



# Supporting Children and Young People with Medical Needs Policy

<b>Last Reviewed</b>	July 2023
<b>Reviewed by</b>	Trust Board
<b>Date of Approval</b>	July 2023
<b>Lead responsibility</b>	Director of School Improvement (Sec)
<b>Next Review</b>	July 2024

This policy was issued by HfL on behalf of Hertfordshire County Council in April 2020 after consultation with Professional Associations/Trade Unions and HfL subsequently recommended it for adoption.

### Changes

Where reference is made to Hertfordshire County Council/Authority/Local Authority please read Alban Academies Trust.

We have included additional guidance relating to short term medical needs.

The named member of school staff responsible for the medical conditions policy and its implementation is:

SCHOOL	ROLE	NAME
Garden Fields JMI School	School Administrator with First Aid Responsibility	Danielle Brattle
Ridgeway Academy	Deputy Headteacher	Jackie Smith
Sandringham School	Assistant Headteacher	Stuart Kemp
Skyswood Primary & Nursery School	Headteacher	Bob Bridle
Verulam School	Deputy Headteacher/School Business Manager	Gemma Perry/Penelope Hill
Wheatfields Infants' and Nursery School	Medical Administrator	Elaine Bean Alison Maxwell
Wheatfields Junior School	School Business Manager	Louisa Earley

### Emergency Salbutamol Inhaler

Emergency Inhalers are stored in the location below in each school within the AAT and are clearly labelled to avoid confusion

Garden Fields JMI School	one in lower medical room and one in the upper medical room
Ridgeway Academy	None held
Sandringham School	Student Services
Skyswood Primary & Nursery School	Medical Room
Verulam School	None held
Wheatfields Infants' and Nursery School	School office
Wheatfields Junior School	Main office

The school's volunteers for ensuring this protocol is followed are

Garden Fields JMI School	1 Danielle Brattle 2 Paul Sutton
Ridgeway Academy	N/A
Sandringham School	1 Louisa Earley
Skyswood Primary & Nursery School	1 Lisa Foster
Verulam School	N/A
Wheatfields Infants' and Nursery School	1 Elaine Bean

	2 Alison Maxwell
Wheatfields Junior School	1 Louisa Earley 2 Debbie Balser

**Page 12 - Appendix 3 – Emergency Adrenaline Auto-injector (AAI) (bottom of page)**

All AAI devices including the spare AAI(s) are kept in the location below

Garden Fields JMI School	one in lower medical room and one in the upper medical room
Ridgeway Academy	None held
Sandringham School	In the first aid locker in first aid room
Skyswood Primary & Nursery School	Medical room
Verulam School	None held
Wheatfields Infants' and Nursery School	School office
Wheatfields Junior School	Main office

The school's volunteers for ensuring this protocol is followed are

Garden Fields JMI School	1 Danielle Brattle 2 Paul Sutton
Ridgeway Academy	N/A
Sandringham School	1 Louisa Earley
Skyswood Primary & Nursery School	1 Lisa Foster
Verulam School	N/A
Wheatfields Infants' and Nursery School	1 Elaine Bean 2 Alison Maxwell
Wheatfields Junior School	1 Louisa Earley 2 Debbie Balser

***The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Children and Young People with Medical Conditions (December 2015) for governing bodies of maintained schools and proprietors of academies in England***

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

## Alban Academies Trust

# SUPPORTING CHILDREN AND YOUNG PEOPLE WITH MEDICAL CONDITIONS POLICY

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME.....

ROLE .....

### DfE guidance

Governing bodies\* should ensure that all schools develop a policy for supporting children and young people with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

\*In this policy, Trustees ensure each school within the Alban Academies Trust follows the DfE guidance by complying with this policy.

### **Each school within the Alban Academies Trust (AAT) is an inclusive community that supports and welcomes children with medical conditions.**

- Each school is welcoming and supportive of children with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other children. No child will be denied admission or prevented from taking up a place in each school because arrangements for their medical condition have not been made.
- Each school will listen to the views of children and parents/carers.
- Children and parents/carers feel confident in the care they receive from each school and the level of that care meets their needs.
- All staff within the AAT understand the medical conditions of children at each school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff within the AAT understand their duty of care to children and young people and know what to do in the event of an emergency.
- Every school within the AAT & local health communities understand and support the medical conditions policy.
- Each school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.

