SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

VERSION	AUTHOR	SUMMARY OF CHANGES	DATE PUBLISHED	DATE OF REVIEW
1.0	EC	New Policy	January 2022	June 2023
2.0	CAT	Section 2- Covid info removed. Combined policy	June 2023	June 2024
3.0	CAT	Record Keeping – 10.4 Updated and 10.5 added	June 2024	June 2026
4.0	JY	Standalone policy for Moss Road Infant Academy; updated to reflect current legislation and statutory guidance including section 13 - Allergens	Sept 2026	Sept 2027

1. CONTENTS

1. DEFINITIONS

1.1 For the purposes of this document a child, young person, pupil or pupil is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

1.2 Wherever the term 'parent' is used, this includes any person with parental authority over the child concerned e.g. carers, legal guardians.

1.3 Wherever the term 'Individual Healthcare Plan' (IHCP) is used this refers to an individual pupil's plan to help ensure that the Academy can effectively support a pupil with a medical condition.

2.0 Legislation and Guidance

2.1 This policy is issued in line with statutory and non-statutory guidance relating to Section 100 of the Children and Families Act 2014, which places a duty on proprietors of academies to make arrangements for supporting pupils at their academy with medical conditions.

In meeting this duty, academies must have regard to the guidance issued by the Secretary of State under Section 100.

2.3 This policy is also in line with:

- Children and Families Act 2014, Section 100;
- Equality Act 2010;
- Children Act 1989;
- Human Medicines Regulations 2012 (as amended);
- Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR);
- Education (Independent School Standards) Regulations 2014;
- Statutory Framework for the Early Years Foundation Stage for group and school-based providers, where applicable;
- Childcare Act 2006, where applicable;
- Children's Wellbeing and Schools Act 2026, including the statutory requirements for an allergy safety policy;

2.4 This Policy has regard to the following statutory guidance and advice:

- Supporting pupils at school with medical conditions – Department for Education;
- Allergy safety in schools – Department for Education statutory guidance (July 2026);
- Using emergency adrenaline auto-injectors in schools – Department of Health and Social Care;
- Emergency asthma inhalers for use in schools – Department of Health and Social Care;
- First aid in schools, early years and further education – Department for Education;
- Mental health and behaviour in schools – Department for Education, where applicable;
- Health protection in children and young people settings – UK Health Security Agency/Department of Health and Social Care, where applicable.

The policy will be reviewed annually but will be revised accordingly in line with guidance.

The Governors (hereinafter referred to as 'Moss Road Infant Academy') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in the Academy so that they can play a full and active role in Academy life, remain healthy and achieve across the whole curriculum and this includes access to Academy trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend the Academy because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at the Academy to help them manage their condition and keep them well. By putting in place suitable arrangements and procedures to manage their needs, the Academy is committed to ensuring that parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at Academy.

2.5 We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at the Academy affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their Academy life, be it on a long or short term basis.

2.6 In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems may affect children's educational attainment, impact on their ability to integrate or re-integrate with their peers and affect their general wellbeing and emotional health. We fully understand that reintegration back into Academy life needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

2.7 The Academy also appreciate that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document Special Educational Needs and Disability: Code of Practice 0-25 Years.

3. ORGANISATION

3.1 3.1 The Governing Body

- The Governing Body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in the Academy, including the development and implementation of this policy.
- Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing Body as a whole to ensure that:
    - no child with a medical condition is denied admission or prevented from taking up a place at the Academy because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;
    - there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
    - there is clear understanding at this Academy's strategic level and, where relevant, across all partnership workers that:
        - Local Authorities (LA) and Integrated Care Boards (ICBs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);

- LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools or academies who have long-term conditions and disabilities, which remains a ICB commissioning responsibility. When children need care which falls outside the remit of Academy nurses, e.g. postural support or gastrostomy and

  tracheostomy care, ICB-commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in Academy; and
- Providers of health services should co-operate with the Academy including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
- The Academy will maintain arrangements for supporting pupils with medical conditions in line with current Department for Education statutory guidance and relevant current inspection expectations, including the requirements relating to allergy safety.

- Sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- Staff who provide such support are able to access information and other teaching support materials as needed.
- Funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

3.2 3.2 The Head Teacher

- The Head Teacher of this Academy, has a responsibility to ensure that this policy is developed and implemented effectively with partners.
- To achieve this, the Head Teacher has delegated responsibility to the SENCO for the development of IHCPs and will make certain that Academy arrangements include, and ensure that:
  - All staff are aware of this policy and understand their role in its implementation;
  - All staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.; All staff who lead a group will be provided with the essential pupil information (as appropriate) to ensure they can support their well-being. This includes safeguarding, SEND, behaviour and medical needs;
  - Where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
  - Sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
  - Staff are appropriately insured and are aware that they are insured to support pupils in this way;
  - Appropriate health professionals are made aware of any child who has a medical condition that may require support at Academy and who has not already been brought to their attention;
  - Children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the LA and alternative education providers such as the hospital teaching service aims to ensure a good education for them;
  - Risk assessments take account of the need to support pupils with medical conditions as appropriate, for example on educational visits or activities outside the normal timetable.

