



# **POLICY FOR Supporting Pupils with Special Medical Needs**

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**Reviewed March 2021**

## Rationale

The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. Local Authorities and Schools have a responsibility for the health and safety of all pupils in their care under Section 100 of the Children and Families Act 2014. In the case of pupils with special medical needs, schools are responsible for ensuring that there are safety measures to meet the needs of all pupils at the school, which may mean making special arrangements, or having individual procedures for particular pupils who may be more vulnerable than their peers due to SEND and or medical conditions.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions.

Pupils' medical needs may be broadly summarised as being of two types:

- a) Short-term - affecting their participation in school activities which may involve a course of medication
- b) Long-term - potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**)

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in *loco parentis* and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site and could extend to a need to administer medication. However, the prime responsibility for a child's health lies with the parent who is responsible for the child's medication and is responsible for supplying the school with information on their children's medical needs.

Nelson Primary School aims to ensure that all pupils with medical conditions receive appropriate care and support in our school. We recognise that all pupils have an entitlement to a full curriculum, or as much as their medical conditions allow. This policy has been developed in line with the Department for Education's statutory guidance, released in April 2014 'Supporting pupils at school with medical conditions' under the statutory duty from the DFE publication Section 100 'Children's and Families Act 2014' which came into force in September 2014.

Ofsted places a clear emphasis on meeting the needs of pupils with SEND, including those with medical conditions. Nelson Primary has due regard to the statutory guidance issued and we will endeavour to meet our responsibilities in relation to medical needs in the school.

## **Aims**

The school aims to:

- Assist parents in providing medical care for their children;
- Educate staff and children in respect of special medical needs;
- Adopt and implement the LA policy of Medication in Schools;
- Arrange training for staff to support individual pupils;
- Liaise as necessary with medical services in support of individual pupils;
- Ensure access to a full education, wherever possible;
- Monitor and keep appropriate records;
- Develop and monitor individual healthcare plans.

## **Entitlement**

Nelson Primary School accepts that pupils with medical needs should be provided with the assistance they need in order to, wherever

possible, ensure that they have the full education available to other pupils.

We understand that all employees have rights in relation to supporting pupils with medical needs as follows:-

- Receive appropriate training;
- Work to clear guidelines;
- Have concerns about legal liability;
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

### **Key Roles and Responsibilities**

**The Local Authority (LA) is responsible for:**

- a) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.*
- b) Providing support, advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are delivered effectively.*
- c) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.*

**The Governing Body of Nelson Primary School is responsible for:**

- a) Ensuring arrangements are in place to support pupils with medical conditions.*
- b) Ensuring this policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.*
- c) Ensuring that this **Supporting Pupils with Medical Conditions Policy** does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/nationality/origin,*

*belief, sex, gender reassignment, pregnancy and maternity, disability or sexual orientation.*

- d) Ensuring this policy covers arrangements for pupils who are competent to manage their own health needs.*
- e) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.*
- f) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility for supporting children with medical conditions.*
- g) Ensuring that school staff have access to information, resources and materials relevant to supporting children with medical needs.*
- h) Ensuring written records are kept of all medicines administered to pupils.*
- i) Ensuring this policy sets out procedures in place for emergency situations.*
- j) Handling complaints regarding this policy as outlined in the school's Complaints Policy.*

**The Headteacher and Assistant Head Teacher for Inclusion are responsible for:**

- a) Ensuring this policy is developed effectively with partner agencies*
- b) Making staff aware of this policy*
- c) The day-to-day implementation and management of this policy*
- d) Liaising with healthcare professionals regarding training required for staff.*
- e) Identifying staff who need to be aware of a child's medical condition.*
- f) Developing Individual Healthcare Plans (IHPs).*

- g) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.*
- h) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy*
- i) Continuous two-way liaison with school nurses in the case of any child who has or develops an unidentified medical condition.*
- j) Ensuring confidentiality and data protection.*
- k) Assigning appropriate accommodation for medical treatment/care.*
- l) Members of staff who provide support to pupils with medical conditions are able to access information and other curriculum support resources as needed.*
- m) Ensuring that inhalers, adrenalin pens and blood glucose testers are held in an accessible location, according to DfE guidance.*
- n) The school keeps individual pupil information on SIMS (electronic pupil records system).*

