

# **Broadbent Fold Primary School and Nursery**



## **Supporting Medical Needs Policy**

**June 2026**

In line with the Equalities Act (2010) we aim to ensure that any child, irrespective of protected characteristics (These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.) is treated fairly and with respect. The law states that the public sector equality duty includes a general duty to, "Foster good relations between people who share a protected characteristic and those who do not." This policy can be adapted to suit individual needs.

### **Statement of intent**

The governing body of Broadbent Fold Primary School and Nursery has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Broadbent Fold Primary School and Nursery believes it is important that parents/carers of children with medical conditions feel confident that the school provides effective support for their child's medical condition, and that children feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Children with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of children experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some children 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 children with medical conditions may also have SEND and have an Education, Health and Care plan (EHCP) collating their health, social and SEND provision. For these children, compliance with the DfE's 'Special Educational Needs and Disability Code of Practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

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

## **Legal framework**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

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- 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 (2017) 'Supporting pupils at school with medical conditions'
- 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'

This policy operates in conjunction with the following school policies:

- Asthma Policy
- Diabetes Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Admissions Policy

## **The role of the governing body**

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensures that arrangements are in place to support children with medical conditions.
- Ensures that the focus is on the needs of each child and what support is required to support their individual needs.

- Instils confidence in parents/carers and children in the school's ability to provide effective support.
- Ensures that all members of staff are trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective child is denied admission to the school because arrangements for their medical condition have not been made. See accessibility policy.
- Ensures that children's health is not put at unnecessary risk. As a result, the governing body holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented. Ensures that children with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

#### **The role of the headteacher**

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs (NHS provide to school)

#### **The role of parents/carers**

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.

- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

### **The role of children**

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of children with medical conditions.

### **The role of school staff**

- First Aid Trained staff provide support to children with medical conditions, including the administering of medicines.
- Take into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

### **The role of the school nurse**

- At the earliest opportunity, notifies the school when a child has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for children with medical conditions.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse.

### **The role of the LA**

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for children with SEND.
- Works with the school to ensure that children with medical conditions can attend school full-time.

Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the child is unlikely to receive a suitable education in a mainstream school.

## **Admissions**

Admissions will be managed in line with the school's Admissions Policy. 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. The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

## **Notification procedure**

When the school is notified that a child has a medical condition that requires support in school, the school will arrange a meeting with parents/carers, healthcare professionals and the child, with a view to discussing the necessity of an IHP.

The school does not wait for a formal diagnosis before providing support to children. Where a child's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the governing body and external professionals based on all available evidence (including medical evidence and consultation with parents/carers).

For a child starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution. Where a child joins the school mid-term or a new diagnosis is received, arrangements are put in place.

## **Staff training and support**

Any staff member providing support to a child with medical conditions receives suitable training. Staff do not undertake healthcare procedures or administer medication without appropriate training.

Through training, staff have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

A first-aid certificate does not constitute appropriate training for supporting children with medical conditions.

Parents/carers of children with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

## **Self-management**

Following discussion with parents/carers, children who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

Devices will be kept in the medical cabinet in the staffroom/KS1 cabinet e.g. Epi-pens.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the child's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

### **Supply teachers**

Supply teachers are:

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

### **Individual healthcare plans (IHPs)**

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a child, or whether it would be inappropriate or disproportionate to their level of need. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the child is also involved in the process. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The child'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 child'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 child's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the child.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or child, the designated individual to be entrusted with information about the child's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.
- All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Where a child has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. Where a child has an EHC plan, the IHP is linked to it or becomes part of it. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHP. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

### **Managing medicines**

Children under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent. No child under 16 years of age is given medicine containing aspirin/paracetamol unless prescribed by a doctor.

The school only accepts medicines that have been prescribed by a GP, 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.

All medicines are stored safely. The majority of children know where their medicines are at all times and are able to access them immediately with a qualified adult, whether in school or attending a school trip/residential visit.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

The school holds asthma inhalers for emergency use. The inhalers are stored in each key stage and their use is recorded.

Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

### **Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)**

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required. Please refer to the Allergen and Anaphylaxis Policy.

## **Record keeping**

Proper record keeping protects both staff and children and provides evidence that agreed procedures have been followed.

Appropriate forms can be found in pupils files and at the school office.

## **Emergency procedures**

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

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

Children are informed in general terms of what to do in an emergency, such as telling a teacher. If a child needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.

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

Children with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable children with medical conditions to participate. In addition to a risk assessment, advice is sought from children, parents/carers and relevant medical professionals. The school will arrange for adjustments to be made for all children to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## **Unacceptable practice**

The school will never:

- Assume that children with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the child and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell child to the staff room or school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.

- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support. The school will ensure parents are contacted regarding their concerns and allow them to attend school to administer paracetamol.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

## **Complaints**

Parents/carers or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE. Parents/carers and children are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **Home-to-school transport**

Arranging home-to-school transport for children with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for children with life-threatening conditions.

## **Defibrillators**

The school has two Mediana HeartOn A15 automated external defibrillator (AED). The AED is stored in the school entrance in a locked, alarmed cabinet and in the Learning Mentor Room. All staff members and children are aware of the AED's location and what to do in an emergency.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members who are first aiders are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

## **Policy review**

This policy is reviewed annually.