



Children with Medical Needs Policy

July 2025-26

Note: This policy will be reviewed annually

(This policy should be read in conjunction with the St John of Jerusalem CE Primary School SEN Policy and Accessibility Plan)

At St John of Jerusalem, we are committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows so that they maintain the momentum of their learning whether they are attending school or going through periods of recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, medical need or SEN are not discriminated against or treated less favourably than other pupils.

Legislation and statutory responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014** <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted> which places a duty on governing boards to plan for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: **Supporting pupils at school with medical conditions.** <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Definition of Medical Needs

A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purposes of this policy, pupils with medical needs are:

- Children with **chronic or short-term medical conditions or a disability** involving specific treatments or forms of supervision during the course of the school day.
- **Sick children**, including those who are physically ill or injured or are recovering from medical interventions.
- Children with **mental health problems**.

Named Person

The member of staff responsible for ensuring that pupils with medical needs have proper access to education is the **SENCO, Amy Bliss**.

She will be the person with whom parents/carers will need to discuss particular arrangements to be made in connection with the medical needs of a pupil. It is also her responsibility to pass on information on the relevant matters to staff. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Partnership with Parents/Carers and Pupils

- Parents hold key information and knowledge and have a **crucial role** to play. Both parents and pupils will be involved in the process of making decisions.

- Parents are asked to keep the school informed about any **changes in the treatment** their child is receiving, including changes in medication.
- Parents will be kept **informed** about arrangements in school and about contacts made with outside agencies.
- Parents and pupils will be **consulted** before referral to Home Tuition Service and any home tuition begins.

Absence because of a Medical Condition

- In cases where pupils are absent for periods **less than 15 working days**, parents will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, it may be appropriate for the school to provide the pupil with a pack of work to do at home.
- Where an absence exceeds **15 working days**, the school will inform the Education Attendance Service. Parents will need to provide the school with a letter from a medical consultant containing details of the medical condition or intervention, and information about the estimated period of absence. The school will also contact the Home Tuition Service.
- If a pupil is to be admitted to **hospital for a period longer than 5 working days**, the SEN coordinator will contact the Hospital School and will consult with staff there about ensuring continuity of education.

Arrangements for Access to Education in the Case of Long-Term Absence

- It is essential that **parents/carers inform the school** at the earliest opportunity if it is anticipated that an absence will be long-term (longer than 15 working days).
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the Inclusion Manager. After speaking to parents/carers, the Inclusion Manager will **contact the Hospital School and/or Home Tuition Service.**

She will then send on documentation that will inform staff about the pupil's needs, enabling them to plan appropriate provision. Information sent will generally include:

- curriculum targets
- a current Individual Education Plan if the pupil has one
- extracts from the latest Annual Review (pupils with statements only)
- **Home Tuition** will start as soon as practicable. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases, the amount of tuition may be increased if the Home Tuition Service has the capacity.
- In cases where a child has **recurrent or regular treatment** and is away for a number of shorter periods, the Inclusion Manager will alert the Home Tuition Service, and

the Home Tuition Coordinator for the Learning Trust will make every effort to organise special provision for the pupil in question.

- The school, with the parents' cooperation, will **maintain contact with pupils** unable to attend. It may be appropriate for email to be used and, if special events are taking place at school, it may be possible for a video to be made, and a copy sent to the hospital or home. In certain instances, a child's class teacher may be able to send material to the education provider that will help keep the absent pupil up to date with topics being covered in class.
- The school will continue to **monitor the progress of pupils** unable to attend. This will be done through discussions with teachers working with the child out of school, and by examining work samples (where appropriate). In cases of extended absence, the Inclusion Manager will arrange for a review to be held attended by the pupil's parents, the education provider and the class teacher.

Reintegration following Absence for Medical Treatment

- As with the notification of absence, it is very important that parents give the school as much notice as possible about the pupil's date of return to school.
- The school will draw up an individually tailored reintegration plan in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting, and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases, it will be necessary to have outside professionals on site when the child first returns.
- For some children, **reintegration will be a gradual process**. A pupil might start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for **statutory assessment** under the Code of Practice (Pupils with Medical Needs). There will be consultation with the parents on this matter.

Catering for Pupil's Medical Needs in School

- The majority of children who have medical needs are able to **attend school regularly** and do not have to undergo extended periods of treatment.
- Parents of new pupils are required to complete a form which gives **information about individual medical needs**. It is the duty of parents to return this form so that any necessary preparations can be made.
- Each year, a similar form will be sent out in order to keep medical needs information current.

