



AVANTI SCHOOLS TRUST

---

# **Supporting Students with Medical Needs Policy September 2023**

*Review date: September  
2024*

## **Introduction**

Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Department for Education's *Supporting Children at School with Medical Conditions* (DfE 2015). This policy outlines how AST will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

## **Aims and objectives.**

We have adopted the key drivers from the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives.

- To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
- To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

## **Procedure once notification is received.**

When the school becomes aware that a child with medical needs will begin attending, or that a child already attending the school has medical needs. The medical officer will be informed and ensure that all the relevant staff are notified and begin the process of planning for the child's safe admission to school. Arrangements to support students are ideally in place before they start, or no later than two weeks after their admission.

When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers. If evidence conflicts, the medical officer along with SLT lead challenges appropriately to ensure that the right support can be put in place.

## **Individual Healthcare Plans.**

Students with medical needs attending the school have a risk assessment, or individual healthcare plan as required. The plan outlines what needs to be done, when and by whom. The medical officer will work with parents/carers and healthcare professional to develop healthcare plans and risk assessments. Not all children with medical needs require a plan. Healthcare plans are reviewed annually or sooner if the child's medical needs have changed.

## **Children with Special Educational Needs & Disabilities (SEND) and Medical Needs.**

Some children with medical needs also have SEND. If a child with SEND also has a medical need, and he or she has a Statement of SEND or an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that Statement or EHC Plan. For children who have SEND and a medical need but no Statement or EHC Plan, their healthcare plan includes reference to the Special Educational Need or Disability.

## **Roles and responsibilities**

Any member of school staff may be asked to provide support to a child with a medical condition, although they cannot be required to do so. Any member of staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

### **Parents/Carers are responsible for:**

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Participate in the development and review of their child's individual healthcare plan.
- Carrying out any actions they have agreed to as part of the plan's implementation, including, Providing all medicines required to be kept at school.
- Complete a 3B consent form for all medicines required to be administered and kept at school.
- Ensuring they or another nominated adult can always be contacted, and that contact information is always kept up to date.

### **Trustees are responsible for:**

- Making arrangements to support children with medical conditions in school, including making sure that this policy is in place.
- Ensuring sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensuring that the school's procedures are explicit about what practice is not acceptable.
- Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions.
- Ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions.

### **The principal is responsible for:**

- Promoting this policy with the whole staff team, parents/carers, students and agency partners
- Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders are given regular training, as well as individual members of staff with responsibility for individual children.
- Cover arrangements to ensure availability of staff to meet individual children's needs.
- Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews.

### **The designated SLT member is responsible for:**

- Taking an operational overview and monitoring role in relation to this policy and school-wide practice in meeting the needs of children with medical needs
- Ensuring all relevant staff are made aware of individual children's needs, and that confidentiality is respected.
- Ensuring staff who provide support to our students can access information and support materials as needed.

- Briefing cover staff who are engaged, to meet the needs of individual children with medical needs.
- Partnership working with the school nurse, including jointly monitoring and reviewing the plans put in place for each student.
- Ensuring all children with medical needs have a risk assessment where appropriate, that it is kept up to date, is shared with all the individuals who need to know about it and reviewed at least annually.

#### **Teachers and Support Staff are responsible for:**

- Supporting the child as much as possible in self-managing their own condition
- Risk assessment for school visits, school journey and other school activities outside of the normal timetable
- Implementing their actions identified in individual healthcare plans.

#### **Links to achievement and social and emotional wellbeing:**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At AST we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.

AST staff are highly skilled in providing excellent social and emotional support. Our team will develop bespoke programmes to support transition following a period of absence working with outside agencies where appropriate.

#### **Procedures for managing medicines:**

Medicines are only to 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 is given prescription or non-prescription medicines without their parent's written consent (see Appendix 2: School Medication Consent Form) or given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- We only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (the only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container)
- All medicines are stored safely in the medical room. Students know where their emergency medicines are always and can access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to students and not locked away and are accessible on school trips.
- All medication must be kept in the lockable cabinet in the medical room, accompanied by a signed consent form. The only exception to this is the carrying of asthma inhalers and spacers, and EpiPen auto injectors. Students are allowed to carry these, a second back-up EpiPen must also be provided, which is kept in medical

- The medical officer or other trained staff can administer a controlled drug to a child for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.
- When no longer required, medicines are either returned to the parent/carer, or the school disposes of the items safely. Sharps boxes are used for the disposal of needles and other sharps and are provided by the individual student that requires one, then taken home once full.

### **Emergency procedures**

Where a child has an individual risk assessment/healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school know that they should inform a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

### **Extra-curricular activities**

AST are fully committed to actively supporting students with medical needs to participate in the full life of the school including trips and visits. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician state that this is not possible).

Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child.

### **Unacceptable practice**

In order to keep all students safe and well we are very clear that the whole team know what **not acceptable practice is**.

**It is not acceptable practice** (unless there is evidence included in the child's individual healthcare plan from a medical professional) 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.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion.
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan.
- If the student becomes ill, to send them to the or medical room, or school office unaccompanied or with someone unsuitable.

- Penalise children for their attendance record if their absences are related to their medical condition.
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition.
- Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- Prevent students from participating or create unnecessary barriers to children participating in any aspect of school.

### **Support for children with allergies and medical conditions**

On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The medical officer will then liaise with families and professionals to develop a risk assessment and deliver any necessary staff training. Where appropriate the medical officer will then develop an allergy student profile (see appendix 5) which includes a picture of the student, a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff in teams and held in the student file.

Parents/carers must provide two Epi-Pens where applicable, one of these should be kept on the Student always, and the other is kept in the medical room, clearly labelled. The medical officer will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and the spare pen held by an adult who is trained to administer it.

Teachers and support staff will be trained on how to use an Epi-Pen, this training along with asthma training takes place annually. All staff are expected to attend.

### **Training**

AST undertake whole school awareness training, induction training for new members of staff and training for individually identified members of staff.

We work in partnership with the school nurse to determine what training is required to meet the medical needs of the cohort. We regularly review our training in response to changes in staffing, changes in student population and reviews of healthcare plans.

### **Other professionals**

AST work closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc. We have the support of the school nursing service who work closely in partnership with the school and parents/carers.

### **Complaints**

If students or parents/carers are dissatisfied with the support provided, they should discuss their concerns directly with the SLT lead. If they are unable to resolve the issue through discussion with the SLT lead, they should discuss their outstanding concerns with the Headteacher. Hopefully, the

outcome if this will be satisfactory; however, if parents/carers remain concerned they may make a formal complaint via the school's complaints procedure.

### **Monitoring and review**

Senior leaders review and implement the medical needs policy and procedures. Whole school data on medical needs and the impact of this policy will be reviewed to deliver best practice and comply with statutory requirements.

### **Addendum:**

#### **Vaccination programmes: Use of AST schools to administer vaccines:**

Within the overriding guidelines and statutory requirements of the government (Public Health), all Avanti schools respect the right that – within the national rules on consent - all parents\* have to choose whether their child(ren) take part in NHS administered vaccinations. Schools will not facilitate the vaccination of any young person that does not have the necessary consent from parents - if parents have not consented, their child(ren) will not receive the vaccine.

The following vaccine will not be administered on school premises: **Flu vaccine.**

If parental consent has been given, the following vaccines can be administered on school premises:

**HPV vaccine                      3-in-1 teenage booster**  
**Covid-19 (if part of a national vaccination programme).**

\*The term 'parent' is classified as those acting in legal capacity of a parent or carer.