



**LINCOLN GARDENS PRIMARY SCHOOL**

## **Medical Needs Policy**

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| <b>APPROVED: GOVERNING BODY</b>       | <b>DATE: SEPTEMBER 2025</b> |
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| <b>TO BE REVIEWED:</b>                | <b>SEPTEMBER 2026</b>       |

# **MEDICAL NEEDS POLICY**

## **Roles and responsibilities**

Class teachers and support staff have the responsibility of knowing which children in their care have medical needs. They should take account of these needs when planning a broad and balanced curriculum. It is their responsibility to make reasonable adjustments when required, for example when planning cooking activities etc. Every step should be taken to communicate with parents and other staff members, especially supply teachers. An up-to-date list of children with medical needs will be available, along with the class medical box, in the classroom cupboard.

The school has a designated member of staff who oversees the children with medical conditions and ensures that all medication kept in school is up to date and care plans are adhered to.

Parents have the prime responsibility for their child's health and are required to provide the school (via the medical needs form/in person) with information about their child's medical condition before they are admitted to the school as part of the school's admissions process, or as soon as the child first develops a particular medical need. The school will then make arrangements to meet with the parents to begin to construct an individual healthcare plan.

In consultation with the family, advice will then be sought from those health professionals involved with the child if necessary, in order to determine the level of support needed on a daily basis when their child attends school. This could include:-

- a General Practitioner (GP) or Paediatrician
- the school doctor or nurse
- a community nurse
- a health visitor or a specialist voluntary body.

For those children who attend hospital appointments on a regular basis, special arrangements may also need to be considered. If a child has regular absences from school, parents are encouraged to ask for a referral to the Home Tuition service. It is the class teacher's responsibility to provide suitable work for extended periods of absence, should the parents request it.

## **Pupils with Long Term or Complex Medical Needs**

### **Special Arrangements**

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 need to be made.

In some cases this might take the form of dedicated adult support, at certain times of the school day. It is the aim of the school that this intervention will be sensitive and we aim to ensure that the child can participate fully in all lessons wherever possible. The class teacher is responsible for monitoring a child's well-being and alerting the leadership team or nurture staff if they feel that the child needs additional support as well as what is provided in class. 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. Staff will remain sensitive and will assess and manage risks to the child's education, health and social well-being and strive to minimise disruption.

Children with medical needs will have the opportunity for rest periods or times of additional catch-up and support for lessons missed. The head teacher is responsible for communicating additional requirements for exams.

Children with medical conditions can access GROW sessions if it is deemed appropriate (upon consultation with the child's parents) in order to provide support for the child's social, emotional and educational needs.

*The Special Educational Needs (SEN) Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that will be considered.*

### **Individual Health Care Plans**

A written, individual health care plan will be developed for such children, to clarify for staff, parents and the child, the support that will be provided. This will include details of the child's medical condition, any medication, daily care requirements and action to be taken in an emergency, including parents' contact numbers. Those who may need to contribute to a health care plan include:-

- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)
- The Head teacher, SENDCo and Pastoral and Inclusion Officer
- The parents/ carers (and the child, if appropriate)
- The class teacher or teaching assistant
- Support staff who are trained to administer medicines or trained in emergency procedures

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. Each child's needs will be judged individually, as children vary in their ability to cope with poor health or a particular medical condition. Also, some medical conditions may change throughout the course of a year and will need reviewing on a more frequent basis.

### **Communicating Needs**

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 (including Lunchtime Supervisory Assistants) in the SEND office in the filing cabinet labelled 'medical'. This information is also available in children's folders in each classroom in a secure area, in teacher's planning files and medical boxes.

The Foundation Unit have separate copies which are kept in the unit's kitchen and also in the first aid cupboard. Key workers may carry out a home visit (if needed) when the child is due to start school and parents are asked to make an appointment with the SENDCO/Head Teacher or Pastoral and Inclusion Officer before the child starts if he/she has an underlying medical condition which will need to be managed in school. Children may also be visited in their pre-school/nursery prior to them starting school to ascertain what provision is usually in place for them.

All parents of children with asthma are asked to fill in an asthma form, authorising the school to administer the appropriate medication and to provide duplicate inhalers which will be kept in school.

Health Care Plans for individual children are kept in children's folders, class medical boxes and class teacher's planning file, where they are clearly visible/accessible to all staff involved in caring for the child. Supply teachers are expected to look at these plans on arrival and each class has a named member of staff who is responsible for alerting new staff to the child's needs. The SENDCO/Head teacher/Pastoral and Inclusion Officer have overall responsibility for ensuring that all staff are aware of a child's medical condition.

Copies are also available in the main office and all lunch time supervisors are expected to read the medical file which is kept in the SEND office and medical boxes with the first aider in the lunchtime KS1 and KS2 first aid designated areas. However, as a school we are committed to maintaining the confidentiality of all children and ensuring we follow the data protection guidelines.

