

Approved by:	FGB December 2024
Last reviewed on:	20.11.24 W.Sharpe
Next review due by:	December 2025

Changes since last review	
20.11.24	Complete rewrite

Statement of intent

The governing board of The Quinta Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with 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.

The Quinta Primary School believes it is important that parents of pupils with 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 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 medical conditions may also have SEND and have an EHC plan 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 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:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The 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

1.1. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2. This policy has due regard to the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance 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 medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The headteacher holds overall responsibility for implementation of this policy.

2.3. The Headteacher is responsible for:

- 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.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

2.4. The Inclusion Team is responsible for:

- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Having overall responsibility for the development of IHPs.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

2.5. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administration of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

2.6. Parents are responsible for:

- Notifying the school if their child has a 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 IHP.
- Carrying out any agreed actions contained in the IHP.
- 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 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 medical condition that requires support in school, the school will arrange a meeting with parents, and other agencies as necessary with a view to discussing the necessity of an IHP (outlined in detail in section 8).

5. Staff training and support

- 5.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.
- 5.2. Whole-school awareness training will be carried out when IHPs are required

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 IHP.

- 6.2. Where experts agree, pupils will be allowed to carry their own medicines and relevant devices.
- 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 IHP will be followed.

7. Supply teachers

7.1. Supply teachers will be:

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

8. IHPs

- 8.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.
- 8.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.
- 8.3. IHPs will include the following information:
 - The 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. What to do in an emergency, including contact details and contingency arrangements.
- 8.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 8.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 8.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 8.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 8.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

9. Managing medicines

- 9.1. In accordance with the school's Medicines and First Aid Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

10. Adrenaline auto-injectors (AAIs)

- 10.1. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Medicine Policy.

11. Emergency procedures

- 11.1. Medical emergencies will be dealt with under the school's emergency procedures.

- 11.2. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

12. Liability and indemnity

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

- 12.2. The school holds an insurance policy with Risk Protection Assurance (RPA) - covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

- 12.3. All staff providing such support will be provided with access to the insurance policies.

13. Complaints

- 13.1. Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

- 13.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

14. Defibrillators

- 14.1. The school has an automated external defibrillator (AED).

- 14.2. The AED will be stored in the library.

Monitoring and review

- 14.3. This policy is reviewed on an annual basis by the governing board, headteacher and Inclusion Team.

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

- 14.5. The next scheduled review date for this policy is November 2025