

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

Document Owner: Director for Inclusion

Date: May 2022

Status: Statutory



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Document Type	Supporting Students with Medical Conditions			
Reference/Version Number	CLT-SMC.V1.2			
Summary	This policy complies with the statutory guidance Supporting Pupils at School with Medical Conditions (April 2014) and has been written with reference to the following guidance and documents:			
Associated Documents	<ul style="list-style-type: none"> Equality Act 2010: advice for schools DfE Feb 2013 SEND Code of Practice 0 – 25 Positiver Mental Health Children Unable to Attend School due to Medical Needs Policy 	<ul style="list-style-type: none"> Child Protection & Safeguarding Policy Accessibility Plan Teachers Standards 2012 Attendance Policy 		
Target Audience	All Employees			
Date of this Version	May 2022			
Document Owner	Director for Inclusion			
Review Body	Policy Admin Group	Meeting Date	4.3.21 18.5.22	
Union Consultation Date/s:	N/A	Meeting Date	N/A	
Proof Read				
Senior Leadership Team	N/A			
Approved/Ratified by	Board of Trustees	Meeting Date	29.3.21 18.7.22	
Review Frequency	Bi-Annual	Next Review Date	May 2024	
Date uploaded on website/s				
CLT n/r	Haywood n/r	Trentham n/r	Mill Hill n/r	Mill Hill n/r
Date uploaded to Sharepoint/s				
CLT V1.2 - 13.11.23	Haywood V0.1 11.12.20 15:14 V1.2 - 13.11.23	Trentham V0.1 11.12.20 15:14 V1.2 - 13.11.23	Mill Hill V0.1 11.12.20 15:14 V1.2 - 13.11.23	Smallthorne V0.1 11.12.20 15:14 V1.2 - 13.11.23
Acknowledged by Local Governing Committee/s:				
Acknowledged by Local Governing Committee/s:	Haywood 16.3.21 V1.2 - 5.7.22	Trentham V1.2 - 6.7.22	Mill Hill 10.3.21 V1.2 - 29.6.22	Mill Hill 10.3.21 V1.2 - 29.6.22

VERSION CONTROL

Version No:	Type of change	Date	Revisions from previous version
0.1	New Document	April 2020	New Policy
1.0	Format	Dec 2020	Corporate format only, no other changes
1.1	Bi-annual review	May 2022	
1.2	Interim review	Sept 2023	Important Contacts updated.

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IMPORTANT CONTACTS

ROLE	NAME & ORGANISATION	CONTACT DETAILS
Supporting Children with Medical Conditions Staff Link	Haywood Academy & City College: Ms S Hancock	01782 853535
	Mill Hill Primary Academy: Mrs S Hulme	01782 234466
	Smallthorne Primary Academy: Mrs S Holford	01782 235265
	Trentham Academy: Mrs L Hadgett & Mrs A Hopley	01782 883200
Designated Safeguarding Lead (DSL)	Haywood Academy & City College: Catherine Hazel	01782 853535
	Mill Hill Primary Academy: Adele Mills	01782 234466
	Smallthorne Primary Academy: Tina Steele	01782 235265
	Trentham Academy: Lisa Hadgett	01782 883200
Deputy Designated Safeguarding Lead (DDSL)	Haywood Academy & City College: Claire Ryder and Jackie Jones.	01782 853535
	Mill Hill Primary Academy: Kate Salih.	01782 234466
	Smallthorne Primary Academy: Abbie Goodwin.	01782 235265
	Trentham Academy: Katie Barlow, Catherine Hazel, Emma Hooper and Megan Walton.	01782 883200
City Learning Trust Safeguarding Links	Nathan Legg and Marie Faichney	01782 853535
Special Education Needs Co-ordinator	Haywood Academy & City College: Ms S Hancock	01782 853535
	Mill Hill Primary Academy: Mrs S Hulme	01782 234466
	Smallthorne Primary Academy: Mrs S Holford	01782 235265
	Trentham Academy: Mrs L Hadgett	01782 883200

1. STATUS

- a. Statutory.

2. INTRODUCTION

- a. The Children and Families Act 2014 Section 100 places a duty on schools to make arrangements for children with medical conditions. **“Students with medical conditions have the same right of admission to school as other children and cannot be refused admission or be excluded from school on medical grounds alone.”** However, teachers and other school staff in charge of students, have a duty to ensure the safety of all the students in their care, to this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the Academy site.

3. PURPOSE AND SCOPE

- a. This document describes the Academy’s approach to supporting students with medical conditions. This policy is intended as guidance for all staff, including non-teaching staff and governors.
- b. This policy should be read in conjunction with our positive mental health policy in cases where a student’s medical needs overlaps with, or is linked, to a mental health issue and the SEND policy where a student has an identified Special Educational Need and / or disability.
- c. This policy aims to:
 - i. To make reasonable adjustments, where necessary, to include students with medical conditions in all aspects of Academy life.
 - ii. To ensure that all staff members take appropriate steps towards supporting students with medical conditions.
 - iii. To ensure that Academy staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
 - iv. To comply fully with the Equality Act 2010 for students who may have disabilities or special educational needs.
 - v. To write, in association with healthcare professionals, Individual Healthcare Plans where necessary.
 - vi. To continue to support students with medical conditions, so that they have full access to education, including physical education and educational visits.
 - vii. To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
 - viii. To keep, monitor and review appropriate records.

4. DEFINITIONS OF MEDICAL CONDITIONS

- a. Students' medical needs may be broadly summarised as being of two types:
 - i. **Short-term** affecting their participation at school because they are on a course of medication.
 - ii. **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that the student feels safe.
- b. Some students with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the Academy’s SEND policy and SEN Information Report and the individual healthcare plan (if necessary) should form part of the EHCP if deemed appropriate by medical professionals.

5. STATUTORY DUTY OF LOCAL GOVERNING COMMITTEE

- a. The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting students at the Academy with medical conditions. The Local Governing Committee of the Academy will fulfil this by:
 - i. Ensuring that arrangements are in place to support students with medical conditions. In doing so we will ensure that such students can access and enjoy the same opportunities at the Academy as any other student;
 - ii. Taking into account the many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual student and how their medical condition impacts on their school life;
 - iii. Ensuring that the arrangements give parents/carers and students confidence in the Academy's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that students need;
 - iv. Ensuring that no student with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that student or others to do so;
 - v. Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
 - vi. Developing a policy for supporting Students with medical conditions that is reviewed regularly and accessible to parents/carers and school staff (this policy);
 - vii. Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
 - viii. Ensuring that the policy sets out the procedures to be followed whenever the Academy is notified that a student has a medical condition (see section below on procedure to be followed when notification is received that a student has a medical condition);
 - ix. Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting Students at the Academy with medical conditions (see section below on individual healthcare plans);
 - x. Ensuring that the Academy policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting students at the Academy with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
 - xi. Ensuring that the Academy policy covers arrangements for students who are competent to manage their own health needs and medicines (see section below on the student's role in managing their own medical needs);
 - xii. Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
 - xiii. Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
 - xiv. Ensuring that the arrangements are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
 - xv. Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to Students with medical conditions (see section on complaints).

6. POLICY IMPLEMENTATION

- a. The statutory duty for making arrangements for supporting students at the Academy with medical conditions rests with the Local Governing Committee.
- b. The overall responsibility for the implementation of this policy is given to the named staff link at each Academy - See Important Contacts on page 4. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- c. The named staff link at each Academy will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. The Designated Safeguarding Lead (DSL), has overall responsibility for Safeguarding students, including those with medical conditions. These staff will work collaboratively to ensure the policy aims are secured.
- d. All members of staff are expected to show a commitment to and awareness of students' medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

7. PROCEDURES

- a. This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when students' needs change. For students being admitted to the Academy for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to the Academy mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.
- b. In making the arrangements, we will take into account that many of the medical conditions that require support at the Academy will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and students can have confidence in our ability to provide effective support for medical conditions, so the arrangements will show an understanding of how medical conditions impact on the student's ability to learn, as well as increase their confidence and promote self-care.
- c. We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no student with a medical condition is denied admission or prevented from attending the Academy because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a student in school at times where it would be detrimental to the health of that student or others.
- d. The Academy does not necessarily have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Director of Inclusion for the City Learning Trust and following these discussions an individual healthcare plan may be written in conjunction with the parent/carers, and be put in place.

8. INDIVIDUAL HEALTHCARE PLANS

- a. Individual healthcare plans will help to ensure the Academy effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all students will require one. The Academy, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Director of Inclusion for the City Learning Trust, in conjunction with the Academy Principal/Headteacher, is best placed to take a final view.
- b. Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support. Where a child has a Special Educational Need but does not have an EHC plan, their Special Educational Needs should be mentioned in their individual healthcare plan.
- c. Individual healthcare plans (and their review) should be drawn up in partnership between the Academy, parents/carers and a relevant healthcare professional eg specialist or children's community nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate. The aim should be to capture the steps which the Academy should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Academy.
- d. The Academy will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed and reviewed with the student's best interests in mind and ensure that the Academy assesses and manages risks to the student's education, health and social wellbeing, and minimises disruption. Where a student is returning to the Academy following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- e. They should all include the following information:
- f. The medical condition, its triggers, signs, symptoms and treatments:
 - i. The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
 - ii. Specific support for the student's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
 - iii. The level of support needed (some students will be able to take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
 - iv. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
 - v. Who in the Academy needs to be aware of the student's condition and the support required
 - vi. Arrangements for written permission from parents/carer for medication to be administered by a member of staff, or self-administered by the student during school hours
 - vii. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate eg, risk assessment
 - viii. Where confidentiality issues are raised by the parent/carer/student, the designated individual to be entrusted with information about the student's condition; and
 - ix. What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

9. ROLES AND RESPONSIBILITIES

- a. Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at the Academy.
- b. In addition we can refer to the Our Health 5 - 19 for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to Students with medical conditions.
- c. Other healthcare professionals, including GPs and paediatricians should notify the Our Health Team when a student has been identified as having a medical condition that will require support at the Academy. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy).
- d. Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other Students will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of students with medical conditions.
- e. Parents/Carers should always provide the Academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/Carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- f. Local Authorities have a duty to support students where they would not receive a suitable education in a mainstream school because of their health needs. The LA has a duty to make other arrangements. Statutory guidance for Local Authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school. Please see 'Children who Cannot Attend School due to Medical Needs' policy.
- g. Providers of health services should co-operate with the Academy that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at the Academy.
- h. The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and Students with SEN, and considering the quality of teaching and the progress made by these Students. Inspectors are already briefed to consider the needs of Students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

10. STAFF TRAINING AND SUPPORT

- a. There will be a record kept of all staff training for administration of medicines and /or medical procedures.
- b. All staff who are required to provide support to Students for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan (if necessary). With the exception of general training which will be updated regularly or when statutory guidelines change. We may choose to arrange training ourselves and will ensure that it remains up-to-date. General training is available to all staff via Safeguarding training.
- c. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- d. All staff will receive induction training and regular whole school awareness training so that all staff are aware of the Academy's policy for supporting Students with medical conditions and their role in implementing the policy. The Director of Inclusion, the Academy DSL and the Principal/Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

- e. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

11. THE STUDENTS ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- a. If, after discussion with the parent/carer, it is agreed that the student is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan if necessary.
- b. Wherever possible students will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in a room to ensure that the safeguarding of other students is not compromised. The Academy does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- c. If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure. Parents/carers will be informed so alternative options can be considered.

12. MANAGING MEDICINES ON ACADEMY PREMISES AND RECORD KEEPING

- a. At the Academy the following procedures are to be followed:
 - i. Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so
 - ii. No student under the age of sixteen should be given prescription or non-prescription medicines without written consent from parent or carers - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the student to involve their parents/carers while respecting their right to confidentiality.
 - iii. Over the counter medications for short-term conditions such as coughs, colds and sore throats must be stored in the medication area for primary-aged students.
 - iv. With parental written consent we will administer non-prescription medicines (paracetamol, anti-histamines and travel sickness only). Never aspirin or medication containing aspirin except prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed. Non-prescription medicines must be supplied, by the parent or carer, in its original packaging with the manufacturers instructions intact;
 - v. CBD oils, or medicines legally obtained over the counter that claim to be a medicinal cannabis-based product are prohibited from Academy sites. An exception to this is when a written note provided by a clinician, is obtained stating that this is required as a part of a treatment. In this case, a risk assessment will be undertaken, as research and evidence into the effects of CBD oils is limited.
 - vi. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
 - vii. The Academy will only accept prescribed medicines, with written permission from parent/carer, that are in-date, labelled, provided in the original container as dispensed from a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container
 - viii. All students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Students will have a pass to go and collect their medications from the storage facility and at what time.
 - ix. Medicines and devices such as asthma inhalers, blood glucose testing meters, epi-pens and adrenaline pens should be always be in a readily available state and not locked away. Asthma inhalers should be marked with the student's name.
 - x. During school trips the first aid trained member of staff will carry all medical devices and medicines required – unless the student carries this themselves on a usual school day, unless it is unsafe to do so (e.g physical activities);

- xi. A student 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 student for use is an offence. Monitoring arrangements may be necessary. Otherwise the Academy will keep all controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the Academy building;
- xii. Staff administering medicines should do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to students. These records offer protection to staff and students and provide evidence that agreed procedures have been followed;
- xiii. When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

13. EMERGENCY PROCEDURES

- a. The Principal/Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.
- b. Where a student has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a member of staff immediately if they think help is needed.
- c. If a student needs to be taken to hospital, staff should stay with the child until the parent or carer arrives, or accompany a student taken to hospital by ambulance.

13.1 Epi-Pens

- a. Any member of staff can administer an epi-pen in an emergency. The pen (cap off) should be pushed against the student's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an epi-pen. Parents/carers should be contacted after this call has been made.

13.2 Day Trips, Residential Visits and Sporting Activities

- a. We will actively support students with a medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.
- b. We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

13.3 Other Issues for Consideration

- a. Where a student uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the student's individual healthcare plan (if necessary) with the local authority
- b. The Academy allows students to have access to emergency inhaler use they are stored in Reception.

14. UNACCEPTABLE PRACTICE

- a. Although staff at the Academy should use their discretion and judge each case on its merit with reference to a student's medical needs it is not generally acceptable practice to:
 - i. Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary
 - ii. Assume that every student with the same condition requires the same treatment

- iii. Ignore the views of the student or their parents/carers; or ignore medical evidence or opinion (although this may be challenged)
- iv. 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 plans or advice from a clinician
- v. If the student becomes ill, send them to the office unaccompanied or with someone unsuitable
- vi. Penalise a student for their attendance record if their absences are related to their medical condition, eg hospital appointments (medical evidence should always be provided to the Academy by the parent/carer)
- vii. Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively, students will have a pass when an arrangement of this type is necessary or be escorted by a suitable person, if they are of a very young age where such supervision is required
- viii. Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- ix. Prevent a student from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany their child.
- x. The Academy should ensure that medical documentation is securely stored away.

15. COMPLAINTS

- a. Should parents/carers be unhappy with any aspect of their child's care at the Academy they must discuss their concerns with the academy. This will be with Mrs S. Perry in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of Senior Leadership Team, who will, where necessary, bring concerns to the attention of the Principal/Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Academy's Complaints Procedure.

16. MONITORING AND REVIEW

- a. This policy has been approved by the Board of Trustees. It will be reviewed by the Policy and Procedures Working Group on a bi-annual basis to ensure continuing compliance.