



# Policy for Supporting Pupils with an Individual Health Care Plan for Medical Needs

Updated spring 2023

Review date spring 2026

## Statement of intent

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

- (a) Short-term affecting their participation in school activities which they are on a course of medication. This is covered in our **medicines in school procedures** set out in Start of Year packs, annually.
  
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**). **This policy covers these specific pupils.**

The governing board of Goostrey Community Primary School (GCPS) has a duty to ensure arrangements are in place to support pupils with special medical conditions. The aim of this policy is to ensure that all pupils with special medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential, in line with their Individual Health Care Plan (IHCP)

GCPS believes it is important that parents of pupils with special medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with special medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with special medical conditions may also have SEND and have an EHCP collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with special medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

## 1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- **[Updated]** DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2 This policy operates in conjunction with the following school policies and/or procedures:

- Administering Medication (Start of Year Packs)
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Complaints Procedures Policy
- Equality Policy and Equality Statement
- Attendance and Absence Policy
- Supporting Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

## 2. Roles and responsibilities

2.1. The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with special medical conditions to ensure they can access and enjoy the same opportunities as any other pupil at the school

The headteacher holds overall responsibility for implementation of this policy.

- Ensuring that this policy is effectively implemented with stakeholders.

- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with special medical conditions are properly supported.
- Having overall responsibility for the development of IHCPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

2.2. Parents are responsible for:

- Notifying the school if their child has a special medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHCP.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

### **3. Admissions**

3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their special medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### **4. Notification procedure**

- 4.1. When the school is notified that a pupil has a special medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals and the pupil where appropriate, with a view to discussing the necessity of an IHCP.
- 4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).
- 4.3. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.
- 4.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

## **5. Staff training and support**

- 5.1. Any staff member providing support to a pupil with special medical conditions will receive suitable training.
- 5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.

## **6. Self-management**

- 6.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHCP.
- 6.2. Where possible, pupils will be allowed to carry their own medicines and relevant devices, with the exception of any controlled drug, which will be stored securely.
- 6.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.
- 6.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHCP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

## **7. Supply teachers**

- 7.1. Supply teachers will be:
  - Provided with access to this policy.
  - Informed of all relevant special medical conditions of pupils in the class they are providing cover for.
  - Covered under the school's insurance arrangements.

## **8. IHCPs**

- 8.1. IHCPs will include the following information:
  - The special medical condition, along with its triggers, symptoms, signs and treatments.
  - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
  - The support needed for the pupil's educational, social and emotional needs.
  - The level of support needed, including in emergencies.
  - Whether a child can self-manage their medication.
  - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who

will confirm the supporting staff member's proficiency to carry out the role effectively.

- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.
- IHCPs must be signed by the school, parents and the named member of staff who has agreed to administer medication.

8.2. Where a pupil has an EHC plan, the IHCP will be linked to it or become part of it.

8.3. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHCP.

## **9. Managing medicines**

9.1. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

9.2. All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility.

9.3. When medicines are no longer required, they will be returned to parents for safe disposal.

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

9.5. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.

9.6. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

## **10. Adrenaline auto-injectors (AAIs)**

- 10.1. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by trained staff members.
- 10.2. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 10.3. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 10.4. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## **11. Record keeping**

- 11.1. Written records will be kept of all medicines administered to pupils.
- 11.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.
- 11.3. Appropriate forms for record keeping can be found in [appendix a](#) of this policy.

## **12. Emergency procedures**

- 12.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 12.2. Where an IHCP is in place, it should detail:
  - What constitutes an emergency.
  - What to do in an emergency.
- 12.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
- 12.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.

## **13. Day trips, residential visits and sporting activities**

- 13.1. Pupils with special medical conditions will be supported to participate in school trips, sporting activities and residential visits.
- 13.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with special medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.
- 13.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## **14. Unacceptable practice**

14.1. The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their special medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHCP.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with special medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **15. Liability and indemnity**

15.1. The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

## **16. Monitoring and review**

16.1. This policy is reviewed on a 2 yearly basis by the governors.

16.2. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.