**Local health professionals including GPs, paediatricians and local health teams (asthma and diabetes) are responsible for:**

*Notifying the School Nurse and the school when a young person has been identified as having a medical condition.*

**Staff members are responsible for:**

- a) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.*
- b) Knowing where controlled drugs are stored.*

- c) Taking account of the needs of pupils with medical conditions in lessons.*
- d) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake medication responsibility, for example, administering insulin, use of EpiPen.*
- e) Ensuring risk-assessments for school visits take account of pupils with medical conditions.*

**The School Nurse is responsible for:**

- a) Collaborating on developing an IHP in anticipation of a child with a medical condition starting the school.*
- b) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.*
- c) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.*
- d) Liaising locally with lead clinicians on appropriate support. Assistant the Headteacher and Inclusion Manager in identifying training needs and training providers.*

**Parents and carers are responsible for:**

- a) Keeping the school informed about any new medical conditions or changes to their child's health.*
- b) Participating in the development and regular reviews of their child's IHP.*
- c) Completing a parental consent form to administer medicine or treatment before bringing medication into school.*
- d) Providing the school with the medication their child requires and keeping it up to date including leftover medicine.*

*e) Carrying out actions assigned to them in the IHP with particular emphasis on they, or a nominated adult, being contactable at all times.*

**Pupils are responsible for:**

- a) Providing information on how their medical condition affects them.*
- b) Contributing to their IHP, where appropriate.*
- c) Complying with the IHP and self-managing their medication or health needs, including carrying medication or other devices, where appropriate, if judged competent to do so by a healthcare professional and agreed by parents.*

**Training of Staff**

1. Training is provided by NPW, the School Nurse, local NHS professionals and outside agencies, eg, 'teachhealth'.
2. Training is updated to reflect any individual healthcare plans.
3. Appropriate training is provided to staff before giving prescription medicines or undertaking health care procedures.
4. Regular training occurs for First Aiders in school.
5. A number of staff have been trained in first aid regarding specific medical conditions.
6. Newly appointed teachers, support staff and temporary staff will receive training on the **Supporting Children with Medical Conditions Policy** as part of their induction.
7. No staff member may administer prescription medication unless they are trained to do so, or are trained in the administering of a particular prescription medication, eg an EpiPen.



8. School will keep a record of IHPs and medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

### **Medical Conditions register**

1. School admissions forms request information on pre-existing medical conditions. Parents are able to use the school's 'open-door' ethos at any point in the school year to inform school if a child develops a condition or is diagnosed with a medical condition.
2. A medical conditions list or register should be kept, updated and reviewed regularly by a nominated member of staff. Each class teacher should have an overview of the list of pupils with IHPs in their care.
3. Supply staff and support staff should have access to this information on a need-to-know basis.
4. Parents should be assured that data sharing principles are adhered to.
5. For pupils on the medical conditions list who are at end of key stage transition points, information sharing meetings should take place prior to transfer to enable parents, school and health professionals to prepare an IHP and train staff, if necessary.

### **Individual Healthcare Plans (IHPs).**

1. Where necessary, an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, member of the Inclusion team and medical professionals.

2. IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst protecting confidentiality in lockable cupboards. Secure locations for such information is necessary, although, in the case of a, potentially, life-threatening condition, information should be available clearly and accessibly.
3. IHPs will be reviewed at least annually, or when a child's medical circumstances change.
4. Where a pupil has an Education Health Care Plan, the IHP will be part of this.
5. Where a child is returning from a period of hospital education or alternative provision, collaboration between all parties will ensure that the IHP identifies the support a child needs when returning to school.
6. A copy of all IHPs is kept in the secure area of reception in line with GDPR regulations.