3.3 3.3 Academy Staff

- Any member of staff may be asked to provide support to pupils with medical conditions. While administering medicines is not part of teachers' professional duties, they should still consider the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

- Any member of Academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- The SENCO and the Pastoral Lead have specific responsibility for the development of IHCPs.

3.4 3.4 Academy Nurses and Other Healthcare Professionals

- The Academy has access to a school nursing service which is responsible for notifying the Academy when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at the Academy and our arrangements for liaison support this process.
- While the school nursing service will not have an extensive role in ensuring that the Academy is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP by providing advice, liaison with other health officials – such as lead clinicians or a child's General Practitioner (GP) and with training.

3.5 3.5 Pupils

- It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. The Academy will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.
- It is also recognised that the sensitive involvement of other pupils in the Academy may be required, not only to support the pupil with the medical condition, but also to break down societal myths and barriers and to develop inclusivity.

3.6 3.6 Parents

- Parents are key partners in the success of this policy. They may, in some cases, be the first to notify the Academy that their child has a medical condition and, where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.
- Parents should provide the Academy with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4. ARRANGEMENTS/PROCEDURES

4.1 4.1 Procedure for the Notification that a Pupil has a Medical Condition

- While it is understood that the Academy does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence.
- This should involve some form of medical evidence and consultation with parents. Where evidence is

conflicting, it is for the Academy to present some degree of challenge in the interests of the child concerned, in order to get the right support put in place.

4.2 4.2 Academy Attendance and Reintegration

- The Academy will have regard to the DfE statutory guidance 'Arranging education for children who cannot attend school because of health needs' (updated December 2023) and will work closely with the Local Authority to support pupils whose health needs prevent them from attending the Academy. The Academy will also follow the current statutory guidance 'Working together to improve school attendance', including requirements for recording and responding to absence related to illness and for working with the Local Authority where a pupil cannot receive suitable education because of their health needs.

5. INDIVIDUAL HEALTHCARE PLANS (IHCP)

5.1 An IHCP is a working document that will help ensure that the Academy can effectively support a pupil with a medical condition which will be recorded on Medi-tracker. It will provide clarity about what needs to be done, when, and by whom, and aims to capture the steps which the Academy should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that the Academy can assess and manage identified risks to their education, health and social well-being and minimise disruption.

5.2 An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The Academy, any healthcare professionals and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is considered best placed to take the final view. The Academy's process for identifying and agreeing the support a child needs and developing an IHCP is set out in this policy.

5.3 The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health conditionmay require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

5.4 In general, an IHCP will cover:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medicine (dose, side-effects and storage), l and other treatments, time, facilities e.g. need for privacy, 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 etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- 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 etc.;
- The level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;

- Who in the Academy needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Head Teacher for medicines to be administered by a member of staff, on Medi-tracker.
- Any separate arrangements or procedures required for any Academy trips or other activities outside of the normal Academy timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

5.5 IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of the Academy staff or a healthcare professional involved in providing care to the child. Partners should agree

who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Academy.

5.6 An IHCP will be reviewed at least annually, and sooner where there is evidence that the pupil's needs, medication, treatment or circumstances have changed, or following a significant incident or near miss. Where the Academy considers a more frequent review appropriate, this will be recorded in the IHCP.

6. PUPILS MANAGING THEIR OWN MEDICAL CONDITIONS

6.1 After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

6.2 To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP to. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

6.3 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

7. TRAINING

7.1 The Head Teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in the Academy and any off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

7.2 Any member of Academy staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice, but will not be the sole trainer.

7.3 A relevant healthcare professional, will normally lead on identifying and agreeing with Academy, the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and Academy will keep records of training and proficiency checks.

7.4 Staff must not give prescription medicines or undertake health care procedures without appropriate training, which the Academy undertake to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in the each Academy– for example basic training covering Academy procedures for administering a non-emergency prescribed oral medicine.

8. MANAGING MEDICINES

8.1 This Academy is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at the Academy when it would be detrimental to a child's health or Academy attendance not to do so.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside Academy hours.
- With the exception of insulin, which may be provided in an insulin pen or pump, all medicines supplied to the academy by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupils. This is to be made clear within a child's IHCP as appropriate.
- Staff administering medicines must be supervised by another member of staff who will check all of the medication details.
- If staff are in any doubt over the procedure to be followed, parents will be contacted before action is taken.
- If a pupil refused their medication, staff will record this and report to parents as soon as possible.
- With written parental consent non-prescription medicines can be administered to children e.g. anti-histamines. The Head Teacher should make decisions on a case by case basis and may need to liaise with the child's GP or practice nurse to ensure Academy will be acting appropriately.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. Children should know where their medicines are at all times and know the whereabouts of an adult who has access to them immediately if they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers,blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

9. CONTROLLED DRUGS

9.1 The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between the Academy and parents.

9.2 Ideally controlled drugs should be brought into the Academy on a daily basis by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet in the Academy's record of medicine administered to an individual pupil. This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances.

9.3 In some circumstances, the drugs may be delivered to the Academy by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag.

9.4 We recognise that 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. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise the Academy will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in the Academy.

9.5 Academy staff at the Academy may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legibleenough to identify individuals.

10. RECORD KEEPING

10.1 Each Academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

10.2 Where a pupil has a course of or on-going medicine(s) this will be recorded on Medi-tracker and authorised by the parent.

10.3 Where a pupil requires administration or self-administration of a controlled drug this will be recorded on Medi-tracker and emailed to the parent.

10.4. Where a pupil is given a medicine as a one-off e.g. pain relief, this will be recorded on Medi-tracker and authorised by the parent.

10.5. The name of the member of staff administering any drug will be recorded on Medi-tracker, The second member of staff witnessing the administration of controlled drugs will also be recorded.

11. EMERGENCY PROCEDURES

10.2 The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

10.3 To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

10.4 In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal the Academy emergency procedures.

10.5 If a child needs to be taken to hospital, a member of Academy staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

12. EMERGENCY SALBUTAMOL INHALERS

10.6 Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom1 and over 25,000 emergency hospital admissions every year for asthma amongst children.2 An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at Academy having forgotten, lost or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

10.7 From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

10.8 The Academy will hold emergency salbutamol inhalers. We will continue to be vigilant in checking inhalers are in date and that children who need them have sufficient supplies in Academy. The asthma register will be kept up to date by the named first aider.

13. ALLERGENS

10.9 Academy Meal Providers

- The Academy Catering Manager is responsible for handling all requests for allergen information. Any pupil identified on an IHCP as having food allergies will be reported to the Catering Manager who will ensure all food handling staff are made aware.
- The Catering Manager will ensure that appropriate procedures are in place and training is provided to all food handles regarding situations in which foods can be cross-contaminated by allergenic food. All food handlers will also be given basic training on signs and symptoms of an allergic reaction and what to do and who to report to should this occur.
- The catering team at the Academy must record the ingredients which are used in each dish which should be either displayed in the food preparation area, or be readily available to all relevant staff and keep a copy of the ingredient information on labels of pre-packed foods for example, sauces, desserts etc. Ingredients must be kept in original containers, or a copy of the labelling information kept in a central place; allergen labelling information must be retained with each product and goods suitably enclosed to prevent cross-contamination with other foods when in storage.

14. ALLERGIC REACTIONS AND ANAPHYLAXIS

10.10 In the Academy all staff receive annual allergen training.

All staff are aware of how to deal with a serious allergic reaction.
All staff are aware of where to find the emergency medication and how to administer the medication effectively.

The Academy recognises that allergies are medical conditions that may require specific support and emergency intervention. The Academy has a separate Allergy Safety Policy which sets out the arrangements for preventing and managing allergic reactions, including the identification of pupils with allergies, Individual Healthcare Plans, staff training, the storage and use of adrenaline auto-injectors, emergency procedures and arrangements for Academy trips and activities.

The Moss Road Infant Academy Allergy Safety Policy should be read alongside this Managing Medical Conditions Policy and forms part of the Academy's overall arrangements for supporting pupils with medical conditions. The Allergy Safety Policy is reviewed at least annually and published on the Academy website.

15. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

10.11 Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so, but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

15.3 A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The IHCP will be used alongside usual Academy risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

16. HOME TO ACADEMY TRANSPORT

10.12 While it is the responsibility of the LA to ensure pupil safety on statutory home to Academy transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that Academy has prepared.

The LA must know if a pupil travels on home to Academy transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. Academy undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

10.13 Where transport is organised by the Academy on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the Academy in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

17. UNACCEPTABLE PRACTICE

10.14 While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at the Academy to:

- Prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- Send children with medical conditions home frequently or prevent them from staying for normal

Academy activities, including lunch, unless this is specified in their individual healthcare plans;

- 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, or otherwise make them feel obliged, to attend their child's Academy to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because their child's Academy 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 Academy life, including Academy trips, e.g. by requiring parents to accompany the child.

18. INSURANCE

10.15 Each Academy's insurance provides liability cover for staff undertaking activities in accordance with Academy policies and procedures. This includes carrying out risk assessments associated with supporting pupils with medical conditions, the administration of medication and any other healthcare procedures as identified through the IHCP process. If an IHCP review identifies that an entirely new medical procedure is required, the Academy management will ensure that any staff involved in undertaking this procedure receive the appropriate instruction and training.

19. COMPLAINTS

10.16 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the SENCO in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal Academy complaints procedure. This is available on the Academy website or copies from the Academy office.