DIOCESE OF

ST ALBANS

MULTI-ACADEMY TRUST

Trust Policy

Supporting pupils with medical conditions

Policy type	**Trust wide with local context (Tier 3)** From The Key
Review	**Every three years**
Author/Responsible Officer	**Governance Officer with input from Trust Inclusion Lead**
Approved by	**Trust Board**
Date of ratification	April 2025
Date of next review	April 2028

This policy is a mandatory policy for all DSAMAT Academies and must be implemented with localised amendments

The Diocese of St Albans Multi Academy Trust is a company limited by guarantee.
Registered in England No 10449374 Registered Office**: Manshead CE Academy, Dunstable Rd, Caddington, Luton, LU1 4BB**

Our mission, vision and values

The Trust has a clear **mission** at its core, ensuring that all pupils are enabled to flourish, rooted in God's Love - academically, socially, spiritually, physically and mentally. This is central to our work and rooted in our Christian foundation (John 10 v 10). Our commitment to mutual flourishing within the school community is built upon our shared belief in Church of England principles. In our Trust, just as in the wider Church of England community, 'flourish' refers to prospering, thriving and growing. It means prayerfully encouraging all within our schools so that they might prove fruitful, successful and contented in the longer term. We seek to provide space generously for all to flourish in life and all of its structures. Equitable treatment for all pupils, staff and the wider community is a core part of enabling this long term, holistic flourishing.

We have a clear **vision** about creating successful schools for the benefit of their communities and we expect every school in the Trust to continuously improve. All schools provide rich and diverse curricula which evolve to meet the needs of their children and local communities, as well as delivering educational excellence to enable them to continue to flourish in later life.

The way we work and deliver against our mission is critical to our Trust. We have shared, agreed **values** of:

Hope; Nurture; Equality; Respect; Collaboration

The Trust's vision is underpinned by a Christian values framework which is adopted by all schools. It provides clear expectations for all Trust employees on how we wish our values to impact on all areas of school life. It draws on, and is informed by, the National Church of England Vision for Education and the Diocesan Board of Education Vision.

Each school within the Trust has a personalised vision for education, developed locally to reflect the individual character and needs of the school community. This vision is underpinned by the Trust's wider vision, and agreed with the Trust, but it is owned and driven by the headteacher and their LGB.

Our community

The Trust are dedicated to delivering education that serves local communities. Our schools are inclusive, welcoming those from all and no faiths, from all abilities and backgrounds. We believe in providing a high-quality education, underpinned by Christian values, which enables every child to flourish.

Underpinning all of the Trust's work is a belief in educational excellence. The Trust serves all stakeholders by providing schools with the highest levels of academic rigour and pastoral care. Our schools are places where children and young people develop and thrive intellectually, socially, culturally, and spiritually. All of the Trust's schools teach a broad and balanced curriculum within national guidelines focusing on core skills. This is designed to ensure that all pupils reach their academic potential and seek to enrich their experience along the way. Pupils will be enabled to succeed in an atmosphere of high expectation, aspiring to educational excellence with a firm foundation of values.

This policy forms part of our Trust governance and ensures that we are held to the highest standards as we carry out our duties.

Statement of Intent

This is the Diocese of St Albans Multi-Academy Trust (DSAMAT) over-arching Supporting pupils with medical needs policy and must be implemented and adhered to in each of the academies within the Diocese of St Albans Multi Academy Trust along with those working within the central team.

The named person for implementing this policy at Northill CE Academy is Siobhan Wright.

This policy will also be implemented and adhered to from the first day of any other school joining the Trust. For the remainder of this document, the Diocese of St Albans Multi Academy Trust will be referred to as DSAMAT

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our trust will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on the board of trustees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The board of trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

3.2 CEO

The CEO will:

- Oversee and support the headteacher of each school in carrying out their duties
- Highlight any issues found across the trust to the board of trustees
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

3.3 The headteacher

The headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure and monitor that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Monitor that records of children's medical needs and medicines that have been administered are kept up to date
- Assess training needs and commission necessary training in line with trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil 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

- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff at the school may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.7 School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The trust and the individual school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. This process will be followed by all schools in the trust.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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, e.g. crowded corridors, travel time between lessons
- 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, counselling sessions
- The level of support needed, 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 school 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/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at the school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents/carers' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

Schools will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage

Schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs will be kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Wherever possible, pupils who are competent to manage their own healthcare needs and medicines, in consultation with healthcare professionals and parents, will be encouraged to do so under the supervision of school staff. This will be discussed with parents/carers and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

Staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, or 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, 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
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher.Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The Headteacher will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs will be kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The board of trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the trust's level of risk.

