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## **Clarendon Primary School, Nursery & Family Centre**

### **Children with Medical Needs Policy**

#### **Introduction**

At Clarendon Primary School we believe that, like all groups of children, inclusion and equal opportunities for those with medical needs is an entitlement. As a result, we have a responsibility to create the conditions required for each child to appropriately access the educational opportunities on offer and will make every reasonable adjustment necessary to the school's curriculum and environmental surroundings. We will also give children the required social and emotional support required to minimise any potential barriers which may be created by their specific medical need/s.

This policy should be read in conjunction with our attendance and medicines policies.

#### **Definition of medical needs**

During their time at school some children may experience a variety of medical needs, which may include, but are not limited to:

- Long term medical needs – cystic fibrosis, epilepsy, diabetes
- Recurring medical needs – CFS / ME, leukaemia
- Life threatening conditions – leukaemia, cystic fibrosis
- Operations, road accidents, sports injuries, resulting in a period of recuperation
- Mental health conditions – mood disorders, depression, anxiety disorders, obsessive compulsive disorders, eating disorders, self harming behaviour, ADHD, psychotic disorders and 'tic' disorders (including Tourette's syndrome)
- Effects of treatment for diagnosed medical conditions – steroids and chemotherapy as well as other medications which affect performance and behaviour, e.g. psychotropic medication
- Infectious diseases – tuberculosis
- Physical disabilities – Cerebral Palsy
- Degenerative conditions where deterioration in eyesight or physical mobility are expected – e.g. Duchene Muscular Dystrophy

**N.B** – *The above list is not exhaustive, but is a list of examples to demonstrate the range of medical conditions included.*

#### **Aims**

##### **Overarching aim:**

To ensure that all children with medical conditions, (physical, medical and/or mental health) are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

With this in mind, at Clarendon Primary School and Nursery we aim to:

- Ensure that each child reaches their full potential, through access to a broad and balanced curriculum, which is appropriately differentiated and adapted to each child's individual needs.
- Ensure medical conditions are properly supported so that pupils have full access to education, including school trips and physical education.
- Ensure all pupils feel valued members of our school community.
- Ensure all pupils are able to make an active and valued contribution to their class and wider school community.
- Create a school community which accepts and values other people as they are.
- Work in partnership with parents and a range of supporting agencies to ensure each child receives the best possible support available.
- Support the child to be better able to independently manage their own medical condition, particularly in the event of a lifelong medical condition, e.g. diabetes.
- Ensure effective support systems are in place to appropriately support a child whilst ensuring disruption to a normal school day is minimised.

#### **Organisation for learning offsite when children are unfit to attend school**

When a child is unable to attend school, (either full-time or part-time) due to illness, alternative arrangements will be made to ensure they continue to have access to as broad and balanced curriculum as possible.

## **Effective planning**

To help plan for appropriate pupil access to education in school the school will:

- Consult with health and social care professionals as well as pupils and parents to ensure the needs of all children with medical conditions are properly understood and effectively supported.
- Work in partnership with the child and their parents.
- Where relevant and when required, work in partnership with other professional agencies, including the A2E home tuition service or a school hospital provision.
- Develop an individualised healthcare plan to support the effective management of the child's medical condition. This will be regularly reviewed in light of advice from doctors and other supporting professionals. (At least annually or before if needs change.)
- Utilise available resources, such as ICT equipment, as fully as possible in order to enhance pupil learning opportunities and help maintain social / peer contact and integration.

## **Responsibilities**

With regards to supporting children with a medical condition the school will:

- Liaise with parents, children and other professionals in order to create, review and updated (as required) a clear and comprehensive medical healthcare plan.
- Liaise with the child's parents on a regular basis and maintain regular contact with the child.
- Keep parents informed and seek their written permission to liaise with relevant health professionals as appropriate.
- Produce a Personalised Medical Support Plan  
*This will involve arranging, chairing and creating subsequent educational support plans as well as considering how best to re-integrate the child when appropriate. If relevant, this work will also involve continuing to review SEN outcomes and support plans, with the appropriate professional agencies working with the child.*
- Ensure that half termly plans, current attainment levels and SEN support information, are made available to all supporting services.
- Offer to loan appropriate resource materials, where possible, to the hospital school, parents or home teaching staff.
- Keep the child, with medical needs, on roll and include them as much as possible when planning for their learning.
- Ensure the child continues to have access to appropriate education by providing work and materials for periods of absence that are expected to last for up to 15 days
- Ensure that pupils, who have an illness / diagnosis, which indicates prolonged or recurring illnesses, have ongoing access to education. (This could be through referral to the A2E home education team or, where relevant, through liaison with the hospital school.)
- Refer children, who have prolonged periods of time off school, to the Inclusion Officer, (IO) for ongoing monitoring, advice and support.

## **The role of the designated person responsible for supporting children with medical needs**

The school employs a designated adult, (welfare assistant) who is responsible for liaising with parents, children and other professionals with regards to effectively supporting children with medical needs whilst in school. As part of their role, the welfare assistant will:

- Liaise with parents, children and other professionals in order to create a clear and comprehensive medical healthcare plan.
- Continue to liaise with parents, children and other professionals regarding the review and update of any such plan. **(N.B – Plans need to be reviewed at least annually or earlier if needs have changed.)**
- Liaise with the headteacher and SENCO regarding any specific support arrangements regarded in order to fully implement the required medical support plan.
- Ensure appropriate staff training has been successfully completed and certificated by the identified training body, and subsequent updates / re-training sessions are undertaken as required. (This must be successfully completed before staff provide the required support.)
- Liaise with school staff with regards to the effective implementation of any agreed plan.
- Act as the person with lead responsibility for the administration & recording of medicines given in school. (This will be in line with medical advice & prescribing instructions as well as our medicines Policy.)
- Ensure any medicines kept in school are appropriately labelled and in date.
- Act as first point of parental contact when a child becomes unwell or is not well enough to attend school.

## **Authorising Absence**

Whilst advice will be sought from medical professionals, when required, regarding whether a child is medically fit to attend school, only the headteacher can authorise any such absence or leave.

### **Educational visits**

All children with medical needs will be encouraged to participate in school visits – day and residential. To enable this to occur safely and effectively, the school will make all reasonable adjustments required and develop an appropriate plan for the management of any medical condition, including the giving of medicines, before the child embarks on the visit.

### **Administration of medicine to children**

The school has a separate policy in place regarding the administration of medicine to children in school. (Please refer to our 'medicine policy' for further details.)

### **Other possible services working with the child / family**

To effectively support a child with medical needs, the following professional supporting agencies may also be working with the child and their family. As a school we will endeavour to work in close partnership with these services to help ensure the best possible outcomes for the child involved:

- Inclusion Officer (previously known as the Education Welfare Officer)
- A2E home tuition service
- CAMHS
- Education Psychology Service
- Social Services
- Health Services
- School Nurse and/ or School Doctor
- Child's GP and/or consultant / specialist medical professionals

### **Related Policies**

This policy should be read in conjunction with the following documentation and policies:

- Teaching and Learning Policy
- Curriculum Policy
- Educational Visits Policy
- SEN Policy
- EYFS policy
- Medicine Policy
- Equality policy
- Equality and Single Equality Scheme
- Accessibility Plan
- Anti-bullying policy
- Behaviour policy
- Positive Touch and Restraint Policy
- Child Protection policy
- Intimate Care Policy

### **Policy Review**

This policy will be monitored and reviewed by the School Leadership Team (SLT).

Date reviewed by governing body:	Spring term 2023
Date due for review:	Spring term 2026



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# **Model letter inviting parents to contribute to individual healthcare plan development**

## **APPENDIX 1**

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Dear Parent / Carer,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's 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, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



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## Individual healthcare plan

### APPENDIX 2

Individual healthcare plans can help to ensure settings effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom.