- Information supplied by parents is transferred to the **Medical Needs Register**, which lists the children class by class. A copy of the class Medical Needs register is kept inside the class attendance register so that it can be referred to easily. Support staff will have full copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.
- Staff must familiarise themselves with the medical needs of the pupils they work with. **Training** will be provided in connection with specific medical needs so that staff knows what precautions to take and how to react in an emergency.
- The school has a number of **First Aiders** who regularly attend refresher courses.
- All staff are trained to deal with First Aid incidents with protective gloves using universal procedures. There is no obligation for a pupil. Parent or carer to disclose their HIV or hepatitis status to teachers, TAs or other staff unless they feel this would be of help to the pupil. Any information shared will be treated in confidence. All staff will receive awareness training about these conditions.
- Before taking **children off the school premises**, the member of staff will ensure the guideline checklist is followed and that in charge will check any medication or equipment that needing to accompany pupils is safely packed. The school policy on educational visits will be followed along with the Learning Trust guidelines on 'Educational Visits and Pupils with SEN and Medical Needs'.
- **Medications** such as inhalers are kept at the office with the Admin Officer and are taken under supervision. Parents are generally expected to administer medicines themselves, but in very specific circumstances and after suitable training, the school may agree to administer certain medicines, e.g. EpiPen. Parents must give written permission agreement for any medication personal or nor prescriptive to be given to a child. Such as pain killers (Analgesics) including Aspirins, Paracetamol. May not be given to children.
- Parents must reach an agreement with the school before sending in medication. It is the responsibility of parents to ensure that medicines are not out of date. The school uses the agreement forms and advice recommended by the DfE and Dept. of Health 'Managing Medicines in Schools and Early Years Settings'.
- Children with more complex medical needs may require a **care plan**. This will be drawn up in consultation with parents and outside professionals. A delegated member of the support staff will supervise the carrying out of the plan.
- Pupils who have to carry out regular **exercise programmes** will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with an exercise bed and a degree of privacy whilst carrying out their exercises.
- Pupils who need **special arrangements for toileting and personal care** will be assisted by a trained member and will use one of the school's specially adapted toilets. Protective gloves and aprons will be provided for staff and procedures would need to be put in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection with Personal care. We follow the Learning Trust guidelines.

A Whole School Approach

- The school will promote positive **emotional health** and well-being in the school community and help pupils understand and express their feelings to build their confidence, emotional resilience and capacity to learn.
- **Lifestyle health** will be promoted through the 'Healthy Schools Policy' and the 'Personal, Health, Social and Citizenship Education' (PHSCE) curriculum. We will promote healthy eating and physical activity for pupils, parents, carers and staff. We will do this by monitoring pupils' menus and food choices, participation in physical activity and identify pupil who need breakfast. Support will be offered to vulnerable pupils who may be over- or under-weight. We will meet the need for a balanced diet in line with the DfES/DoH school food standards and provide the necessary support for individual needs. This may be ensuring:
 - a suitable eating environment e.g. appropriate table height, chair, cutlery, quiet surroundings
 - assistance with feeding/drinking which may include specialist training for modified diets or tube feeding. Staff will be trained to ensure the feed is appropriate and hygienically administered. All pupils will be involved in regular mealtimes whenever possible to ensure social integration.
- The **PHSCE and science curriculum** will also address issues including sex and relationship education and drug and substance misuse. All staff will receive awareness training on substance misuse and will be alert to symptoms and unusual behaviours.
- The school will promote **back care** for pupils and staff and support those with back pain by considering seating, workstations, lifting and carrying, locker provision, physical activity and awareness training.

Identification of Medical Needs

- Most medical needs will be identified by the parents in consultation with a medical professional outside school.
- Any medical concerns the school has about a child will be raised with the parents and reported to the school nurse. Most parents will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent, may write a letter to the GP suggesting a referral to a multi-disciplinary centre such as the Hackney Ark, where a full paediatric assessment can be carried out.
- When pupils enter the school, parents and children are offered the opportunity of attending a personal interview with the school nurse.
- The school will work closely with other professionals to ensure good communication and liaison. At this meeting, parents can seek advice on the health of their child.
- Parents are expected to inform the school on the first day that the child is absent. If an absent last a full week or longer the parent must produce a medical certificate.
- The School Nurse has termly meetings with the Inclusion Manager at which the Medical Needs Register is reviewed, and health matters discussed.

Further information is available from:

The Inclusion Manager and The Healthy Schools Co-ordinator, Amy Bliss.

The Specialist Teacher for pupils with medical needs, Hackney Education: 020 8820 7326

Hackney Education website, [Special educational needs and disabilities | Hackney Education](#)

Appendices

Appendix 1 – Letter - Health and Care Plan e.g. for children medical conditions i.e. asthma

Homerton University Hospital 
NHS Foundation Trust

School Nurses Office
St. Leonard's Hospital
D Block, 1st floor
Nuttall Street
London
N1 5LZ
Tel: 020 7683 4991

Dear Parent / Carer,

All children who attend school in City and Hackney and have a medical condition requiring support from the school staff require a Health care plan.

Please find enclosed a copy of the first draft of your child's health care plan. Please can you read through the care plan, and ensure that it meets the needs of your child while in school. Please feel free to include additional information or cross out any information that does not apply, and return in a sealed envelope through the school reception. It will be updated and returned to you to sign.

It is important that your child's care plan is updated and signed off by you before it can be used by school staff. Please return the care plan to the school office as soon as you have signed it.

