



# CASTLEMAN ACADEMY TRUST

## **POLICY :**

# **Supporting Pupils with Medical Needs**

**Authors: Chief Executive Officer, Head Teachers**

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**CASTLEMAN ACADEMY TRUST**  
**SUPPORTING PUPILS WITH MEDICAL NEEDS**

*1. Our schools are inclusive communities that aim to support and welcome pupils and staff with medical conditions.*

At Castleman Academy Trust (CAT) we understand that we have a responsibility to make our schools welcoming and supportive to those who have medical conditions.

We aim to provide all children with all medical conditions the same opportunities as others at school.

Those with medical conditions are encouraged to take control of their condition. We want them to feel confident in the support they receive from the school to help them do this.

We aim to include all those with medical conditions in all school activities.

We want the families of those with medical conditions to feel secure in the care they will receive at school.

We ensure that all staff understand their duty of care to children, young people and staff in the event of an emergency.

We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

All staff understand the common medical conditions that affect members of the school community, if this does not breach confidentiality. Staff receive training on the impact this can have on those suffering from medical conditions.

This medical conditions policy is understood and supported by those staff who are most likely to have interactions with a specific pupil. All school staff are made aware of specific medical needs within their settings. The policy has been produced with the support of local medical experts.

The CAT follows all the rules set down by Government agencies with regard to administering medicines in school. These are

- Providers should ensure that they have sufficient information about the medical condition of any child with long-term medical needs.
- Providers should ask parents about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. If the administration of prescription medicines requires technical/medical knowledge then individual training should be provided for staff from a qualified health professional. Training should be specific to the individual child concerned.
- Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. It is for the school to arrange who should administer medicines, either on a voluntary basis or as part of a contract of employment. Staff have the right to refuse to administer medicine if they feel unable to. Other arrangements will need to be considered if the school cannot provide staff to carry out this task. See the section, "Administration".

- The Trust understands that at times, non-prescription medications may be necessary to support a pupil's health and ability to attend school – for example, broken limb pain relief. This should be in exceptional cases only and the decision to administer these will be the decision of the Headteacher.
- Schools should keep prescribed medicines in a locked non-portable container (except where storage in a fridge is required) and only named individuals should have access. A record should be kept for audit and safety purposes.

## ***2. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation***

Parents are informed and regularly reminded about the medical conditions policy:

- by signposting access to the policy
- at the start of the school year when communication is sent out about Healthcare Plans
- in various school newsletters at several intervals in the school year
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

School staff are informed and regularly reminded about the medical conditions policy:

- by signposting access the policy and before Healthcare Plans are distributed to parents
- at scheduled medical conditions training
- through children's medical needs being made explicit to staff and information being easily accessible
- all supply and temporary staff are informed of the policy and their responsibilities.

## ***3. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at their school***

All staff are aware of the most common serious medical conditions at this school ie. anaphylaxis, Asthma, Diabetes and Epilepsy.

Staff understand their duty of care in the event of an emergency. In an emergency situation school staff are required, under common law duty of care, to act like any reasonably prudent parent or carer. This may include administering medication.

Selected staff receive training and know what to do in an emergency for the pupils in their care or for colleagues with medical conditions.

Training is refreshed and/or retaken as permits expire or needs become known.

Action for staff to take in an emergency for the common serious conditions at this school is displayed in suitable locations.

CAT schools use Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care and staff who may need emergency help.

CAT schools have procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency

care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

#### ***4. All staff understand and are trained in the school's general emergency procedures***

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.
- Informing parents and carers

Action to take in a general medical emergency is displayed in prominent locations for staff. These may include classrooms, the staff room, shared areas and hall. Please refer to this for more detail.

Staff are instructed to be cautious when dealing with medical emergencies. This means that professional medical help will be sought in the overwhelming majority of cases to ensure the safety of the patient. Most often, this will entail calling the emergency services to take over the care of the patient. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

Generally, staff should not take pupils to hospital in their own car. Schools are given clear guidance from the Trust when (and if) this is appropriate.