- Each school recognises its duties as detailed in Section 100 of the Children and Families Act 2014 (and other relevant legislation, see DfE guidance p27). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, each school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

**This policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.**

- Children and young people, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.
- Parent/carers have a responsibility to notify the school if their child or young person has a medical condition and provide the school with sufficient and up-to-date information about their child's medical needs.
- Parent/carers must be involved in the development and review of their child or young person's Individual Healthcare Plan (IHP<sup>1</sup>) and carry out agreed actions identified within it.
- Ensure they, or a nominated adult are contactable at all times.

**All staff in AAT schools understand and are trained in what to do in an emergency for children with medical conditions at each school.**

- All school staff in AAT schools, including temporary or supply staff, are aware of the medical conditions at each school and understand their duty of care to children in an emergency.
- All AAT staff receive suitable training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at each school have an IHP, which explains what help they need in an emergency. The IHP will accompany a child should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- Each school makes sure that all staff providing support to a child have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the child's IHP. Where necessary this should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and each school keeps an up to date record of all training undertaken and by whom.

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<sup>1</sup> An example template for an IHP has been produced by DfE - see template A.  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

- Staff do not undertake healthcare procedures or administer medication without appropriate training. A first aid certificate does not constitute appropriate training for supporting children and young people with medical conditions.
- Training is brokered by the policy lead and is provided by the following bodies:
  - Commercial training provider
  - families of children and young people with medical conditions
- See front sheet for detail as to which school had chosen to hold an emergency salbutamol inhaler for use by children who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 3 for further information)
- See front sheet for detail as to which school had chosen to hold a 'spare' emergency adrenaline auto-injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained. (see appendix 3 for further information)

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

- All staff within the AAT, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. Annual training is provided online for common conditions eg asthma, allergies, epilepsy and diabetes.<sup>2</sup>
- If a child needs to attend hospital, a member of staff (preferably known to the child) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take children to hospital in their own car.

**All AAT schools have clear guidance on providing care and support and administering medication at school.**

- Each school understands the importance of medication being taken and care received as detailed in the child's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- Each school will make sure that there are sufficient members of staff who have been trained to administer the medication and/or understand the appropriate approach to administration and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. Each school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Each school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- Each school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances where the medicine has been prescribed without the parent/carer's knowledge, and every effort will be made to encourage the child to involve their parent/carer, while respecting their confidentiality.
- Each school will only administer non-prescription medicines that are in the original packaging and only in the following circumstances:
  - with written permission from parent/carer
  - when it would be detrimental to the child or young person's health not to do so
  - when instructed by a medical professional.

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<sup>2</sup> For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

- No child or young person under the age of 16 is given medicine containing aspirin unless prescribed by a doctor.
- When administering medication, for example pain relief, each school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- Each school will make sure that a trained member of staff is available to accompany a child with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at each AAT school understand that they should let the school know immediately if their child's needs change.
- If a child misuses their medication, or anyone else's, their parent/carer will be informed as soon as possible and the school's disciplinary procedures will be followed.

#### **Each school has clear guidance on the storage of medication and equipment at school.**

- Each AAT school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Children may carry their own medication/equipment, or they should know exactly where to access it. Those children deemed competent to carry their own medication/equipment with them will be identified and recorded through the child's IHP in agreement with parents/carers.
- Children can carry controlled drugs if they are deemed competent to do so, otherwise each school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at each school can administer a controlled drug to a child once they have had specialist training.
- Each school will make sure that all medication is stored safely, and that children with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- Each school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Each School will only administer medication in accordance with the child's IHP. Updated medical advice will need to be provided to support any deviation and the IHP updated to reflect this.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- When medicines are no longer required they are returned to families for safe disposal
- Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

#### **Each AAT school has clear guidance about record keeping.**

- As part of each school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- Each school uses an IHP to record the support an individual child needs around their medical condition. The IHP is developed with the child (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs

are mentioned in their IHP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHP.

