'They will soar on wings like eagles …'
Isaiah 40:31

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Multi Academy Trust Policy

Common Trust Policy, Use as Published

Supporting Pupils with Medical Conditions

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1. Overriding principles

Children and young people with medical conditions are entitled to a full education. Aquila schools are committed to ensuring that pupils with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips/visits and/or in sporting activities.

Aquila schools recognise their duties under the Equality Act 2010 to make reasonable adjustments for pupils with disabilities, including those with long-term medical conditions

As a proprietor of one or more academies, The Diocese of Canterbury Academies Trust (Aquila) has a legal duty to make arrangements for supporting pupils at the school with medical conditions. The Aquila Trust Board has delegated this responsibility to the academy (school). The school has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

2. Definition of "medical condition"

For the purposes of this policy, a medical condition is any illness or disability which a pupil has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

Medical conditions may change over time in unpredictable ways.

3. Policy implementation

The Headteacher has overall responsibility for implementation of this policy.
The school has appointed a **Designated Medical Conditions Lead (the SENCo)** who is responsible for the day-to-day management of supporting pupils with medical conditions. The schools will not adopt policies that prevent pupils from accessing medication.

The Headteacher has overall responsibility for ensuring:

- that sufficient staff are suitably trained to meet the known medical conditions of pupils at the school
- all relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed
- cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site
- risk assessments for school visits, trips and other school activities outside of the normal timetable are completed
- individual healthcare plans are developed where appropriate and monitored
- all medications are stored safely (special consideration for controlled drugs)

4. Notification that a pupil has a medical condition

The pupil's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Headteacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Headteacher as soon as practicable.

A pupil themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Headteacher as soon as practicable.

Notification may also be received direct from the pupil's healthcare provider or from a school from which a child may be joining. Schools may also instigate the procedure themselves where the pupil is returning to school after a long-term absence.

5. Procedure following notification that a pupil has a medical condition

Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the Headteacher or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.

Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:

- discuss the pupil's medical support needs
- identify a member of school staff who will provide support to the pupil where appropriate
- determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.

Not all pupils with medical conditions will require an Individual Healthcare Plan (IHP).

Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in his/her views by other means, such as setting their views out in writing.

The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Headteacher will exercise his/ her professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide. Decisions will always prioritise the pupil's safety, wellbeing and access to education

For children joining the school at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

In line with our safeguarding duties, the school will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

6. Pupils with health needs who cannot attend school

Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the school will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.

The school will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials and resources.

Where absence exceeds 15 days, the local authority is responsible for arranging suitable education in line with statutory guidance.

The school will work collaboratively with:

- the local authority
- healthcare professionals
- parents/carers

Reintegration plans will be personalised and may include phased returns, reasonable adjustments and ongoing support.

7. Individual Healthcare Plans (IHP)

IHPs will be developed where appropriate in partnership with:

- parents/carers
- the pupil
- relevant healthcare professionals.This may include the school nursing service.

The local authority will also be asked to contribute where the pupil accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.

The aim is to support the pupil to manage their condition and minimise disruption to education. It will be developed with the pupil's best interests in mind.

IHPs may include:

- condition details and triggers
- medication and treatment requirements, (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 e.g. crowded corridors
- support for educational, social and emotional needs
- level of support required
- staff responsibilities and training needs
- arrangements for trips and activities
- confidentiality arrangements
- emergency procedures

Emergency medication (e.g. inhalers, adrenaline pens) will be readily accessible at all times and will not be locked away.

If a pupil requires hospital treatment, staff will remain with the pupil until a parent/carer arrives.

IHP's may include:

- details of the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication or access within the school.
- specific support for the pupil'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 or counselling sessions
- the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable
- who in the academy needs to be aware of the pupil's condition and the support required
- arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- what to do in an emergency, including whom to contact, and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP

The IHP will also 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 pupils in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the academy will take the lead in writing the plan and ensuring that it is finalised and implemented.

Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

8. Reviewing Individual Healthcare Plans (IHP)

Every IHP shall be reviewed at least annually or earlier if a change is needed. The Headteacher (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

Relevant staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

9. Staff training

The Headteacher is responsible for:

- ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation
- working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required
- ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations

In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

10. Administering medication

No pupil will be given any medication or access to a medical device without confirmation this has been prescribed by the pupil's GP or other medical professional. Except in the case of an emergency life saving treatments e.g. anaphalic shock when an epipen will be administered.

Medicines will only be administered at the school when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.

If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital that the parent/carer advises the school accordingly, so that the process for storing and administering medication can be properly discussed.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than its original container.

The prescribed medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carer but the school will ultimately decide the approach to be taken.

Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.

The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted.

If a pupil refuses to take their medication, staff will not force them to do so, and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

11. Unacceptable practice

Although the Headteacher and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- 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; no parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child

12. Use of mobile phones.

Pupils may use a mobile device to manage a known medical condition where tracking requires access to a specific app. In this case, due to the potential safeguarding risks to other pupils, the school and parents must have explored and rejected all alternatives, a full risk assessment must be completed and agreed upon (see Appendix 3), and the school must be satisfied that cameras, other apps, and access to messaging are disabled.