Further copies and full medical records are stored in the child's medical file. Individual Healthcare plans are stored in the class medical folder and in the SENDCo's office.

## Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. *“Any member of school staff providing support to a child with medical needs must have received suitable training.”* (Supporting Children with Medical Conditions, 2014). Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. These are either run by a community nurse or the school nurse.

Arrangements are made with appropriate agencies e.g. the school nursing team to update staff training on a regular basis. A large proportion of staff have an up to date first aid certificate and the school also has designated first aiders. In line with the Statutory Requirements of the Early Years Foundation Stage, the school also has staff who are trained specifically in Paediatric First Aid. Two members of staff have also completed first aid at work courses.

The School Nurse is invited in annually to deliver training on asthma and the use of Epipens. The school nurse also conducts diabetes training. Epilepsy training also takes place on a regular basis.

## Educational visits

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. This information is added to the trip EVOLVE form. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and if necessary, an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

*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.*

## Residential Trips

Parents of children participating in Residential trips will be required to provide sufficient information to enable the school staff to complete a risk assessment, giving details of all medical/dietary needs. All medication which needs to be administered during the course of the visit should be handed directly to the class teacher/trip leader in accordance with the school's guidelines before leaving the school at the start of the trip. A named person will be responsible for the administration of medication or the supervision of the child if the child is considered responsible to administer their own medication (following parental agreement). No child will be discriminated against when residential trips are planned and the appropriate measures will be put in place so that he or she can participate in as many activities as possible.

## Sporting Activities

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. 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. Medical boxes are taken with the children to PE lessons and assemblies.

*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.*

## **Pupils with Short – Term Medical Needs**

If children are unwell and unable to cope with a busy school day, 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. If a child bumps his/her head or has an injury to the groin area, parents are informed through an email via Medical Tracker or by telephone where the bump is considered serious.

Many children will need to take prescribed 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. *However, such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day. Wherever possible, the doses should be staggered so that they are given outside of school hours.*

Medicines are given by specific members of trained staff who log when doses are given and the medicines are kept in a secure location in the staff room.

Parents should inform the school (on the agreed form, available from the school office) about the medicines that their child needs to take and provide details of any further support required. Staff should make sure that this information is the same as that provided by the prescriber.

*If the child has any infectious or contagious condition, they should not come to school.*

## **Prescribed Medicines**

- Medicines will only be accepted if they have been prescribed by a doctor, dentist, nurse or pharmacist. The medication should always have the child's name on the pharmacy label.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Medicines that have been taken out of the container as originally dispensed or out of date medication will not be accepted

## **Non – prescription medicines (e.g. painkillers)**

- Staff should never give a non-prescribed medicine.
- If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- *A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.*

## **Administration of medicines – Guidance to staff**

***No child under 16 will be given medicines without their parent's written consent.***

Parents should inform the school (on the agreed form) about the medicines that their child needs to take. They should also provide written details of any further support required.

***Staff should make sure that this information is the same as that provided by the prescriber***

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine

- dose
- time/frequency and method of administration
- any side effects
- expiry date

***Staff have received training on administering Adrenaline pens (Epipens). In the event of an anaphylactic emergency, any member of school staff will administer the epipen using the principal 'orange to the thigh and blue to the sky'.***

***Instructions for these are in the class medical files. Epipens are stored in the child's classroom in the stock cupboard. Each child's 'Health plan' gives explicit details of action to be taken and is displayed clearly in their classroom.***

## **Responsibility for administering prescribed medication**

The school follows the governmental guidance relating to the administration of medication. Teachers are not required to administer medication. However, 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.* They should also be aware of possible side effects of the medicines and what to do should they occur.

***If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action.***

## **Record-keeping**

***Staff should 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.)

In some circumstances (such as the administration of rectal diazepam), the dosage and administration will always need to be witnessed by a second adult.

## **Refusal to take medicine**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal on the same day.

***If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.***

## **Storage of Medicines**

The Head teacher/SEND/CO/Pastoral and Inclusion Officer are responsible for making sure that medicines are stored safely. Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed.

- ***Staff should never transfer medicines from their original containers.***
- Children should know where their own medicines are stored and who holds the key/ is able to administer them.
- ***All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.***
- Other non-emergency medicines should be kept in a secure place not accessible to children.
- Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

## **Controlled drugs**

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

- It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- A child who has been prescribed a controlled drug may legally have it in their possession, however, we always collect the drug in and keep it in a secure location.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. The same procedures should be followed for recording the administration of a controlled drug as for prescribed medicines. (*See above*)
- Controlled drugs should be stored in a locked container and only staff who administer the medicines should have access. A record should be kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

The school has spare inhalers and EpiPens in school. These are kept in secure locations around the school. There is also a defibrillator in school that is stored in the staffroom.