The Avenue Infant School

POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Signed on behalf of the Governing Body: Mr Stewart Miller

Position: Chair of Governors

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Review date: July 2027

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POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions (excepting those who are "young children" from birth until the 1st of September following their fifth birthday and subject to the requirements of the EYFS). In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. (DfE, March 2026).

School Context

The staff at The Avenue Infant School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education.
- Disruption to the education of children with health needs should be minimized.
- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Where necessary, our school will provide additional support and flexibility for children with medical conditions to attend school as regularly as possible, with the same ambition for attendance as all children.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child.
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.
- Children and young people with health needs are treated as individuals and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school, we will <u>not</u> engage in unacceptable practice, as follows:

- Send children 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;
- If a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. The school will work with parents to draw up a toileting plan, where necessary. Intimate care will be carried out by identified members of staff. No parent should have to give up working because the school is failing to support their child's medical needs;
- 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 to accompany their child.

Definition of medical conditions

A medical condition is a specific physical or mental health issue or illness that can be diagnosed by healthcare professionals based on symptoms, tests, or examination. These conditions, which include chronic diseases, require management or treatment and can affect an individual's functioning. A medical condition is in scope of this policy if a school, college or early years setting needs to put arrangements in place to support children and young people with the condition (whether as part of institution-wide policies or specific arrangements for an individual).

For the purpose of this policy, pupils with health needs may be:

a. Pupils with chronic or short term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
b. Sick children, including those who are physically ill or injured or are recovering from medical interventions, or
c. Children with mental or emotional health problems. This policy does not cover self-limiting infectious diseases of childhood, e.g. measles. Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. 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 a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Named person in school with responsibility for medical policy implementation

The SENCO is responsible for ensuring that pupils with health needs have proper access to education. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. The SENCO will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about

any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

All staff
Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency. All staff will complete Allergy Safety and Emergency Response training, refreshed annually.

The Headteacher
The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations. The headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The Governing body
The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

There should be a named governor with responsibility for the school, college or setting's arrangements for supporting children and young people with medical conditions. Risks relating to children and young people with medical conditions should be included on the school, college or setting's risk register and be actively managed by the governing body. The governing body should ensure this policy is readily accessible to parents and school staff and published on the school's website and be made available in hard copy on request. The governing body should ensure that this policy is reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave children and young people with medical conditions at risk (whether risk to life, wellbeing or learning).

School health teams
School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals
GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. The school will ensure the relevant staff have the necessary training and awareness to understand warning signs and are able to respond quickly and effectively. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained and whether any assessment of competency is required. Staff who provide support to children and young people with medical conditions should be included in meetings where this is discussed and developed. Where a child or young person has an Individual Healthcare Plan, it may identify specific training needs for staff who are likely to be involved in supporting the child or young person. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. This will include ensuring new staff, supply / cover staff and wraparound have sufficient training. Training should be refreshed annually.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy.

Procedures

Notification
Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.
Information supplied by parents/carers is transferred to the electronic Medical Needs Register which lists the children class by class. Details are given to staff on a 'need to know' basis. Confidentiality is assured by all members of staff. Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

Individual Healthcare Plans

Not all children with medical needs will require an Individual Healthcare Plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. Reference to the DfE guidance for Supporting pupils with medical conditions would be useful in supporting the decision.
Individual Healthcare Plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual Healthcare Plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided in Appendix 2 [refer to DfE guidance for latest template before use]*
Individual Healthcare Plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans should be considered live documents and reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.
Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the Individual Healthcare Plans identifies the support the child will need to reintegrate effectively.

Pupils too ill to attend school

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

Breakfast Club and After School Club

Children and young people with medical conditions (including allergies, intolerances and coeliac disease) should not be prevented from accessing free breakfast clubs or other extended school provision as a result of their medical condition. Appropriate arrangements must be in place to ensure they can participate safely and inclusively, including:

- suitable training for staff or volunteers delivering breakfast or after-school provision;
- access to medication and emergency treatment plans during the club session;
- staff awareness of Individual Healthcare Plans, including Allergy and/or Asthma Action Plans, where relevant;
- safe food handling and allergen risk management during food preparation and service;
- reasonable provision of alternative food options for children and young people with allergies, intolerances and coeliac disease.

Medicines in school

Self-management by pupils

Children are not usually allowed to carry their own medicines and relevant devices but certain conditions may require this to able to access their medicines for self-medication quickly and easily. This will be considered in the context of the nature of the medical need, the age and maturity of the pupil and with safety procedures in place to mitigate any risks presented by this. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Healthcare Plans. Parents will then be informed so that alternative options can be considered.

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The 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 in its original container.
All medicines are stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are readily available and not locked away.
A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
Non prescribed medication, including tablets and creams, such as allergy relief and paracetamol can be administered in school as long as schools follow the 'Supporting pupils at school with medical conditions policy' and the 'First Aid and Medicines Policy'. Medication should be provided in the original packaging and written records must be kept in line with the policy. The school should obtain confirmation from the parent/carer that the child has used this medication before and did not suffer any allergic or other adverse reactions.
A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school.
School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, 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.
When now longer required, medicines will be returned to the parents to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Emergency Situations

Where a child has an Individual Healthcare Plan, this will 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 school will be informed what to do in general terms, such as informing a

teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

If a child or young person experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Day trips and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Well-being of pupils with medical conditions

Staff will be mindful that the mental and well-being of pupils medical conditions, including allergies, will need to be actively monitored and promoted. Pastoral support will be provided at an appropriate level, either within school or externally if more appropriate, in order to support positive mental health and well-being. School staff will be alert to signs of bullying on account of their medical condition. The siblings and friends of children and young people with such conditions should also be supported actively. Arrangements for supporting the wellbeing of children and young people with medical conditions should be appropriate and proportionate to the age and circumstances of the individual, including the nature and severity of the medical condition. This is particularly important in the case of life-limiting or degenerative conditions and progressive neurological conditions. The school should involve children and young people with medical conditions and their families in developing and reviewing these arrangements, since they will have a direct understanding of the consequences for their wellbeing and will know what support would be most effective.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Links with other policies

This policy should be read in conjunction with:

- Health and Safety Policy
- Inclusion Policy
- Accessibility Plan
- Intimate Care Policy
- First Aid and Medicines Policy
- Allergy Safety policy

This policy is reviewed annually by the governing body. The next review is due in July 2027.

APPENDIX 1

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent / Carer

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

APPENDIX 2

Individual Healthcare Plan

Child's name	
Year & class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date (at least annually)	

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 if applicable	

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