

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

St Bartholomew's Primary School

Date agreed by Governing Board	October 2025
Signature of Chair of Governors	*Bettina Carlyon*
Signature of Headteacher	*Daniel Meyer*
Date to be reviewed by Governing Board	October 2027

This version supersedes all previous versions of this policy.

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

This policy is written in line with Supporting Children at School with medical conditions https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supportingpupils-at-school-with-medical-conditions.pdf

1. PURPOSE OF THIS POLICY

1.1 At St Bartholomew's School we want all children to have successful and fulfilling lives and we believe that most children with medical needs are able to attend school regularly and can take part in normal activities (although they may sometimes need extra support). We also understand that positive responses by schools to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

1.2 This policy has therefore been drawn up to ensure there are effective management systems in place to support individual children with medical needs.

2. INTRODUCTION

2.1 Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have more complex and/or ongoing medical needs and may require medicines on a long-term basis to keep them well. Others may require medicines in particular circumstances, e.g. children with severe allergies or severe asthma who may have a need for daily inhalers or an adrenaline injection during an attack.

2.2 Parents/carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition, obtaining details from their child's General Practitioner (GP) or paediatrician, if needed.

2.3 The school nurse or a health visitor and specialist voluntary bodies may be contacted to provide additional background information for staff.

2.4 To support children with long-term medical needs and ensure that they and others are not put at risk, a health care plan will be drawn up in association with medical professionals to help staff identify the necessary safety measures.

2.5 Members of school staff providing support to a pupil with medical needs will be given suitable training and when possible will be included in meetings where the needs of the child are discussed.

3. PROCEDURES FOR MANAGING SHORT-TERM PRESCRIPTION MEDICINES

3.1 There is no legal duty that requires school staff to administer medicines and parents are encouraged to request medicines in dosages that can be taken outside of school hours e.g. three times a day could be taken in the morning, after school hours and at bedtime. However, where it is unavoidable that prescribed medicines are taken during school hours, the office staff will take responsibility for this.

3.2 Parents/carers will be asked to bring the medicines directly to the school office and complete a written permission for the school to administer them. Medicines will not be kept in classrooms or pupils' bags/trays but will be kept in the Main Office (or the refrigerator in the staff room if required).

3.3 Only medicines that have been prescribed for the child by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted and they must be in-date and provided in the original container as dispensed by a pharmacist (to include the prescriber's instructions for administration and dosage). The school reserves the right to refuse:

a) to receive medicines that have been taken out of the container as originally dispensed or

b) to make changes to prescribed dosages, on parental instructions.

3.4 The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

3.5 If a child is attending a trip or outing and needs to take medicine with them, a member of staff accompanying the trip will take responsibility for transporting; administering and returning the medicine to the school.

3.6 Staff administering medicines will record the time and dosage. If a child refuses to take medicine, staff will not force them to do so, but will note this and inform parents/carers.

3.7 When no longer required, medicines will be returned to the parent to arrange for safe disposal.

3.8 Sharps boxes will always be used for the disposal of needles and other sharps.

4. PROCEDURE FOR MANAGING LONG-TERM PRESCRIPTION MEDICINES

4.1 In addition to the above, parents should request two prescriptions, where appropriate and practicable: one for home and one for use in school to avoid the need for repackaging or relabelling of medicines.

4.2 In such cases, school will compile an individual health-care plan to set out:

a) details of a child's condition
b) any special requirement e.g. dietary needs, pre-activity precautions
c) any side effects of the medicines prescribed
d) what constitutes an emergency and what action to take/avoid in an emergency
e) who to contact in an emergency and the role that staff can play

4.3 If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child who is taken to hospital by ambulance.

5. COMPLAINTS

5.1 Should parents be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's **Complaints Policy.**

6. MONITORING AND REVIEW

6.1 This policy will be monitored by the Headteacher and reviewed every three years as a minimum.