#### ***5. Trust Schools have clear guidance on the administration of medication at school***

##### **Administration**

##### **Emergency Medication**

All pupils with medical conditions have **easy access to their emergency medication**.

All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition.

Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

##### **General Administration**

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at the school.

CAT Schools understand the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication

or supervise a pupil taking medication unless they have been specifically contracted to do so.

Many members of staff are happy to take on the voluntary role of administering medication, although there is no expectation that they will do so. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent. NO medication will be administered without the consent of parents or carers.

Some procedures or administering of medication may cause concern for the staff for health and safety or child protection reasons. If this is the case, staff will not be expected to cover these duties until the Trust has sought legal advice and is satisfied that all has been done to protect the staff member involved – particularly in the case of invasive procedures (eg. Injections).

If staff members do not agree that they are suitably qualified and able to take on the responsibility of these procedures, individual arrangements will be made with families. This may involve outside health professionals administering medication or parents coming in to school when necessary.

Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The Trust provides full indemnity through the Risk Protection Arrangement offered through the DfE.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

In some circumstances, medication may only be administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. However, due to the nature of the profession, this may not always be possible. This would be discussed with parents/carers and arrangements noted on the pupil's individual care plan.

Parents have the responsibility for notifying their child's school immediately, in writing, if their child's medication changes or is discontinued, or the dose or administration method changes.

If a pupil refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

If a pupil needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a trained member of staff, who is usually responsible for administering medication, is not available the school will make alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

### **Pupils on occasional medication eg antibiotics**

For the protection of our staff and the health and safety of all concerned, parents/carers may be asked to come to school to administer medication that needs to be taken more than three times a day or at a specific time of day. Medicines that are taken three times a day should be administered outside of school hours.

## ***6. Schools have clear guidance on the storage of medication at school***

### **Safe storage – emergency medication**

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.

### **Safe storage – non-emergency medication**

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place.

Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Safe storage – general**

There is an identified member of staff who ensures the correct storage of medication at Trust schools.

All controlled drugs are kept in a cupboard and only named staff have access, even if pupils normally administer the medication themselves.

Three times a year the identified member of staff checks the expiry dates for all medication stored at school.

The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.

All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

All medication is sent home with pupils at the end of the school year. Medication is not stored in school during the summer holidays.

It is the parent's responsibility to ensure that in-date medication comes into school.

### **Safe disposal**

Parents at Trust schools are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

Collection and disposal of sharps boxes is arranged with an appropriate specialist provider.

## ***7. Trust schools have clear guidance about record keeping***

### **Enrolment forms**

Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

## **HEALTH CARE PLANS**

### **Drawing up Healthcare Plans**

Schools use Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

The parents, healthcare professional, relevant member of school staff and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.

### **School Healthcare Plan register**

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### **Ongoing communication and review of Healthcare Plans**

Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Every pupil with a Healthcare Plan has their plan discussed and reviewed at least once a year.

### **Storage and access to Healthcare Plan**

Parents and pupils are provided with a copy of the pupil's current agreed Healthcare Plan.

Healthcare Plans are kept in a secure central location at school.

Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

Trust schools ensure that all staff protect pupil confidentiality.

Trust schools seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

Trust schools seek permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in an educational experience off site.

### **Use of Healthcare Plans**

Healthcare Plans are used to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure the school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **Consent to administer medicines**

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

Parents of pupils with medical conditions are all asked, at the start of the school year on the Healthcare Plan, if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

### **Residential visits**

Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff

and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required, if staff members are secure in their understanding and ability to administer the medication.

The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

### **Other record keeping**

Trust schools keep an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

The school holds training on common medical conditions once a year. A log of the medical condition training is kept by Trust schools and reviewed every 12 months to ensure all new staff receive training.

All school staff who volunteer or who are contracted to administer medication, are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

***8. Trust schools ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.***

### **Physical environment**

Trust schools are committed to providing a physical environment that is accessible to pupils with medical conditions.

Pupils with medical conditions are included in the consultation process to ensure the physical environment at the school is accessible.

The school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

### **Social interactions**

Trust schools ensure that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

Trust schools ensures that the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, school productions, after school clubs and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

### **Exercise and physical activity**

Trust schools understand the importance of all pupils taking part in sports, games and activities.

Trust schools ensure all classroom teachers, coaches and visiting teachers make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

Trust schools ensure all staff understand that pupils should not be forced to take part in an activity if they feel unwell.

All staff are aware of pupils in their care who have been advised to avoid, or to take special precautions with, particular activities.

Trust schools ensure all staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

Trust schools ensure all pupils have the appropriate medication or food with them during physical activities and that pupils take them when needed.

Trust schools ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and learning**

Trust schools ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and ensure that appropriate adjustments and extra support are provided.

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at the school understand that this may be due to their medical condition.

Teachers are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the school's SENCo who consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

Trust schools ensure that lessons about common medical conditions are incorporated into the curriculum.

Pupils at Trust schools learn about what to do in the event of a medical emergency.

## **Residential visits**

Risk assessments are carried out by trust schools prior to any out-of-school visit and medical conditions are considered during this process. Factors the school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

Trust schools understand that there may be additional medication, equipment or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.

Risk assessments are carried out before pupils start any off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with any other education provider.

***9. Trust Schools aware of the common triggers that can make medical conditions worse or can bring on an emergency. They actively work towards reducing or eliminating these health and safety risks and have a written schedule of reducing specific triggers to support this.***

The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

Written information about how to avoid common triggers for medical conditions has been provided to school staff.

The school uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school will have a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including off site and residential visits, taking into account the needs of pupils with medical conditions.

Trust schools review medical emergencies and incidents to see how they could have been avoided (Near Miss Reviews). Appropriate changes to this school's policy and procedures are implemented after each review.

## ***10. Food Related Allergies***

The Trust and its schools are dedicated to providing an environment that promotes healthy eating and enables pupils to make informed food choices.

Trust schools operate a nut-free foods policy as this is a potentially life-threatening allergy. Parents are informed of the policy when their child starts school and are discouraged from bringing nuts, or food containing nuts, into school. Any foods that contain nuts are removed immediately. Nut Free School notices are displayed throughout the school.

### **Special Dietary Requirements**

The school provides food in accordance with pupils' religious beliefs and cultural practices as required. School caterers offer a vegetarian option at lunch every day. Allergy information is provided with all school menus. We recognise that some pupils may require special diets that do not allow for our food policy to be exactly met.

In this case parents are asked to make us fully aware of this. Individual care plans need to be created for pupils with special dietary needs/requirements. These should document symptoms and adverse reactions, actions to be taken in an emergency and emergency contact details, along with any particular food requirements e.g. for high-energy diets.

School caterers are made aware of any food allergies/food intolerance/medical diets and requests for these diets are submitted according to an agreed process. Staff are made aware of pupils' food allergies in a sensitive manner and training is provided to ensure the appropriate response in the event of an episode.

### **Visits and Residential**

Any meals taken as part of on or off school site residential will provide a balanced and healthy approach to meals and where possible we will look to use off-site providers that comply with the National Food Standards.

### **Food Brought Into School**

Those companies which provide food for children in school are required by law to provide allergen information. They do so in a number of ways, mainly via their websites. However, all schools should remind children regularly that they should check packaging if in any doubt.

From time to time, schools receive food items that have not been prepared on site, for example cakes for school fetes, birthday treats to share with classmates. It is difficult for families to provide a list of allergens and so children are reminded when these are shared that they must check with their parents before consuming. School reminds parents at the beginning of each school year of this.

### ***11. Supporting Children With Health Needs who cannot attend School***

Please See Appendix 1

### ***12. Each member of the Trust, its schools and their health communities knows their roles and responsibilities in maintaining an effective medical conditions policy.***

Trust schools work in partnership with all interested and relevant parties including the School Standards Board, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at Trust schools. These roles are understood and communicated regularly.

## **The Trust Board**

### **The Trust Board has a responsibility to:**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and ensure the health and safety of staff administering medication
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents, pupils, school staff and the trust about the successes and areas for improvement of this Supporting Pupils' Medical Needs Policy

Monitoring of these is done through the School Standards Boards.

- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

## **Governors**

### **Governors have the responsibility to:**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and ensure the health and safety of staff administering medication
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents, pupils, school staff and the trust about the successes and areas for improvement of this Supporting Pupils' Medical Needs Policy

## **Senior Leaders**

### **Senior Leaders have a responsibility to:**

- ensure their school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good

information sharing systems in place using pupils' Healthcare Plans

- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all guest teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy regularly according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

## **All school staff**

### **All staff have a responsibility to:**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the Supporting Pupils' Medical Needs Policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

## **Teaching staff**

### **Teachers have a responsibility to:**

- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents, the pupil's healthcare professionals, Inclusion Leader and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

## **School nurse or school healthcare professional**

### **The school nurse has a responsibility to:**

- help update the Supporting Pupils' Medical Needs Policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

## **First aider**

### **First aiders have a responsibility to:**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.

## **(Executive) Head Teacher**

### **The (Executive) Head Teacher has the responsibility to ensure that:**

- the medical condition policy is updated regularly
- appropriate and relevant staff know which pupils have a medical condition and which have special educational needs because of their condition
- class teachers assist pupils who have been unwell catch up on missed schoolwork
- teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in their learning.

These responsibilities may be delegated to a senior member of school staff to monitor and report on.

## **Pastoral support/welfare officers**

### **The pastoral support/welfare officer has the responsibility to:**

- help update the Supporting Pupils' Medical Needs Policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

## **Local doctors and specialist healthcare professionals**

### **Individual doctors and specialist healthcare professionals caring for pupils who attend CAT schools, have a responsibility to:**

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication

that can be taken outside of school hours

- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the Supporting Pupils' Medical Needs Policy.

## **Pupils**

### **The pupils have a responsibility to:**

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

## **Parents\***

### **The parents of a child have a responsibility to:**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

\* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

### ***13. The medical conditions policy is regularly reviewed evaluated and updated.***

This policy is reviewed, evaluated and updated regularly in line with the Trust's policy review timeline. Guidance from outside agencies is actively sought and fed into the review.

In evaluating the policy, this Trust seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:

- pupils
- parents
- school nurse and/or school healthcare professionals
- Senior Leaders
- teachers
- Special Education Needs Co-ordinator
- pastoral support/welfare officer
- first aider
- all other school staff
- local health professionals
- the Local Authority
- school governors.

The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

#### **Equality Impact Assessment**

This policy has been reviewed with the equality impact considerations as laid down in the school's Equality Policy.

## **Appendix 1**

### **SUPPORTING CHILDREN WITH MEDICAL NEEDS WHO CANNOT ATTEND SCHOOL**

#### **Statement of Intent**

The Castleman Academy Trust aims to support all of the Local Authorities (LA) where its schools are based to ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows.

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We understand that we have a continuing role in a pupil's education whilst they are not attending the school and will work with the LAs, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

Individual cases, which can be complex, will be discussed with Education Welfare Officers who can provide additional support and guidance.

We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

#### **Legal framework**

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

- Education Act 1996
- Equality Act 2010
- Data Protection Act 2018
- DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs'
- DfE (2015) 'Supporting pupils at school with medical conditions'

#### **Definitions**

Children who are unable to attend school because of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

- Hospital school: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- Home tuition: a service that acts as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- Medical PRUs: these are LA establishments that provide education for children unable to attend their registered school due to their medical needs.

### **Local Authority Duties**

There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the Local Authority – for example, where the child can still attend school with some support; where the school has online provision available for access when the child is well enough; where the school has decided to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school.

The Local Authority would not become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

Local Authorities are responsible for arranging suitable full-time education for pupils who, because of illness or other reasons, would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, which have been confirmed by an appropriate professional, and would not otherwise receive a suitable full-time education, the Local Authority is responsible for arranging provision.

The law does not define full time education but children with health needs should have provision which is equivalent to the education they would receive at school. Where full time education would not be in the best interests of a child because of reasons relating to their physical or mental health, local authorities should provide part time education on a basis they consider to be in the child's best interests.

### **The Local Authority should:**

- Provide such education as soon as it is clear that a pupil will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the pupil.
- Ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual pupils in arranging provision.

- Have a named officer responsible for the education of children with additional health needs and ensure parents know who this is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.
- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Give clear policies on the provision of education for children and young people under and over compulsory school age.

### **The Local Authority should not:**

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.
- Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).
- Unnecessarily demand continuing evidence once a parent has provided evidence from a consultant.

### **The Role of the School in Managing Absence**

The law does not specify the point during a child's illness when it becomes the Local Authority's responsibility to secure for the child suitable full-time education. Schools would usually provide support to children who are absent from school because of illness for a shorter period for example when experiencing chicken pox or influenza.

More generally, local authorities should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of the school year, and where suitable education is not otherwise being arranged.

Where a pupil has a complex or long-term health issue, the pattern of illness can be unpredictable. The school will discuss the pupil's needs and how these may be best met with the Local Authority, relevant medical professionals, parents and, where appropriate, the pupil. Flexibility and responsiveness may be needed.

The Local Authority expects the school to support pupils with health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to pupils' programmes of study where medical evidence supports the need for those adjustments.

The school will make reasonable adjustments under pupils' individual healthcare plans.

Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

During a period of absence, the school will work with the provider of the pupil's education to establish and maintain regular communication and effective outcomes. As far as possible, the child will be able to access the curriculum and materials that they would have used in school. Where appropriate, the school will provide the pupil's education provider with relevant information, curriculum materials and resources. It may be decided that a remote offer of education either via video or live lessons can be provided by the school.

In those cases, the school will make use of the remote learning platforms that have been successfully used previously, including monitoring pupil engagement and systems for marking and returning work. The duration of this arrangement will be agreed on a case-by-case basis and in partnership with families, the responsible local authority and relevant health and social care partners.

Whilst a pupil is away from school, the school will work with the Local Authority to ensure the pupil can successfully remain in touch with their school and may use the following methods:

- School newsletters
- Emails
- Invitations to school events
- Platforms such as Teams.

## **Returning to School**

When a pupil is considered well enough to return to school, the school will develop a tailored re-introduction plan in collaboration with the LA.

For longer absences, the plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.

Schools are aware that some pupils will need gradual re-introduction over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

The reintegration plan will include:

- The date for planned reintegration, once known.
- Details of regular meetings to discuss reintegration.
- Details of the named member of staff who has responsibility for the pupil.
- Clearly stated responsibilities and the rights of all those involved.
- Details of social contacts, including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Follow up procedures.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil. These may include the following adaptations:

- A personalised or part-time timetable, drafted in consultation with the named staff member
- Access to additional support in school
- Online access to some of the curriculum from home
- Movement of lessons to more accessible rooms
- Places to rest at school
- Special exam arrangements to manage anxiety or fatigue

The school will ensure a welcoming environment is developed and encourage pupils and staff to be positive and proactive during the reintegration period.

Following the pupil's return, the school will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

### **Training**

Where necessary, staff will be trained in a timely manner to assist with a pupil's return to school. Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required that may be required.

Training will be sufficient to ensure staff are confident in their ability to support pupils with additional health needs. Parents of pupils with additional health needs may provide specific advice but will not be the sole trainer of staff.

Local authorities have policies and procedures linked to this policy. Schools and families are advised to contact their own responsible LA for further details.