Children with Medical Conditions Policy

2026-2027

Hamp Nursery & Infant School

	Who is responsible?	Additional details
Policy Adopted	**Autumn 2015**	
Next Review	**Autumn 2026**	
1. <u>Children with Medical Conditions Policy</u>	Mrs Lucy Burrows, SENDCo Governor and Mrs Weatherburn, Headteacher	
a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play.	All staff	
b. Parent carers have the prime responsibility for their child's health and are required to provide the school (via the Head teacher) 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	Parent carers	
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, parent carers will be contacted by the school office in order that the child can be taken home.	Parent carers School staff	
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 medication eg: antibiotics. Where possible	Parent carers will need to sign a permission form (copies available	Staff will be unable to accept responsibility if the

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 in the original containers with the labels attached.	in file or from school office) before medicines are administered	medicine is not safely contained and named for the child.
c. Parent carers 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.	Parent carers	
3. <u>Responsibility for administering prescribed medication</u>		
a. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage 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.	Head teacher	
4. <u>Record-keeping</u>		
a. Each class has a specific medical file which contains relevant forms, log and consents ~~b.~~ Staff will complete and sign a record each time they give medicine to a child. (These are filed in children's individual record cards when the course of prescribed medicine is completed.)	Named staff	
5. <u>Refusal to take medicine</u>		
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 parent carers of the refusal immediately.	Classroom staff	Head teacher to be informed.

		See individual pupil medical plans
b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.	Relevant staff First aider	
6. <u>Storage of medication</u>		
~~a.~~ All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored within each classroom and will be readily available to children under the supervision of adults. They will not be locked away and w<u>here children are considered safely able to take care of their own medicines they will be supported to do so.</u>		
b. Some medicines need to be refrigerated. These will be kept securely in the refrigerator only accessible by staff.		Fridge in staffroom
c. Medication that is classed as a controlled drug will be kept locked away in the secure cupboard outside the main school office. Staff need to record that the medication has been returned and locked away on the class record sheet once medication has been administered.	Relevant staff SENDCo	Cupboard adjacent to main school office.
7. <u>Absence from school for more than 15 days</u>		

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 Medical/ PEVP panel who might offer additional support from the Link Education Centres.	SENDCo	
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 facilitate their links with other children so that friendships are sustained.	SENDCo Class teachers	
8. **Pupils with Long Term or Complex Medical Needs**		
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 SENITAS may be contacted to support any adaptations to the curriculum. 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.	SENDCo	

9. <u>Individual Health Care Plans</u>		
a. A written, individual health care plan will be developed where needed, to clarify for staff, parent carers and the child, the support that will be provided and what training may be required. This will include: i. details of the child's medical condition, ii. any medication, iii. daily care requirements iv. action to be taken in an emergency, v. parent's carers details including emergency contact numbers.	SENDCo	Parents will be involved in completing this plan

10. Those who may contribute to a health care plan include: a. 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) b. The parent carers (and the child, if appropriate) c. The Head teacher and SENDCo, d. The class teacher, care assistant or teaching assistant e. Support staff who are trained to administer medicines or trained in emergency procedures. f. PIMS team It is good practice to have a health care plan endorsed by a health care professional and in many cases, it is essential to do so.		
11. The school will agree with parents how often they should jointly review a 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 individual needs.	SENDCo	
12. Healthcare plans and training are not transferable, even when children have the same condition.	SENDCo	

13. Training:		
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. Parent carers cannot be responsible for leading this training but parent carers and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.	SENDCo	
b. Parent carers 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 and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parent carers, making them aware of the change and requesting further training if needed or an alteration to the plan	Individual staff	
d. School staff will request further training when needed, and professional updates at least once a year. 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. f. The Headteacher/SENDCo will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed. g. Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENDCo will inform	Individual staff	

parent carers and health care professionals in writing and discuss whether further training is needed.		
14. <u>Communicating Needs</u>		
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 to all teaching and support staff in the SENDCo's office, staff room and lunch trolleys. Photographs and needs are displayed in the staff room so all staff are aware of all children with medical needs.	Head teacher/SENDCo	
b. Health Care Plans for individual children are also kept in the classroom where they are accessible to all staff involved in caring for the child.	Class teacher	
c. Further copies and full medical records are stored in the child's personal file.	SENDCo	
15. <u>Educational visits (see also school's Trips Policy)</u>		
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.	All staff	
b. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parent carers of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs.	All staff	

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.		
c. A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.	Visit leader	
d. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff will accompany the child on the trip. Children's parent carers will not be required to accompany their own children on school trips	Visit leader	
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 parent carers will be consulted and medical advice sought from the school health service or the child's GP.	Head teacher	
16. **Sporting Activities**		
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.	All staff	

b. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.		
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.		
18. <u>Insurance:</u> This 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.		
Unacceptable Practice: **It is not acceptable:** **to place children at risk for any reason,** **to exclude children from curriculum activities because of their medical condition,** **to place requirements and responsibilities on parents to fill gaps in staffing or resources.**		