St. Peter's Catholic Primary School

part of the wider Christus Trust, Multi Academy Trust

Mission Statement

Loving and learning together, with Jesus

Supporting Pupils at School with Medical Conditions

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Date of Policy	March 2026
Review Date	March 2027

Introduction

The overarching purpose of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain as healthy as possible, achieve their academic potential and access and enjoy the same opportunities at school as any other child.

In implementing this policy, the school aims to:

- Promote an inclusive ethos where all children, regardless of their medical needs can thrive at our school
- Assist Parents/Carers in providing medical care for their children.
- Educate staff and children in respect of special medical needs
- Adopt and implement the Local Authority Policy of Medication in Schools.
- Arrange training for volunteer staff to support individual pupils
- Liaise as necessary with Health and Social Care Professionals in support of the individual pupil
- Ensure access to, and enjoyment of, a full education, if possible, including school trips and physical education
- Monitor and keep appropriate records

The policy will be regularly monitored by the school's Inclusion Leader and any necessary changes will be reported to the LGC.

Here at St. Peter's we support children with a range of medical needs and work closely with outside agencies and relevant medical professionals to ensure we provide the best possible care.

Further advice is available here https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

First Aid training has been delivered to various staff members including office staff, midday assistants and learning support assistants and a selection of our team have up to date Paediatric First Aid qualifications. We also access specific training for staff working closely with children with more complex needs such as Diabetes, Anaphylaxis and Epilepsy. Further information can be found within the school's First Aid Policy

All children with medical needs will have an Individual Healthcare Plan (IHP) written in conjunction with the school SENCO, the school nurse and the specialist nursing/teaching team if necessary. These are reviewed annually to ensure all knowledge is kept up to date. All staff are made aware of any changes made.

Definition of Pupils' Medical Needs

Pupils' medical needs may be broadly summarised as being two types:

1. Short term - affecting their participation in school activities when they are on a course of medication
2. Long term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

We recognise that each child's needs are individual and may change over time. The school recognises that some children who require support with their medical conditions may also have special educational needs and/or an Education, Health and Care Plan (EHCP).

A medical condition may also result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision. If this is the case we will work closely with a range of professionals, including the Essex Attendance Specialist Team and regular review meetings will be held.

Legal context

St. Peters Catholic Primary School has due regard for the following documents:

▪ Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', December 2015 (This statutory guidance also refers to other specific laws.)

▪ Children and Families Act 2014 (Section 100)

▪ Equality Act 2010

▪ Special Educational Needs Code of Practice – January 2015

▪ Other relevant school policies

Policy Implementation

We will work together with other schools, health professionals, support services, and the Local Authority. The admission to school is conducted by Essex County Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made.

The school takes advice and guidance from Essex County Council, which encourages self-administration of medications when possible.

In line with the school's safeguarding duties, the school does 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, e.g. *where a hospital has advised a child to remain at home but the parent chooses to send them to school.*

The prime responsibility for a child's health lies with the Parent/Carer who is responsible for the child's medication and should supply the school with the relevant information.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

The Headteacher must ensure

1. The policy is developed and effectively implemented. ALL staff is aware of their roles and responsibilities
2. Sufficient numbers of staff are trained and supported
3. That there are contingency and emergency plans in place
4. Pupils are not penalised for their attendance record if absence is related to their medical condition

The SENCo must ensure

1. Know which children have medical conditions and which have additional needs due to their condition(s)
2. Ensure necessary arrangements are made for intervention or access arrangements
3. Liaise with the child, parents/carers and other professionals and specialists in order to understand and best support a child's medical needs and any associated needs resulting from this
4. With the assistance of the Office Staff, monitor individual Health Care Plans and ensure they are up-to-date

Governing Body must ensure

1. Arrangements are in place to support pupils with medical conditions so that they can have the same rights to admission, can access and enjoy the same opportunities as their peers
2. School leaders consult and work with parents/carers, pupils and relevant professionals, to ensure the needs of children with medical conditions are met and effectively supported
3. That the school is following the DfE guidelines

School staff must ensure

1. Know who the designated First Aiders are and follow Health and Safety procedures and guidelines
2. Know which children in the school community have medical conditions and Individual Care Plans and the procedures they need to follow
3. Ensure pupils with medical conditions are not excluded unnecessarily from activities in which it is safe to take part
4. Be aware of how any medical condition may affect learning and therefore support pupils appropriately
5. Liaise with the person responsible for medical conditions should concerns arise
6. Will consider carefully their response to request to assist with the giving of medication or supervision of self-medication and that they will consider each request separately
7. Ensure that when a child either self-medicates, or a staff member medicates a child, this will be clearly recorded for the school information system and for the Parents/Carers
8. Details will be kept for the required retention period and then disposed of securely. Records relating to accident/injury are kept from the date of the injury plus 12 years and records relating to the administration of medicine forms are securely disposed of at the end of the current academic year