The details of the insurance policy are through the DfE Risk Protection Arrangement.

12. Complaints

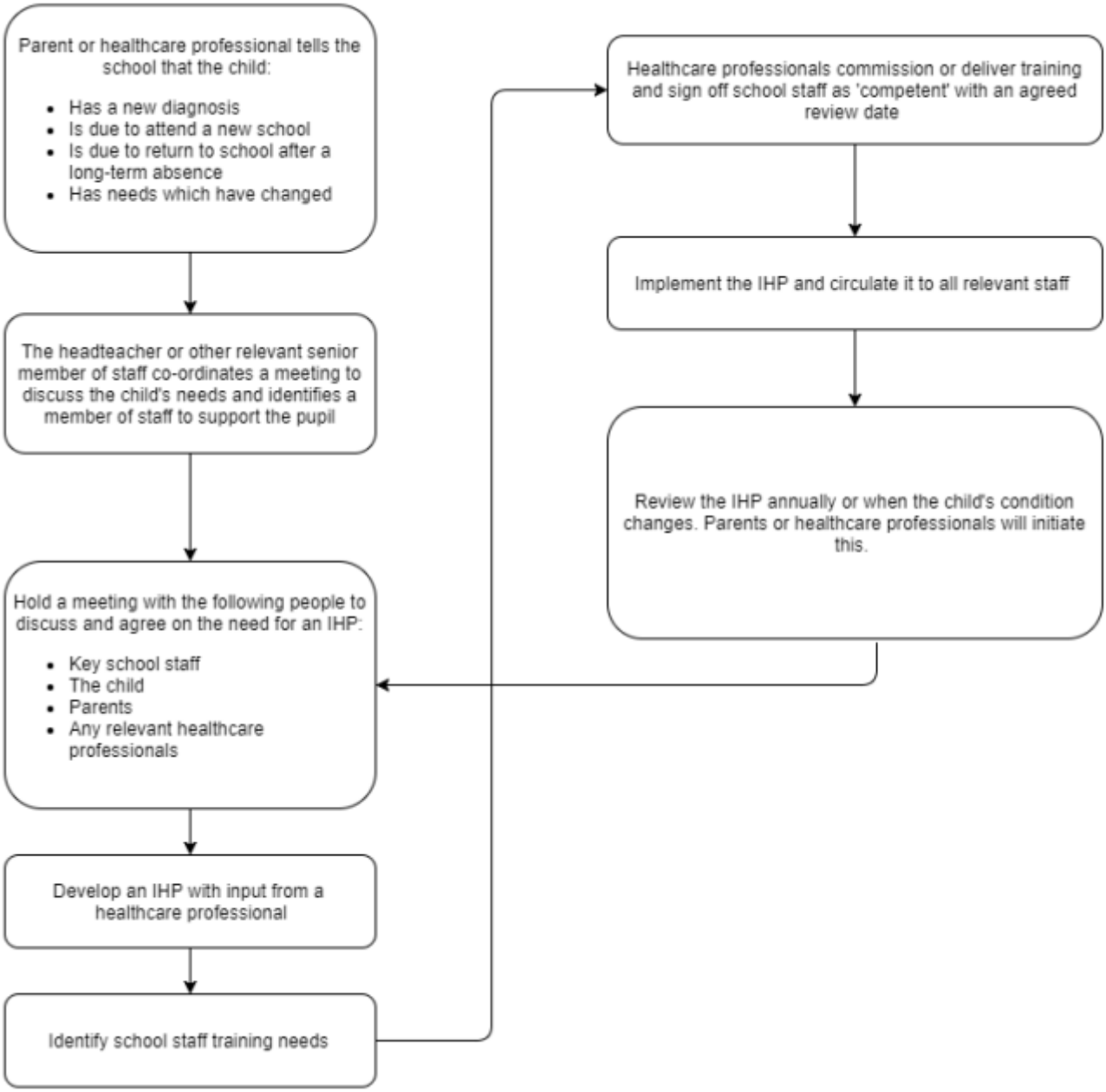
Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the head teacher cannot resolve the matter, they will direct parents/carers to the trust's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the board of trustees every three years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

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