Name of school/setting				
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
<b>Family Contact Information</b>				
Name (First contact)				
Phone no. (mobile)				
(home)				
Relationship to child				
Name (Second contact)				
Phone no. (mobile)				
(home)				
<b>Clinic/Hospital Contact</b>				
Name				
Phone no.				
<b>G.P.</b>				
Name				
Phone no.				
Who is responsible for providing support in school				

**Details of pupils medical Conditions**

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

**Routine/Daily Healthcare requirements****Specific support for the pupil's educational, social and emotional needs:****Describe what constitutes an emergency, and the action to take if this occurs:****Who is responsible in an emergency: (state if different for off-site activities?)****Arrangements for school visits/trips etc:****Regular medication taken during school hours:**

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Name/Type of medication:	
Dose and method of administration:	
When it is taken? (Time?)	
Are there any side effects that could affect this pupil?	
Are there any contraindications? (signs when this medication should not be given)	
Self-administration: can the pupil administer the medication themselves?	
Medication supervised by;	

Medication expiry date:	
Batch Number:	
Date medication opened:	

**Emergency Medication:**

Please complete even if it is the same as regular medication

Name/Type of medication:	
Dose and method of administration:	
Describe what signs or symptoms indicate an emergency for this pupil:	
Are there any side effects that could affect this pupil?	
Are there any contraindications? (signs when this medication should not be given)	
Self-administration: can the pupil administer the medication themselves?	
Medication supervised by;	
Is there any follow up care necessary?	
Who should be notified?	

**Regular medication taken outside of school hours:**

For background information and to inform planning for residential trips

Name/Type of medication:	
Are there any side effects that the school needs to know about that could affect school activities?	

**Members of staff trained to administer medications for this pupil:**

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**Specialist education arrangements required:**

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**Any specialist arrangements required for off-site activities:**

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**Any other information relating to the pupil's healthcare in school:**

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**Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)  
Print Name: \_\_\_\_\_

**Permission for emergency medication**

I agree that my child can be administered their medication by a member of staff in an emergency  
I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements.  
I agree that my child can keep their medication with them for use when necessary.

Name of medication carried by pupil \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)  
Print Name: \_\_\_\_\_

**Plan developed with:**

**Staff training needed/undertaken – who, what, when:**

**Form copied to:**



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**Clarendon Primary School, Nursery & Family Centre**  
**PUPIL MEDICATION REQUEST – For Short Term medication**

**APPENDIX 3**

Clarendon Primary School, Knapp Road, Ashford, Middlesex. TW15 2HZ

Childs Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parents Surname if Different \_\_\_\_\_

Home Address \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

Parents Contact Number: \_\_\_\_\_

GP Name & Surgery: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Tick the appropriate box

- ☐ My child will be responsible for the self-administration of medicines as directed below
- ☐ I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical consultant.

**Medicines must be in the original container as dispensed by the pharmacy**

I will ensure that the medicine held by the school has not exceeded its expiry date. I consent to this medication being disposed of in line with school policy if it does exceed its expiry date.

I will be responsible for giving medication into the school office with this form, and collecting the medicine where applicable at the end of the day/course. Children must not have medication of any kind in their school bag.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine Batch No.
Special Instructions:				
Allergies:				

Other prescribed medicines child takes at home:	
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*NOTE: Where possible, the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.*

Pupil Medication Record – For short term medication

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date	Time	Medication	Dose	Signature



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## Clarendon Primary School, Nursery & Family Centre

### PUPIL MEDICATION REQUEST – For long term medication

#### APPENDIX 4

Clarendon Primary School, Knapp Road, Ashford, Middlesex. TW15 2HZ

Childs Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parents Surname if Different \_\_\_\_\_

Home Address \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

Parents Contact Number: \_\_\_\_\_

GP Name & Surgery: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Tick the appropriate box

- ☐ My child will be responsible for the self-administration of medicines as directed below
- ☐ I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical consultant.

#### **Medicines must be in the original container as dispensed by the pharmacy**

I will ensure that the medicine held by the school has not exceeded its expiry date. I consent to this medication being disposed of in line with school policy if it does exceed its expiry date.

I will be responsible for giving medication into the school office with this form, and collecting the medicine where applicable at the end of the day/course. Children must not have medication of any kind in their school bag.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine Batch No.
Special Instructions:				