The final copy of the care plan will be counter signed by school staff and School Nurse and a copy will be sent to you.

Please notify the school nurse of any changes to the care of your child or if there are any changes in medication dosage or frequency of the medication stated on the health care plan or if the medication is stopped.

Please do not hesitate to contact me if you have any questions.

Yours Sincerely

School Nurse

CARE PLAN FOR ASTHMA

Name of School: St John of Jerusalem

Child's Information	
Child's Name: ---- Group/Class/Form: Date of Birth: Emergency Contact Name: Emergency Contact Telephone No.:	[INSERT CHILD PHOTO HERE]

Date of Assessment			
Care plan completed by:	Designation:	Date:	Review date:
Care Plan Reviewed By:	Designation:	Date:	Review Date:
	School Nurse	09 May 2025	06 May 2026

Family Contact Information		
Name	Relationship	Telephone

Clinic/Hospital Contact	
GP: DR --	GP Practice:
GP Phone Number:	Specialist Phone Number:
Hospital Dr/Specialist:	

Medical Diagnosis or Condition
ASTHMA

Medication
SALBUTAMOL INHALER 2 PUFFS BEFORE PE

Describe medical needs (triggers)
--- has Asthma and is likely to have an asthmatic attack while in school via the following triggers:
Triggers
• Hot/cold/damp weather
• Exercise
• Illness

• Fur & Feathers	
• Fur & Feathers	
• Chemicals	
• Dust	
• Stress	
• Pollution	

Symptoms
--- experiences the following symptoms when having an asthma attack:
<ul style="list-style-type: none"> • Difficulty breathing • Wheeze • Shortness of breath • Coughing • Tightness in chest / Stomach ache

Describe what constitutes an emergency for the child, and the action to take if this occurs
School staff to take the following procedure if any of the above symptoms occur:
<ol style="list-style-type: none"> 1. If these symptoms occur sit --- down and loosen any tight clothing 2. Help --- to take their usual dose of reliever inhaler immediately, preferably through a spacer 3. Sit --- upright 4. Get them to take slow steady breaths 5. Keep calm and try to keep them calm 6. Do not leave them unattended 7. If there is no improvement immediately, continue to give two puffs of reliever inhaler every two minutes, up to 10 puffs. 8. If --- does not start to feel better after taking the reliever inhaler as above or if you are worried at any time call 999. 9. If an ambulance does not arrive within 10 minutes repeat step 7 while you wait. 10. Contact their parents or carers and inform them about the situation.

Care Plan Responsibility	
SENCO	<ul style="list-style-type: none"> • Ensure that school staff receive appropriate training as required • Ensure that ----- care plan is accessible to relevant staff as required • Check that medication within school has not expired
School Health Service	<ul style="list-style-type: none"> • School nurse to ensure that ----has up to date care plan in school. • School nurse to liaise with parents and school to update care plan • Care plan to be reviewed as soon as there is any change to care or minimum - yearly. • School doctor to review -----as necessary
Classroom Staff	<ul style="list-style-type: none"> • Administer medicine as prescribed if -----has an asthma attack

	<ul style="list-style-type: none"> • Manage condition of ---- if experiencing an asthma attack • Stay with the child • Call for help if necessary • Provide reliever inhaler • Contact carer/parent
Parent	<ul style="list-style-type: none"> • Up to date medication in school - check expiry date on medication • Parents to inform School Nurse and school staff of any changes to child's care • Parent to ensure that all medication is brought to school as dispersed in the original packaging with clear instruction. • Parents to ensure that the medication is replaced as soon as it has been used.
Child	<ul style="list-style-type: none"> • To be aware of the care plan and content (If applicable) • To be aware of medical condition and symptoms • To be aware of where the medication is kept (If applicable)

Daily Care Requirements

- Up to date medication in school - check expiry date on medication.
- Monitor the child at school to prevent any triggers.
- Ensure child receives and have access to medication as required
- School staff to ensure that, health care plan and rescue medication is taken (if any) to any school trip off site.

Who is responsible in an emergency? (State if different for off-site activities)

- In School: School Staff
- On School Visit: School Staff
- On School Transport: Transport Staff

Follow-up Care

- Parents to provide the school with inhaler
- To attend any medical appointments relevant to --- 's health needs
- To inform the school and school nurse of any changes to ---- 's condition
- For school staff to be able to contact parents during school hours in case of an emergency.

NB: ALL PRESCRIBED MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff / transport staff administering the medication. I will inform the school immediately, in writing, if there is any

change in dosage or frequency of the medication or if the medication is stopped.

Parent/Carer Signature:	Print Name:	Date:
School Nurse Signature:	Print Name:	Date:
SENCO Signature:	Print Name:	Date:

Form copied to: School SENCO Child's Parents
 Others

If Child does not start to feel better or if you are worried at any time call 999.

Record of medicine administered to all children



St John of Jerusalem
Church of England Primary School

St John of Jerusalem C of E Primary School

Date	Child's name	Time	Name of medicine	Dose of medicine given	Any reactions	Signature	Print name of staff

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone