

# Supporting Pupils with Medical Needs Policy – SO-0354

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## QUALITY OF LIFE FRAMEWORK

All NAS schools and Children's services follow our Quality of life (QoL) Framework. In implementing this framework, we listen to pupils, parents and the child's keyworker to understand what is important to them in relation to their quality of life. We then work as a transdisciplinary team to ensure we plan each child's education carefully and cohesively, shape each pupil's provision around their EHCP and agreed developmental goals in order to develop pupils' knowledge and skills now and for the future.

## **1. Purpose of this document**

To outline the NAS Education Directorate's policy for NAS schools' approach to supporting pupils with medical needs.

## **2. Scope**

This policy applies to all pupils with medical needs attending a NAS school. This policy must be read in conjunction with NAS Schools and Children's services Medicines Procedures (OPUS) – SO-0347.

## **3. Approach**

The 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 classed as 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, our pupils with medical conditions 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 allied health and social care professionals, pupils and their parents/carers.

Pupils with medical conditions should be properly supported so that they can play an active part in school, remain healthy and are able to achieve their academic potential, with full access to education and the same opportunities at school as any other pupil.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a pupil's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes.

## 4. Operational delivery

### Managing medicines on school premises

See NAS Schools and Children's services Medicines Procedures (OPUS) SO-0347 / SO-0349.

#### Individual Healthcare Plans

A pupil who has a medical condition that is long term with acute episodes, requires on-going support, and involves the need for medication and/or care whilst at school must have an Individual Healthcare Plan ("IHP").

The Principal will delegate responsibility for developing IHPs to the SENCO. The purpose of the IHP is to ensure that provides clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all pupils will require one. The school, healthcare professionals and parents should agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best placed to take a final view.

IHPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the pupil. IHPs will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. Specialist or community nurse. Wherever possible, the pupil will also be involved in the process. The aim is to capture the steps which a school should take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within IHP. Responsibility for ensuring the IHP is finalised rests with the school.

The IHPs are reviewed at least annually, or earlier if evidence is presented that the pupil's needs have changed. The IHPs are devised with the pupil's best interests in mind, ensuring that an assessment of risk to the pupil's education, health and social well-being is managed well so to minimise disruption.

Reviews will be linked to any statement of special education needs or education health and care ("EHC") plan.

IHPs must:

- Be clear and concise.
- Be written in partnership with parents, pupil, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the pupil.
- Be easily accessible whilst preserving confidentiality.
- Outline educational provision if the pupil is unable to attend school.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEN information.
- Provide details of 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,

modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.

- Outline specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- Outline the level of support needed, (some pupils will be able to take responsibility for their own health needs), including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from healthcare professional; and cover arrangements for when they are unavailable.

The IHP is a confidential document. The level of detail within will depend on the complexity of the pupil's condition and the degree of support needed. Where a pupil has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

### **Staff Training and Support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a pupil about to be admitted to the school. All members of staff providing support to a pupil with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a pupil may have, as advised by GP / school nurse. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice. All staff (including supply staff) will be made aware of the specific needs of each pupil with a medical condition and will be competent and confident enough to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support pupils with medical conditions. The school will ensure that adequate cover arrangements are made in respect of staff absences to ensure that an appropriately trained member of staff is always available.

### **Emergency Procedures**

A pupil's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed. If a pupil is taken to hospital, staff should stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance. Accurate information about the pupil will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

### **Educational Visits and Sporting Activities**

The school will consider how a pupil's medical condition will impact on their participation. We will encourage all pupils to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible. The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send pupils 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils 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 or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their pupil's medical needs; or
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the pupil.

### **Liability and Indemnity**

The Local Governing Body will ensure that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements.

### **Complaints**

Should parents/carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the NAS Complaints Resolution Policy (NAS Independent Schools) QS-0009.

## **5. Roles and responsibilities**

### **The responsibilities of the Board of Trustees:**

- Ratify and regularly review this policy.

### **The responsibilities of the Local Governing Body:**

- Implement and monitor the effectiveness of the policy and advise the Board of any necessary changes.
- To ensure that pupils in school with medical conditions are supported.
- To ensure that staff receive suitable training and that they are competent before they take on the responsibility to support pupils with medical conditions.
- To 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.

### **The responsibilities of the Principal**

- Ensure that the Supporting Pupils with Medical Conditions Policy is implemented and all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a pupil's condition
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development and monitoring of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nurse in respect of a pupil who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

### **The responsibilities of the School Staff**

- Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of pupils with medical conditions they teach.
- School staff should undertake training before they take on responsibility to support children with medical conditions.
- All members of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **The responsibilities of the Parents**

- Parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- Parents are seen as key partners and they will be involved in the development and review of their pupil's individual healthcare plan, and will be involved in its drafting.
- Parents should carry out the 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.

### **The responsibilities of the Pupils**

- Pupils with medical conditions may be best placed to provide information about how their condition affects them.

- Pupils will be 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.

### **The responsibilities of the Local Authority**

- The Local Authority has a duty to commission a school nurse service as required.
- It is expected that the Local Authority will provide support, advice and guidance, including suitable training for school staff.

### **The responsibilities of the Healthcare professionals**

- Healthcare professionals should notify the nurse when a child has been identified as having a medical condition that will require support from the school.
- advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully
- Healthcare professionals should also be involved in the development of individual healthcare plans where necessary.

## **7. Evaluation of policy**

Principals will monitor the implementation of this policy and provide feedback on its effectiveness to the education directorate and policy lead. This policy will be reviewed on an- annual basis.

## **8. The legal framework**

This policy has due regard to all relevant legislation and statutory guidance 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'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'



## **9. Related policies**

NASSEND and Inclusion Policy SO-01

NAS Schools and Children's services Medicines Procedures (OPUS) SO-0347/SO-0349

Complaints Procedures Policy QS-0009

Equal Opportunities Policy SO-0240

Attendance Policy SO-022

NAS Complaints Resolution Policy QS-0010

NAS Admissions, Remissions and Exclusions SO-0230

## **10. Definitions**

NAS – National Autistic Society

LGB – Local Governing Body