

**POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

This policy is informed by the Christian values which are the basis for all of CDAT's work and any actions taken under this policy will reflect this.

‘*Blessed are those who act justly, who always do what is right’*

*Psalm 106:3*

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## 1. Introduction

When supporting pupils with identified medical conditions, CDAT schools will follow statutory DfE Guidance: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf> We will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in their school so that they can play a full and active role in school life, remain healthy, achieve and make good academic progress.

This policy should be read in conjunction with CDAT’s policy on **Supporting Children with Health Needs who are unable to attend School.**

## 2. Policy Aims

* To ensure that each school is aware of, and keeps appropriate records of those children whose medical needs fall under the remit of this policy.
* To recognise that pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well.
* To provide effective support for each child’s individual medical condition and to ensure that all pupils including children with medical conditions feel safe.
* To ensure that in addition to the educational impacts, any social and emotional implications associated with medical conditions are provided for effectively and sensitively.

## 3. Partnership with Parents

We recognise that effective communication and partnership working with parents is an important part of all areas of school life. This is particularly true where children have significant medical conditions. It is important that parents keep school well informed about any medical conditions that their child/children have so that appropriate steps can be taken. This is explicit in the most recent DfE guidelines re the role of parents:

*“Parents should provide the 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 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.”*

## 4. Implementation

* Individual schools will establish relationships with relevant local health services to receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils when agreeing the appropriate levels of support.
* The SENCO will be given overall responsibility for policy implementation.
* Sufficient staff will be suitably trained and all relevant staff will be made aware of the child’s condition. Appropriate training will be commissioned from the LA and any other approved provider.
* Effective cover arrangements in case of staff absence or staff turnover, will ensure that someone is always available and any supply teachers will be briefed and given all relevant support.
* The headteacher will contact the school nursing/health team 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/health team.
* Risk assessments for school visits, holidays, and other school activities outside the normal timetable will take full account of children with medical conditions
* Individual education and healthcare plans (EHCPs) will agreed and will be carefully monitored by the SENCO and they will be reviewed and developed to take account of the pupil’s changing needs
* Parents of children with medical conditions will be fully involved and consulted at every stage of the pupil’s attendance at school including at the initial admission process.
* We will work with parents, medical and support staff to put into place effective strategies monitoring and interventions in emergency circumstances.
* We recognise that children’s health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Where there are extended periods of absence for medical reasons, schools will be sensitive in implementation of their Attendance Policy and will make every effort to minimise learning lost during such periods.
* Following medical treatment, we recognise that a pupil needs to reintegrate back into school in a manageable way. The SENCO, working with parents, the pupil and other relevant professionals, will develop a bespoke reintegration plan that allows the pupil to reintegrate socially, emotionally and academically – while engaging with learning in school and at home to ensure they do not fall behind.
* After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures with an appropriate level of supervision. This will be reflected within individual healthcare plans
* The healthcare plan will clearly define what constitutes an emergency and explain what to do. All relevant members of staff will be made aware of emergency symptoms and procedures.

## 5. Impact

Pupils at this school with medical conditions will be supported appropriately according to their individual needs, so that they have full access to the education we offer, including school trips and physical education. They will thrive and do well in our supportive and caring ethos. They will be given the opportunity to make friends and be fully integrated and valued members of our school community.

## 6. Policy Review

This policy was updated and agreed by the CDAT Board in September 2023. In line with recommended best practice, it will be reviewed again in September 2024.