- Each school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the child's needs change.
- The child (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the children in their care.
- Each school makes sure that the child's confidentiality is protected.
- Each school seeks permission from parents/carers before sharing any medical information with any other party.
- Each school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

**Each AAT school ensures that the whole school environment is inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- Each school is committed to providing a physical environment accessible to children with medical conditions and children are consulted to ensure this accessibility. Each school is also committed to an accessible physical environment for out-of-school activities.
- Each school makes sure the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All AAT staff are aware of the potential social problems that children with medical conditions may experience and use this knowledge, alongside each school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE, Personal Development and science lessons to raise awareness of medical conditions to help promote a positive environment.
- Each school understands the importance of all children taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all children. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual child needs.
- Each school understands that all relevant staff are aware that children should not be forced to take part in activities if they are unwell. They should also be aware of children who have been advised to avoid/take special precautions during activity, and the potential triggers for a child's medical condition when exercising and how to minimise these.

**Each AAT school makes sure that children have the appropriate medication/equipment/food with them during physical activity and offsite visits.**

- Each school makes sure that children with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a child's medical condition.



- Each school will not penalise children for their attendance if their absences relate to their medical condition.
- Each school will refer children with medical conditions who are finding it difficult to keep up educationally to the SENDCO/INCO who will liaise with the child (where appropriate), parent/carer and the child's healthcare professional.
- Children at each school learn what to do in an emergency.
- Each school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of children with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**Each AAT school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. Each AAT school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.**

- Each school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- All AAT school staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual child's triggers and details how to make sure the child remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of children with medical needs.
- Each school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

#### **Short term medical needs**

- Parents/carers at each AAT school understand that they should let the school know if a child has sustained an injury or has an illness which requires temporary adjustments (such as a break or sprain).
- Each School will consider what practical and appropriate reasonable adjustments can be put in place where necessary. These could include (but not limited to) allowing longer movement time between classes, allocating a buddy, relocating classes if inaccessible (due to use of crutches, for example), temporary uniform adjustments.

**Each member of the AAT schools and health communities know their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- Each school works in partnership with all relevant parties including the child (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 1.

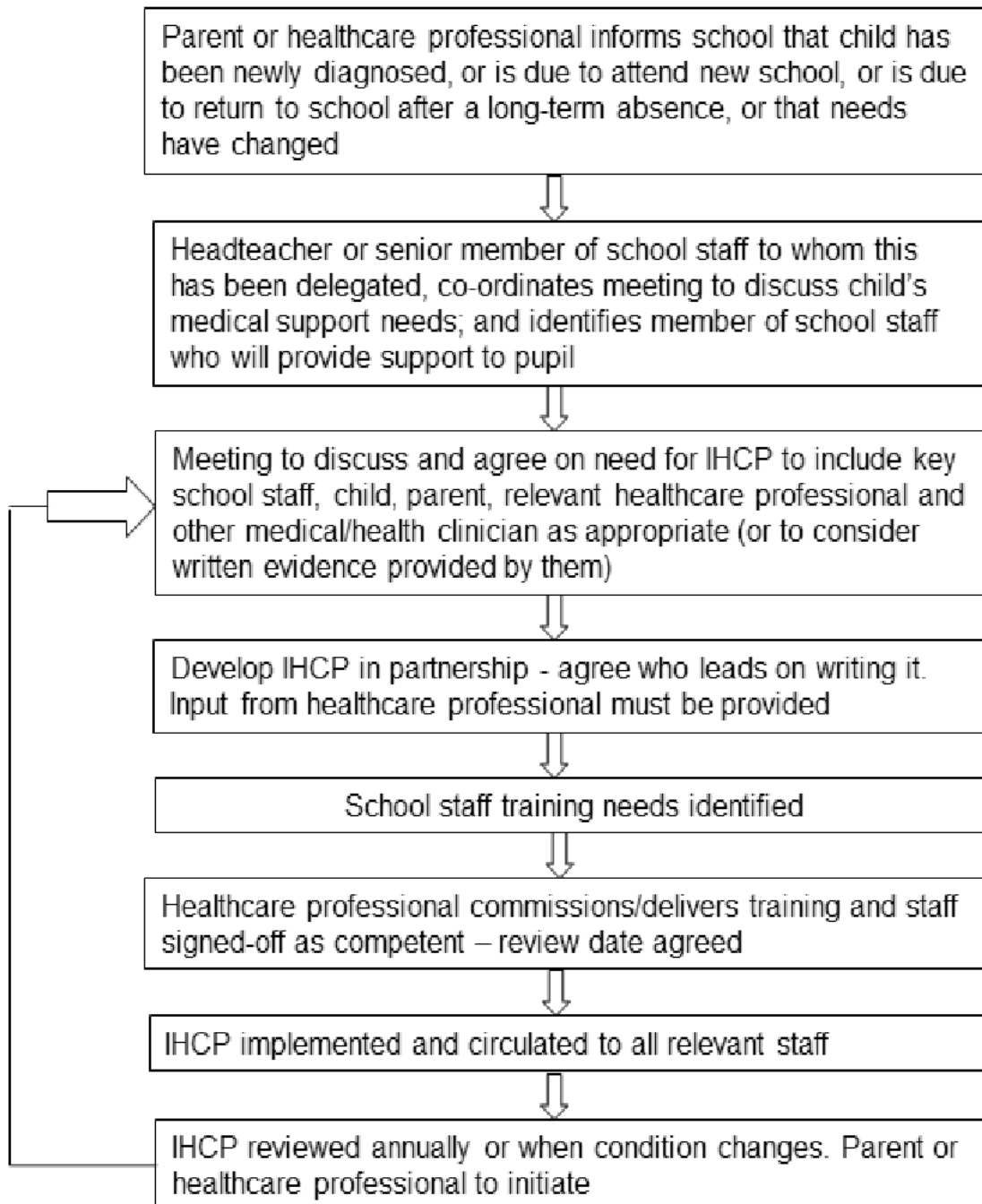
**This medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