Parents must ensure

1. Work in partnership with schools and other professionals to ensure actions identified on Individual Healthcare Plan (IHP)'s or Individual Medical Protocols (IMP)’s are carried out
2. Complete a request form for the school to administer medication.
3. The prescription and dosage regime should be typed or printed clearly on the outside of the

container. The name of the Pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought in by the Parent/Carer.
4. Parents/Carers will co-operate, where practical, in training children to self-administer medication and that members of staff will only be asked to be involved if there is no alternative
5. It is parent's responsibility to check that asthma medication/epi-pens are in date. A form will be sent home at the end of each academic year for children that have epi-pens/asthma pumps. Parents are required to sign this form and return it with the pumps/pens on the first day of the new academic year

The pupil themselves, where possible, must ensure
1. After discussion with Parents/Carers, be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans or Individual Medical Protocols
2. Be encouraged to provide information themselves on how their condition affects them and how they can best be supported
3. Inform staff if feeling unwell

Teacher absence
Copies of the IHPs and IMPs relating to children in each class are kept in class by the class teacher. Should the regular class teacher be absent, supply teachers will have access to the information pertaining to the class he/she is covering.

Administration of Medicines and Record Keeping
Written records will be kept in a folder of all medicines administered to a child.
The administration of medication will be given only in the case of the following:
a) As set out in an Individual Healthcare Plan (IHP) or Individual Medical Protocols (IMP); and/or
b) When it would be detrimental to a child's health or school attendance not to do so.

Copies of IHPs and IMPs will be kept in class by the class teacher and in the office for immediate information. It will be the Parent/Carer's responsibility that they remain updated and in line with the most current needs, medication and support. However, school or other Healthcare professional can request they be updated also.

Medical Protocols
Procedure to be followed when notification is received that a pupil has a medical condition:

The school, in consultation with all relevant stakeholders including parents and medical professionals, will:
▪ Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place
▪ Put arrangements into place in time for the start of the new school term where it is a child starting

newly at the school
▪ 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 in place within two weeks
▪ Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Individual Healthcare Plans (IHP's)
▪ Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change
▪ Any staff training needs are identified and met. Individual Healthcare Plans

The purpose of IHPs is to provide clarity about what needs to be done, when and by whom. They are particularly essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.

IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption.

When an IHP is written solely by the school, with the parents in attendance, it will take the format shown in **Appendix 4 and 5**

IHPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and relevant healthcare professionals, e.g. Specialist or community nurse.

Wherever possible, the child will also be involved in the process.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring the plan is finalised and implemented rests with the parent.

The IHP is a confidential document and the level of detail will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have an EHCP, their special educational needs will be mentioned in their IHP. If they have an EHCP, the IHP will be linked to it, including review times.

The IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed or there are arising difficulties. However, not all children with a medical condition will require an IHP. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the SENCo will take the final view.

Medical Needs in relation to the Intimate Care Policy

If a child has a medical condition which is likely to lead to soiling and subsequent staff intervention, specific medical advice may be sought from outside agencies, such as the school nurse, and the parents will be asked to sign a permission form so that staff can clean and change their child if necessary.

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child.

If the parents or emergency contact are able to come promptly, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. If parents/guardians cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.

Please refer to the Intimate Care and Toileting Policy for more details.

Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should make a formal complaint via the school's complaints procedure which can be found on the school website - Complaints Policy and Procedure

Appendices

Appendix 1

DfE - Supporting pupils at School with Medical Conditions

Appendix 2

Essex County Council SEND advice and guidance

Appendix 3

School Emergency Procedures

All schools and settings should have arrangements in place for dealing with emergency situations. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Protocol for requesting for an Ambulance:
Dial 999, ask for ambulance and be ready with the following information
1. Your telephone number 01277 653770
2. Give your location as follows St.Peter's Catholic Primary School, Coxes Farm Road, Billericay
3. State the postcode CM11 2UB
4. Give the exact location in the school/setting
5. Give your name
6. Give name of the child/adult and a brief description of the symptoms
7. Inform Ambulance Control that the crew will be met at the main entrance and taken to ….
8. Provide any other information requested

Appendix 4

Supporting your child/young person with Medical Needs

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

▪ the medical condition, its triggers, signs, symptoms and treatments;

▪ the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors

▪ specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions

▪ who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable

▪ who in the school needs to be aware of the child's condition and the support required

▪ arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

▪ separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments

▪ where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition

▪ what to do in an emergency, including whom to contact, and contingency arrangements (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their IHP)

▪ what are the emotional needs of the child/young person?

▪ what are the preferred strategies for the child/young person?

Child's Name and DOB:

Arrangements to be made In place	Yes/ No	Notes

Date: Signed by parent: Name:

Appendix 5

RECORD KEEPING

Child's Name _____ Class _____

Date	Time	Medical Intervention Required	Staff/Parent signature

It is good practice for a written record to be kept in an agreed format every time a child requires medical assistance including date, times and any comments such as changes in the child's behaviour. It should be clear which adults were present. These records will be kept in the child's file and available to the parent/carers on request.

Appendix 6: Letter inviting parents to contribute to individual healthcare plans

Dear parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of St Peters Catholic Primary School policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, St Peters staff and the relevant healthcare professional, who will be able to advise us on your child's case.

The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed. It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____.

I hope that this is convenient for you and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people:

Please let me know if you would like us to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan. If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation