



SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

This is a Category 1 Policy (Full Delegation)

This policy is in force until further notice from:	Summer 2024
This policy must be reviewed by no later than*: <i>*This refers to the term in which the Policy must be reviewed by the appropriate Committee for recommendation to the Board.</i>	Summer 2025
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1. Introduction

- 1.1 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 Avanti Schools Trust (the "Trust") 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. It is important to recognise that medical conditions may impact on social and emotional development as well as having educational implications.

2. Aims and Objectives

- 2.1 We have adopted the key drivers of the "Supporting Children at School with Medical Conditions" by the DfE as our aims and objectives:
- a. To ensure children and young people with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
 - b. To ensure arrangements are in place to support children and young people at school with medical conditions, including the use of risk assessments and health care plans.
 - c. To work with health and social care professionals, children/young people, and parents to ensure that the needs of children/young people with medical conditions are properly understood and effectively supported.

3. Procedure once Notification is Received

- 3.1 When the school becomes aware that a child or young person with medical needs will begin attending or that a child or young person already attending the school has medical needs, the Principal will be informed and ensure that all of the relevant staff are notified and begin the process of planning for the child/young person's safe admission/continuation at school. Arrangements to support children/young people are ideally in place before they start, or no later than two weeks after their admission.
- 3.2 When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgment 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 Senior Leadership Team (SLT) lead challenges appropriately to ensure that the right support can be put in place.

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4. Individual Needs

4.1 Individual Healthcare Plans

4.1.1 Children or young people with medical needs attending the school have an individual healthcare plan where this is required, the plan outlines what needs to be done, when and by whom. The SLT lead will work with parents/carers and a healthcare professional to develop healthcare plans. Not all children with medical needs require a plan. Decisions to not make a healthcare plan are recorded appropriately on the child/young person's file. Healthcare plans are reviewed annually or sooner if the child/young person's medical needs have changed.

4.2 Children with Special Educational Needs and Disabilities (SEND) and Medical Needs

4.2.1 Some children/young people with medical needs also have SEND. If a child/young person with SEND also has a medical need and 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/young people 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.

4.3 Support for Children with Allergies and Medical Conditions

4.3.1 On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The SLT lead will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training. Where appropriate, the SLT lead will develop an allergy student profile which includes a picture of the student, a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff and held in the student file.

4.3.2 Parents/carers must provide two Epi-Pens where applicable, one of these should be kept in the student's classroom and the other held centrally. The SLT lead will check Epi-Pens routinely to ensure they are 'in-date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it.

4.3.3 Teachers and support staff will be trained on how to use an Epi-Pen. The SLT lead keeps a list of the staff trained and their training.

4.4 Emergency Procedures

4.4.1 Where a child or young person has an individual 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 children/young people in the school know that they should inform a teacher immediately if they think help is needed. If a child/young person needs to be taken to hospital, staff stay with the child/young person until the parent/carer arrives or accompanies a child/young person taken to hospital by ambulance.

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- 4.4.2 Defibrillators are available in each Avanti school as part of first-aid equipment. The local NHS ambulance service must be informed of their location.
- 4.4.3 Staff members appointed as first-aiders should be trained in the use of CPR and should promote these techniques more widely in the school, amongst both teachers and pupils alike.

5. Roles and Responsibilities

- 5.1 Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- 5.2 Parents/carers are responsible for:
 - a. Providing the school with sufficient and up-to-date information about their child's medical needs.
 - b. Participating in the development and review of their child's individual healthcare plan.
 - c. Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines).
 - d. Ensuring that written records are kept of all medicines administered to their child(ren).
 - e. Ensuring they, or another nominated adult, is contactable at all times and contact information is kept up to date.
- 5.3 Trustees are responsible for:
 - a. Making arrangements to support children with medical conditions in school, including making sure that this policy is in place.
 - b. Ensuring sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
 - c. Ensuring that the school's procedures are explicit about what practice is not acceptable.
 - d. Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions.
 - e. 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.
- 5.4 The Principal is responsible for:
 - a. Promoting this policy with the whole staff team, parents/carers, children/young people and agency partners.
 - b. Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders trained by the school as well as individual members of staff with responsibility for individual children.

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- c. Cover arrangements to ensure availability of staff to meet individual children's needs.
- d. Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews.

5.5 The designated SLT member is responsible for:

- a. 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.
- b. Ensuring all relevant staff are made aware of individual children's needs, and that confidentiality is respected.
- c. Ensuring staff who provide support to this group of children are able to access information and support materials as needed.
- d. Briefing cover staff who are engaged to meet the needs of individual children with medical needs.
- e. Partnership working with the school nurse, including jointly monitoring and reviewing the plans put in place for each student.
- f. Ensuring all children with medical needs have a healthcare plan 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.

5.6 Teachers and Support Staff are responsible for:

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

6. Links to Achievement and Social and Emotional Wellbeing

6.1 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 child/young person's ability to sustain friendships and affect their wellbeing and emotional health. At Avanti Schools Trust, 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.

6.2 Avanti Schools Trust 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.

7. Procedures for Managing Medicines

7.1 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 or given

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medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

- 7.2 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 7.3 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).
- 7.4 All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to pupils, not locked away, and are accessible on school trips.
- 7.5 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Where pupils are able to manage and administer their own medication we require parental consent otherwise, we keep controlled drugs that have been prescribed for a child securely in non-portable container and only named staff have access. A record is kept of any doses used and the amount of the controlled drug held in school.
- 7.6 Staff may administer a controlled drug to the 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. Children sign the drug log when the medicine has been administered. Any side effects of the medication are also noted.
- 7.7 When no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.
- 7.8 Schools may hold asthma inhalers for emergency use. This is entirely voluntary and the Department for Health has published a protocol which provides further information on this link: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>.

8. Vaccination Programmes

- 8.1 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 parents¹ have to choose whether their child(ren) take part in NHS

¹The term 'parent' is classified as those acting in legal capacity of a parent or carer.

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administered vaccinations. Schools will not facilitate 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.

- 8.2 Provided parents have given their consent in writing, the following vaccines can be administered on school premises:
- a. HPV vaccine 3-in-1 teenage booster.
 - b. Covid-19 (if part of a national vaccination programme).
 - c. Flu vaccine.

9. Extra-Curricular Activities

- 9.1 Avanti Schools Trust are fully committed to actively supporting pupils 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 pupils to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).
- 9.2 Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This includes consultation with the student, the parent/carer and any relevant external agency involved in the care of the child.

10. Unacceptable Practice

- 10.1 In order to keep all children and young people safe and well, we are very clear that the whole team know what is not acceptable practice. It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) to:
- a. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
 - b. Assume that every child with the same condition requires the same treatment.
 - c. Ignore the views of the child or their parents; or ignore medical evidence or opinion.
 - d. Send children/young people 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.
 - e. If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
 - f. Penalise children for their attendance record if their absences are related to their medical condition.
 - g. Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition.

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- h. Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support (including toileting issues) to their child.
- i. Prevent children/young people from participating or creating unnecessary barriers to their participating in any aspect of school.

11. Training

- 11.1 Training to support the school in meeting the needs of children and young people with medical conditions is provided on a regular basis, and from a range of practitioners. Avanti Schools Trust undertake whole school awareness training, induction training for new members of staff and training for individually identified members of staff.
- 11.2 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 programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

12. Complaints

- 12.1 If children/young people 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 Principal. Hopefully, the outcome of this will be satisfactory, however, if parent/carers remain concerned they may make a formal complaint via the school's complaints procedure.

13. Monitoring and Review

- 13.1 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.