

Christ Church NW1

Medical Needs Policy



Autumn 2025

Christ Church
CE Primary School
Regents Park
NW1 4BD

Vision and Values



**The Christian faith is at the heart of our school community.
At Christ Church we all care, learn and work together for God and others.**

'For we are all God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do'. Ephesians 2:10

**Our Christian Values are
Creation, Community, Endurance, Thankfulness, Reconciliation, Wisdom**

The distinctive nature of our approach to education can be found in our explicit Christian values, our collective worship, our grounded Christian ethos, our carefully crafted curriculum and in our Religious Education.

We aim to provide ambitious learning opportunities, promoting achievement in every area and nurturing social, emotional and spiritual well-being.

We actively promote the children's cultural capital (defined as the acquisition of skills and knowledge, which an individual can draw on to give them an advantage in life). We will introduce them to strong role models who will impart their knowledge and wisdom to help the children engender an appreciation of human creativity and achievement and to become responsible local and global citizens.

Character and resilience are the qualities we promote within our children, developing the inner resources that we call on to help us in life. We instil these qualities in our children to make sure that they are ready to make their way in the world as robust, confident and inquisitive individuals.

We know that confidence, knowledge and skills will help them to become compassionate and well balanced young people. We want them to take their place in society as active citizens, economically independent, exemplifying the British values of equality, mutual respect, democracy, individual liberty and rule of law.

We use our six Christian values, Creation, Wisdom, Thankfulness, Community Endurance and Reconciliation, to reinforce and enrich our teaching wherever applicable.

- **Creation**

For every house is built by someone, but God is the builder of everything. Hebrews 3:4

- **Wisdom**

For the LORD gives wisdom; from his mouth come knowledge and understanding. Proverbs 2:6

- **Thankfulness**

Give thanks to the LORD, for he is good; his love endures forever. 1 Chronicles 16:34

- **Community**

My command is this: Love each other as I have loved you. John 15:12

- **Endurance**

Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. Galatians 6:9

- **Reconciliation**

Bear with each other and forgive one another if any of you has a grievance against someone. Forgive as the Lord forgave you.

Colossians 3:13

Our vision is inclusive and seeks to promote the whole child thrive within our Christ Church family.

Each member of our Christ church family; children, parents and staff are valued as God's creation. We believe in full inclusion and acceptance of all and that this allows every individual to flourish.



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Christ Church C of E Primary School

Medical Needs Policy

Early recognition of any condition and subsequent communication with appropriate parties including parents, school nurses and staff is essential.

A medical condition or need may be:

- short term (such as finishing a course of medication)
- acute (such as an allergic reaction)
- recurrent (such as recurrent asthma or epilepsy)
- long term and persistent (such as conditions experienced by children with complex medical needs).
- mental health needs
- learning difficulties

Roles and Responsibilities

Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.

In consultation with the family, advice will then be sought from those health professionals involved with the child, 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 health visitor or a specialist voluntary body
- a hospital school

For those children who attend hospital appointments on a regular basis, special arrangements may also need to be considered.

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. 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.

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.

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

- appoint a named person(s) who is responsible for supporting the child with medical needs. This role includes any transitional arrangements between schools is in place, or when the child's condition changes and further staff training is required.
- ensure the right support is in place when the child starts. This may require consultation with parents, often several weeks beforehand, and any medical evidence available if the condition is unclear.
- if a child leaves our school, arrangements are in place before the child starts the new setting
- ensure that health care plans or EHCs have been completed/updated.
- state who is authorised, contracted, named and trained to administer medicines to the child concerned
- clarify whether any appropriate training is available and how health professionals will support this
- state how information will be provided from and to parents
- state how parental consent will be recorded

- state arrangements for safe storage of medicines, including controlled substances and emergency access arrangements
- state arrangements for children's health care plan
- state where records and plans are kept
- review the policy and arrangements regularly with the child/young person and parent/carer.

Ongoing Communication and Regular Review of Healthcare Plans

Parents at Christ Church CoE Primary School are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments have changed.

Staff use opportunities such as parents' consultation evenings to check that information held by the school on a child's condition is accurate and up to date.

Every pupil with an Individual Healthcare Plan will need to have their plan discussed and reviewed if there are any changes in the child's medical needs/condition.

Passports to Christ Church

A written, individual health passport 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 medical 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 and SENCO
- The parents/ carers (and the child, if appropriate)
- The class teacher, care assistant 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 medical 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.

Communicating Needs

Passports are shared with all staff, including lunchtime staff and agency staff.

Care Plans for individual children are held in the staffroom and office where they are clearly visible/accessible to all staff involved in caring for the child.

Further copies and full medical records are stored in the child's SEN file.

Staff Training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school i.e. Sickle Cell training, asthma training etc

Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. All staff are required to attend Epi-pen and asthma training annually.

We will ensure that staff are aware of the potential social problems children with such conditions may experience. Staff must use this knowledge to try to prevent and deal with problems in accordance with the setting's anti-bullying and behaviour policies.

Staff will aim to include all children with medical conditions, to raise awareness of medical conditions and to help create a positive environment. This can be done by a variety of means such as PSHE, play activities etc.

All staff are informed and regularly reminded about the medical conditions policy:

- through copies handed out at induction training
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas
- through setting communication about results of the monitoring and evaluation of the policy

- all supply and temporary staff (and volunteers where appropriate) are informed of the policy and their responsibilities
- the Governing Body ensures health and safety policies and risk assessments are inclusive of the needs of children with medical conditions.

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. A copy of the medical plan 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, the child's GP or hospital consultant. On some occasions parents may be asked to join a class trip.

Residential Trips

All medication which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip. An advanced first aider will also be in attendance on these trips.

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 medical care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

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 or insulin.

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.

Many children will need to take 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 or cause continued absence if it were not administered during the school day.

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 (see appendix)

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.
- 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 will not be accepted

Non-Prescription Medicines (e.g. painkillers)

- Staff will not 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:

- the name of the child
- the name of the medicine
- the prescribed dose
- the time/frequency and method of administration
- any side effects
- the expiry date

Adrenaline pens should only be administered by trained members of staff. Instructions for these are clearly displayed inside the First Aid cupboard in the medical room, where the pens are stored. Each child's 'medical care plan' gives explicit details of action to be taken and is displayed clearly in their classroom.

Responsibility for Administering Prescribed Medication

Teachers' conditions of employment do not require them to give, or supervise, a pupil taking medicines. The school will ensure that there are sufficient members of SLT and 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.

Staff who will administer drugs at Christ Church

- Senior Leadership Team
- Higher Level Teaching Assistant
- Admin officers
- Staff who have completed the training re administering medicine
- Qualified First Aiders

Record-Keeping

Staff should complete and sign a record each time they give medicine to a child, which must also be witnessed/signed by another member of staff. (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 immediately informed of the.

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

Storage of Medicines

The SLT and HLTA 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 decant/transfer medicines from their original containers.

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 should be in an airtight container and clearly labelled and stored in the medical room. 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
- 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).