St Mary's RC Primary School

Supporting Pupils at School with Medical Conditions Policy 2026

Vision:

We believe that every child is a gift from God, therefore, we aim to provide an outstanding and happy Catholic education which develops the 'whole child' whilst enabling them to reach their full potential.

Mission statement:

We love God … so we follow the examples of Jesus

We love learning … so we always do our very best in everything

We love each other … so we treat each other as we want to be treated

1. Introduction

Section 100 of the Children and Families Act 2014 places a statutory duty on the Governing Body and Senior Leadership Team of St Mary's RC Primary School to make arrangements to support pupils with medical conditions. Pupils with medical needs have the same right of admission as any other child and must not be refused admission or excluded solely because they have a medical condition.

Teachers and school staff have a common law duty of care and may need to take swift action in an emergency, including administering medication where appropriately trained. This duty applies both on-site and during off-site activities.

Parents/Carers hold primary responsibility for their child's health and must provide accurate medical information and medication. This policy is reviewed regularly and is accessible to Parents/Carers and staff via the school website.

2. Policy Implementation

The Headteacher holds overall responsibility for ensuring this policy is implemented effectively, including:

- Ensuring sufficient trained staff are available at all times
- Ensuring training is updated and monitored
- Ensuring cover arrangements during staff absence or turnover
- Ensuring supply teachers are briefed on pupils' medical needs
- Ensuring risk assessments for trips and activities consider medical needs

All staff must demonstrate awareness and commitment to supporting pupils with medical conditions. New staff receive induction on all relevant procedures.

3. Definitions of Medical Conditions

Medical needs fall broadly into two categories:

- **Short-term:** affecting participation in school activities due to temporary medication.
- **Long-term:** potentially limiting access to education and requiring ongoing support.

4. The Role of Staff

Some children with medical conditions may be considered disabled under the Equality Act 2010, requiring reasonable adjustments. Others may have Special Educational Needs (SEN) and may have an Education, Health and Care (EHC) Plan or a Health Care Plan (HCP).

Where a child has a long-term medical condition, the school will ensure arrangements are in place so they can access the same opportunities as their peers. Staff, Parents/Carers, health professionals and external agencies will work collaboratively to ensure continuity of education.

Flexibility may be required, including part-time timetables or alternative provision arranged by the Local Authority. Reintegration plans will be developed following long absences.

Staff must not administer prescription medicines or undertake healthcare procedures without appropriate training. A first-aid certificate alone is not sufficient. Training will be provided by qualified healthcare professionals.

5. Procedures When Notified of a Medical Condition

The school will follow DfE statutory guidance (2023) when notified that a pupil has a medical condition. Procedures cover:

- Transitional arrangements between schools
- Reintegration following absence
- Changes in medical needs
- Staff training requirements

For new pupils, arrangements will be in place for the start of term. For mid-term admissions or new diagnoses, arrangements will be made within **two weeks**.

The school recognises that some conditions are life-threatening and others may be less visible. Support will be tailored to the individual child.

No child will be denied admission or attendance because arrangements are not yet in place. However, in line with safeguarding duties, pupils will not be accepted into school if doing so would pose a risk to their health or the health of others.

A formal diagnosis is not required before support is provided. Where evidence is unclear or conflicting, the SENCO/SLT will lead discussions with Parents/Carers and health professionals to determine appropriate support.

Where required, an **Individual Health Care Plan (IHCP)** will be created.

If a child needs hospital treatment, staff will stay with the child until Parents/Carers arrive or accompany them in an ambulance.

6. Individual Health Care Plans (IHCPs)

IHCPs are written and reviewed by the medical lead (usually the SENCO) with input from Parents/Carers, class teachers and relevant health professionals. Pupils should contribute where appropriate.

IHCPs:

- Provide clarity on support required
- Define emergency procedures
- Identify training needs
- Are accessible to relevant staff while maintaining confidentiality
- Are reviewed at least annually or sooner if needs change

IHCPs must include:

- Medical condition, triggers, symptoms and treatments
- Medication details (dose, side effects, storage)
- Daily care requirements
- Educational, social and emotional support
- Arrangements for trips and off-site activities
- Confidentiality arrangements
- Emergency procedures and contacts

IHCPs may link to or form part of an EHC Plan where applicable.

7. The Child's Role in Managing Their Own Medical Needs

Where appropriate, and following discussion with Parents/Carers, children will be encouraged to manage their own medication and procedures. This will be reflected in their IHCP.

Children may access medication quickly from the school office or classroom first aid box. Supervision will be provided where needed.

If a child refuses medication or procedures, staff must follow the IHCP and inform Parents/Carers promptly.

8. Managing Medicines in School

Key principles:

- Medicines should only be administered when necessary for a child's health or attendance.

- Medicines will be stored and administered at school only if the prescribed dosage requires four times daily administration or if the medication is intended to manage symptoms.
- No child under 16 will be given medication without written parental consent.
- The school may administer paracetamol suspension (Calpol) with prior written consent, or verbal consent recorded as a one-off.
- Prescription medicines must be:
    - In-date
    - In original packaging
    - Labelled with child's name and dosage
    - Accompanied by written instructions

Insulin may be provided via pen or pump.

Storage:

- Medicines are stored securely in the school office or staff room refrigerator if required.
- Emergency medicines (inhalers, adrenaline pens, glucose meters) are stored in classroom first aid boxes and must be accessible at all times.
- Inhalers must be available in school at all times.

Trips:

- A trained member of staff will carry all required medicines.
- Younger pupils' inhalers will be carried by staff; older pupils may carry their own if appropriate.

Administration:

- Staff must follow prescriber instructions.
- Records of all medicines administered will be kept, including dosage, time, staff initials and any side effects.
- Medicines no longer required will be returned to Parents/Carers.
- Sharps must be disposed of in approved sharps boxes.

9. Unacceptable Practice

It is not acceptable to:

- Prevent children from accessing their medication
- Assume all children with the same condition require identical treatment
- Ignore the views of the child, Parents/Carers or medical professionals
- Send children home unnecessarily
- Penalise attendance related to medical needs

- Deny toilet, food or drink breaks required for medical management
- Create barriers to participation in school life or trips
- Send unwell children to the office alone or with unsuitable escorts

10. Complaints

Concerns should be raised directly with the school. If unresolved, Parents/Carers may follow the school's formal Complaints Policy.

11. Data Protection

All medical information will be processed in line with:

- UK GDPR
- Data Protection Act 2018

Confidentiality will be maintained and information shared only with staff who need it to fulfil their duty of care.

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Review Date: September 2027