### **Education Health Needs (EHN) Referrals.**

1. All pupils of compulsory school age who, because of illness lasting 15 days or more, cannot receive a suitable full-time education, are provided for under the local authority's duty to arrange alternative educational provision.
2. In order to provide the most appropriate provision for the condition, the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

### **Medicines**

- a) Where possible, unless advised that it would be detrimental to a child's health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- b) If this is not possible, prior to staff members administering any medication, the parent/carers of the child must meet a member of the Inclusion team to agree a temporary ICP for the

- parent/carer to sign consent to administration of the medication.
- c) Medicines MUST be labelled and provided in the original container with dosage instructions (except in the case of insulin which may come in a pen or pump). Medicines which do not meet these criteria will not be administered.
  - d) A maximum of *four weeks'* supply of the medication may be provided to the school at any one time.
  - e) Any controlled drugs prescribed for an individual child will be stored securely in a non-portable container that is accessed only by named staff. Controlled drugs should easily be accessible in an emergency.
  - f) Medications will be stored in the secure reception area, or in the fridge there if necessary. Epipens or similar devices will be stored in a clearly labelled box alongside the relevant IHP.
  - g) Any medications left over at the end of a course will be returned to the child's parents/carers.
  - h) Written records will be kept of any medication administered.
  - i) Inhalers for asthma are kept in a labelled system in the secure reception area. Pupils will be able to access these when necessary during the school day.
  - j) Medication storage: "Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away"(DofE, 2015) CUPBOARDS WITH MEDICATIONS ARE NOT LOCKED.
  - k) Emergency salbutamol inhalers and auto-injectors, eg, 'Epipens' may be kept voluntarily by the school.
  - l) Pupils will never be prevented from accessing their medication.
  - m) For school visits, any regular medication, including asthma inhalers and emergency medication, included in IHPs will be taken on the visit and recorded on the risk assessment.

- n) General posters about medical conditions such as, diabetes, asthma, epilepsy are recommended to be visible in the staff room.
- o) Nelson Primary School cannot be held responsible for side effects that occur when medication is administered correctly.
- p) Staff will not force a pupil, if the pupil refuses to comply with their IHP and, in the event of such an incident, the parents/carers will be called and asked to come to school.

### **Emergency Procedures**

1. Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms of a medical emergency.
2. Where such signs or symptoms relate to a known medical condition, this will be stated in a child's IHP.
3. IHPs are stored electronically on the child's SIMS file. Hard copies of IHPs are kept in Reception and each child's classroom. These are produced in collaboration with the parents and outside agencies where necessary. These are reviewed annually or as needed. The Care Plan includes procedures for when an emergency situation might happen.
4. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parents/carers and paramedics arrives, or accompany the pupil to hospital by ambulance.
5. Staff will follow the school's normal emergency procedures (for example, calling 999).
6. All pupils who have IHPs will have it clearly set out what constitutes an emergency and will explain what to do.

### **Educational Visits, day trips, residential visits and sporting activities**

1. Schools should make arrangements for the inclusion of all pupils unless evidence from a clinician such as a GP states that this is not possible. Educational visit risk assessments should take into account arrangements for pupils with medical conditions.
2. As outlined in the Equality Act, reasonable adjustments as required should be considered to ensure equality of access. This will require consultation with parents and pupils and advice from relevant healthcare professionals to ensure that pupils participate safely.
3. Our PE and extra-curricular sport is sufficiently flexible for all children to follow in ways appropriate to their own abilities.
4. Some children may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example.
5. Teachers supervising sporting activities are made aware of relevant medical conditions.

### **Insurance**

- a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions.

### **Complaints**

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

Appendix 1



Date	Child's Name	Time	Name of Medication	Dose given	Any reaction

Appendix 2



**Care Plan**  
Date

Name:

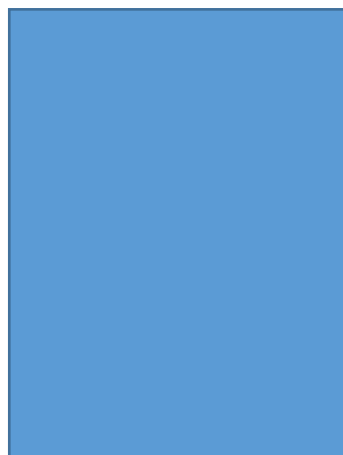
DoB:

Class:

Contact details:

Need:

Care:



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

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

\_\_\_\_\_ no longer requires a Care Plan.

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

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