Appendix 3 contains the School Risk Assessment for the use of mobile phones required for medical monitoring. This assessment outlines the specific risks, control measures, and responsibilities associated with allowing a pupil to bring a medical device into school. It includes a detailed breakdown of hazards, who may be affected, current controls, and additional actions required, along with signature sections for parents and the school. As this assessment must be shared with the parent and is integral to safeguarding, monitoring, and online safety procedures.

13. Complaints

Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the school's usual complaints procedure.

Appendix 1: Mobile phone risk assessment.

School Risk Assessment

In this case this assessment ***MUST*** be shared with the parent	**Risk Description**	**Action Requirements**
	High Risk	Risk will be actively managed with strong control measures.
	Medium Risk	Monitor and take appropriate action to reduce risk.
	Low Risk	Risk to be monitored and assessed ongoing.

Location, activity, or issue being looked at: Medical Mobile phone access in school for medical needs

Date of activity:				**REMEMBER to Risk Assess the Activity / the Setting / the Group**				
				The WHAT		**The WHERE**	**The WHO**	
Activity or Task Being Assessed.	Hazard/Concern (something with the potential to cause harm) **What could go wrong?**	**Who may be harmed?**	Risk Rating **RAG**	**What is being done**, that helps control/manage the risk?	Risk Rating **RAG**	What **extra controls** need to be put in place?	**By when?**	**By whom?**
Mobile phone in school for tracking known medical condition – child with access	Inappropriate apps or content being accessed or shared on the phone **The sole use of the device in school is for monitoring medical purposes**	Children Staff		Phone only has the technology needed for their health care installed – other applications on the mobile phone to be deactivated. The phone MUST stay with an adult at all times – Child can regularly check their blood sugar levels on their phone throughout the school day. This will be closely monitored by a trained adult/First Aider.		ALL other apps disabled each day BEFORE arriving at school. Staff to check the apps are disabled daily. Issues to be logged in contact book On arrival at school / Breakfast Club, the device is handed directly to staff, who will then give to classroom staff to make any necessary checks	Each day	Class adult trained adult

				Parents to provide access code to the phone: Parents to provide the school with access to internal code on phone such as screen time on an iPhone: By signing this document parents and child agree to school staff accessing the phone and making any necessary changes required to safeguard both pupils and staff.		School to continue work educating pupils and parents about the safe use of social media. We embed online safety throughout our curriculum and assemblies.		
Mobile phone in school – Access to the school's Internet connection	School network is accessed and compromised	Children Staff School		The school provides a network connection, with permission, to connect their personal devices to the Internet 'medical' Network to be set at 'pupil level' to protect the user, will be locked down as much as possible and regularly monitored The school does not permit the downloading of apps or other software whilst connected to the school network and the school is not responsible for the content of any downloads onto the user's own device whilst using the school's network.		Access to the network is at the discretion of the school, and the school may withdraw access from anyone it considers is using the network inappropriately at any time. NB-The school cannot guarantee that the wireless network is secure or will be available at all times, users use it at their own risk. Parents/users need to have a contingency in the event that the school network is not available	By time phone is connected to school network	Class adults and IT technician

Mobile phone in school – Monitoring the use of mobile devices	Other apps are accessed and used within school hours	The school network and systems		The school reserves the right to use technology that detects and monitors the use of personal devices, which are connected to or logged on to our network or IT systems. The use of such technology is for the purpose of ensuring the security of its IT systems and school information. Keeping children safe in education 2023 (publishing.service.gov.uk) UPDATE		Any inappropriate access/content received through school IT services or the school internet connection should be reported to the Headteacher / Designated Safeguarding Lead as soon as possible. **Filtering and Monitoring** As part of this process, governing bodies and proprietors should ensure their school or college has appropriate filtering and monitoring systems in place and regularly review their effectiveness.	By time phone is connected to school network	SLT and IT technician

Agreed and signed by parents Signature: _____ _____ Role: _____ _____ Date:_____ _____	**Signed on behalf of school Leadership:** Signature: _____ Role: _____ Date:_____

Appendix 2 Process for developing Individual Healthcare Plans (IHP).

1.	Parent or health care professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

2.	Headteacher or the senior member of staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs and identifies member of staff who will provide support to the pupil

3.	Meeting to discuss and agree on need for IHP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

4.	Develop IHP in partnership – agree who leads on writing it. Template A. Input from healthcare professional **must** be provided.

5.	School staff training needs identified

6.	Health care professional commissions / delivers training and staff signed off as competent. Review date agreed. Template E.

7.	IHP implemented and circulated to all relevant staff

8.	IHP reviewed annually or when condition changes. Parents or healthcare profession to initiate. Process returns to stage 3 above and repeats.

Appendix 3 DFE provided templates.

DfE Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

DfE Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

DfE Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

DfE Template D: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

DfE Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and

1. is competent to carry out any necessary treatment. OR
2. I recommend that the training is repeated for [name of member of staff].

Delete as appropriate

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

DfE Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows: Sandwich Infant school, School Road, Sandwich, CT139HT
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phones.

DfE Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,