- In evaluating the policy, each school seeks feedback from key stakeholders including children, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals,

school staff, local emergency care services and governors. The views of children with medical conditions are central to the evaluation process.

- Should parents and children be dissatisfied with the support provided within an AAT school, they should discuss these concerns with the Headteacher of the relevant school.

## Appendix 1 Model process for developing individual healthcare plans



## Appendix 2

### Roles and responsibilities

**AAT Trust Board** – monitor the processes followed by all AAT schools when they review the AAT policy supporting children with medical conditions annually.

**Governing bodies** – must make arrangements to support children with medical conditions in their school, including making sure that the AAT policy for supporting children and young people with medical conditions in school is developed and implemented. They should ensure that children with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher** – should ensure that the AAT policy for supporting children and young people with medical conditions is effectively implemented with partners. This includes ensuring that all staff are aware of the AAT policy for supporting children and young people with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the AAT policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that AAT school staff are appropriately insured and are aware that they are insured to support children in this way. They should 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.

**AAT school staff** – any member of school staff may be asked to provide support to children with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of children with medical conditions that they teach. All AAT school staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any staff member of an AAT school should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

**School nurse** – every school has access to school nursing services. They 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 will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as

having a medical condition that will require support at any AAT school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a child in school should contact the named school nurse for that school to ensure a coordinated approach.

**Children** – 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 children will often be sensitive to the needs of those with medical conditions.

**Parents/carers** – should provide the AAT school 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.

## Appendix 3

### Emergency Salbutamol Inhaler

An AAT school may have chosen to hold an emergency salbutamol inhaler for use by children who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The use, storage, care and disposal of the inhaler and spacers will follow The AAT policy on supporting children with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

Each school which holds an emergency salbutamol inhaler, will hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the child's IHP.

A record of use for the emergency inhaler will be kept and parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the AAT's policy on supporting children and young people with medical conditions.

Each school's volunteers for ensuring this protocol is followed are **detailed on the front page of the AAT policy for supporting children with medical conditions**, they are to check on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;

The Emergency Inhaler is stored in **(please see front page of the AAT policy for supporting children and young people with medical conditions)** and is clearly labelled to avoid confusion with a child's inhaler.

### Emergency Adrenaline Auto-injector (AAI)

An AAT school may have chosen to hold a 'spare' AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a child's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The use, storage, care and disposal of spare AAI(s) will follow the AAT policy for supporting children with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAIs in schools.

Each AAT school will hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).

Written parental consent is sought for the use of the spare AAI as part of the child's IHP.

The spare AAI will only be used in children where both parental consent and medical authorisation has been provided.

A record of use of any AAI(s) will be kept and parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the child's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the AAT's policy on supporting children with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location (**please see front page of the AAT policy for supporting children and young people with medical conditions**). AAIs are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named child.

The school's two volunteers for ensuring this protocol is followed are **detailed on the front page of the AAT policy for supporting children and young people with medical conditions** they are to check on a monthly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.