if these are being eaten at the correct time intervals.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Parents may come to school to administer medication to their child, but the school should not expect parents to attend school to administer medication or provide medical support to their child, including toileting issues.

Written records are kept of all medicines administered to pupils in the file in the cupboard in the Admin office. These records provide evidence that agreed procedures have been followed.

At Withinfields, we will follow the guidance set out by Calderdale Council including:

- Guidance for pupils with a high risk of anaphylactic shock
- Guidance for pupils with Asthma
- Guidance for pupils with Diabetes
- Guidance for pupils with Epilepsy

3.5 Health Care Plans

Individual healthcare plans will help school to effectively support pupils with medical conditions. The plans provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make the final decision.

The aim of the plan is to describe the steps the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Individual healthcare plans will be written using the format recommended by the DfE. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Plans should capture the key information and actions that are required to support the child effectively. The level of detail within 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. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan. The healthcare plans will be kept in the cupboard in the Admin office. Plans should only be accessed by the Head and Deputy, parents and those members of staff involved in supporting the pupil, to ensure confidentiality.



Individual healthcare plans, (and their review), will be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will be involved whenever appropriate. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. For children starting new to the school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks, where possible.

3.6 Process for developing individual healthcare plans (IHCP):

- School is informed by parents or healthcare professional that a child has been newly diagnosed, is due to start school, is returning to school after a long-term absence, or needs have changed
- Head/Deputy writes to parents if appropriate
- Decision as to whether an IHCP is needed, is made by Head/Deputy and the parents, with advice from relevant healthcare professionals
- Head/Deputy co-ordinates meeting to be attended by as many of the following as possible: school staff providing support, parents, pupil (if appropriate) relevant healthcare professionals, in order to develop the IHCP. Agreement as to who will lead the plan. Input from relevant healthcare professional must be provided
- Staff training needs identified;
- Training provided if necessary
- IHCP implemented and circulated to relevant staff
- IHCP reviewed annually or may be initiated by a parent or healthcare professional as a pupil's condition/needs change.

3.7 Absence from school

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 and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Children should not be penalised for their attendance record if their absences are related to their medical condition, nor should they be sent home from school frequently unless it would be detrimental to their health to stay at school. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Long-term absences where the child requires education because they are not able to attend school directly, the school retains the funding for the child and will be responsible for:

- Ensuring planning is available in all national curriculum subjects which the child would normally be studying.
- Making available Individual plans and Health Care Plans where appropriate.



- The loan of appropriate resource materials and equipment where appropriate.
- Ensuring that a named member of staff regularly meets and communicates half-termly for target setting and planning re-integration programme
- Making a referral to the Medical Needs team if this is necessary and helpful

3.8 Emergency procedures

Care Plans will contain information about procedures to follow in an emergency. The plan should detail what constitutes an emergency, who is responsible and immediate steps to be taken should this arise. All relevant staff will be made aware of emergency symptoms and procedures. Where an emergency occurs involving a pupil who does not have an individual healthcare plan, staff should follow the procedures outlined in the School Emergency Plan. Pupils are aware that they should inform a member of staff if they think help is needed at any time.

3.9 Day trips, residential visits and sporting activities

The school will aim to include pupils with medical conditions in school trips, visits and sporting activities wherever possible. A risk assessment will be carried out to ensure that planning arrangements take account of any steps needed to ensure pupils with medical conditions are included.

The school will consult with parents/carers, pupils and advice from health professionals to ensure a pupil can participate safely.

5. Monitoring and Evaluation

This policy is monitored through a range of mechanisms. This includes the annual review of health care plans and regular communication with those parents most affected by this policy. The records are also monitored by Senior Leaders to ensure compliance and to ensure that it meets the needs of the children.

6. Review

The policy will be formally reviewed in June 2026 if not deemed necessary before.