



Beddington Infants' School

Policy for Supporting Children with Medical Needs 2021-22

1. Introduction

This policy sets out how Beddington Infants' School will support Children with Medical Needs, in line with statutory legislation and guidance.

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential. The Assistant Headteacher Inclusion, will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

Some pupils with medical conditions may be disabled as defined in the Equality Act 2010. The Act defines disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.' Some specified medical conditions are all considered as disabilities, regardless of their effect. Beddington Infants' School aims to adhere to the requirements of the Equalities Act by implementing this policy.

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE DEC 2015
- 0-25 SEND Code of Practice, DfE 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 2014
- Keeping Children Safe in Education (KCSIE), DfE 2018

This policy should be read in conjunction with the following school policies:

SEND Policy

SEND Information Report

Child Protection Policy

This policy was developed with the school's Senior Leadership Team and Governing Board, and will be reviewed annually.

2. Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Miss Liz Kearney, Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Miss Nicola Smith, Deputy Headteacher, will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable.

Mrs Kelly Reid, Assistant Headteacher, will be responsible in conjunction with parents/carers, for drawing up, implementing, monitoring and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

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

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change.

For children being admitted to our school for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to our school midterm, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will:

- Ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent

them in doing so.

- Make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Beddington Infants' School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/ carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Such discussions will be led by Miss Liz Kearney and/or Miss Nicola Smith and following these discussions an individual healthcare plan will be written in conjunction with the parents/carers, by Mrs Kelly Reid and put in place.

Public examinations: When a pupil is approaching public examinations and may be affected by medical issues, it is the responsibility of parents/carers to inform the SENDCo. The SENDCo will liaise with the Exams Officer to apply for appropriate access arrangements as necessary.

4. Individual healthcare plans

Where a child's medical needs are more complex an Individual Healthcare Plan will be developed to ensure that Beddington Infants' School effectively supports pupils with medical conditions, and that there is clarity about what needs to be done, when and by whom, to support the child.

The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a EHC plan, their special educational needs should be mentioned in their individual healthcare plan where this is relevant.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is

finalised and implemented rests with Beddington Infants' School. Beddington Infants' School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

When a healthcare plan is drawn up the following must be considered:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs). If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring (children should not be left unsupervised);
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that should be used.

5. Roles and responsibilities

Governing Body responsibilities:

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and

promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;

- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Governing bodies should ensure that written records are kept of all medicines administered to children.
- Headteachers have overall responsibility for the development of individual healthcare plans.

Healthcare Professionals: Beddington Infants' School can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, providing or commissioning specialist medical training, liaising with lead clinicians and providing advice and support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies, under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) [education for children with health needs who cannot attend school](#).

Providers of health services should co-operate with schools that are supporting children with

medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

6. Staff training and support

A record will be kept by the school of staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

School nurses can provide training when appropriate, and specialist school nurses can offer training for more complex health needs, but cannot assess competency of staff. The school will keep records of attendees on such courses.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training will be held so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Miss Liz Kearney, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide

specific advice, and should be able to provide clinic letters and advice, but should not be the sole trainer.

Training approach / offer of the school

School staff are training according to the following levels:

- **Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training**
 - Beddington Infants' School ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction.
 - Beddington Infants' School encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules
- **Level 2 –The school has a sufficient number of trained first aiders**
 - Beddington Infants' School carries out risk assessments as appropriate and has sufficient numbers of trained first aiders.
 - The first aiders (including paediatric first aiders as appropriate) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR).
 - The school has an Automatic External Defibrillator (AED) on site which all staff are aware of.
- **Level 3 – the school supports staff who take on specific responsibilities for supporting pupils with medical conditions**
 - Beddington Infants' School has members of staff trained to manage specific individual needs, such as Diabetes Type 1.
 - All staff at Beddington Infants' School receive annual training to manage specific individual needs, such as asthma, anaphylaxis and epilepsy.

7. The child's role in managing their own medical needs

If, after discussion with the parent/carers, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

All medicines are stored securely, close to the pupil's learning environment (in the Nursery, in the Reception building and in the School Office for Key Stage 1 pupils), to ensure that the safeguarding of other children is not compromised. Beddington Infants' School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. A child can deteriorate quickly and should not be left unsupervised.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them

to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

8. Managing medicines on school premises and record keeping

At Beddington Infants' School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents' written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- We will not administer non-prescription medicines.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when the previous dose was taken.
- Parents should be informed that:
 - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
 - Beddington Infants' School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
 - All medicines will be stored safely and close to the pupil's learning environment - as detailed previously. Adults in the pupil's respective year group should know where each individual's medicines are at all times and be able to access them immediately.
 - Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away. Asthma inhalers should be marked with the child's name.
 - During school trips, the first aid trained member of staff will carry all medical devices and medicines required;
 - Staff administering medicines should do so in accordance with the prescriber's instructions. Beddington Infants' School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
 - When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

9. Emergency procedures

Miss Liz Kearney, Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and

outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

10. Dietary and allergen requirements

Beddington Infants' School aims to cater for all pupils' dietary and allergen requirements. All products used in catering and cooking are checked before being used by pupils for the specific current pupil needs at the school.

The school is nut free both in the food that we offer and in the use in lessons e.g. science and cooking, and caters for gluten free pupils (coeliac) by the use of gluten free products and separate cooking equipment. The school caters for lactose intolerant pupils by offering lactose free products. Our school caterers - Caterlink - will provide a personalised menu for children with additional allergies or health needs.

The staff who are involved in the preparation of food are always briefed on the dietary and allergen requirements of a pupil before they join the school by the Assistant Headteacher Inclusion and the information is also displayed in the School Kitchen, the front of the Class Registers, in the class Inclusion Folders and in the staff room.

11. Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents / carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

12. Other issues for consideration

- **Transport:** Where a pupil with medical needs uses home-to-school transport arranged by the Local Authority, the school will share the pupil's individual healthcare plan with the local authority. This may be helpful in developing transport health care plans for pupils with life-threatening conditions.
- **Defibrillators:** The school has a defibrillator, which is stored securely in the main school hall.
- **Asthma inhalers:** The school holds asthma inhalers for emergency use and will ensure

written consent is received from the parent/carer for a child with asthma to be administered emergency medication.

Unacceptable practice

Although staff at Beddington Infants' School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Administer prescribed medication to anyone other than the named child on the prescription;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, to send them to the school office unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues, except in exceptional circumstances; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child, except in exceptional circumstances.

13. Liability and indemnity

Beddington Infants' School is a member of the London Borough of Sutton's School Insurance Scheme and we have in force public liability and employers' liability insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. For more details, please contact the School Business Manager.

14. Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure. [Please click here](#) to see the school's complaints policy and procedure via our website.