



Cheshire Academies Trust  
*Inspiring hearts and minds*

# Supporting Pupils with Medical Needs and First Aid Policy

Next Update: Autumn 2023

Cheshire Academies Trust will support pupils with medical conditions to ensure they can access and enjoy the same opportunities at their academy as any other pupil. Cheshire Academies Trust (CAT) has set out the Trust's overarching policies on supporting pupils with medical needs attending CAT academies. This document outlines the Trust's day to day operational procedures and responsibilities in implementing CAT medical policies.

### ***Specifically***

1. First Aid
2. Medicines in Academies
3. Asthma
4. Return to Academy after Major Injuries / Exceptional Temporary Medical Condition
5. Supporting Pupils with Long-Term Medical needs

### **Key Aims**

- To ensure that provision to meet medical needs is available at all times while people are on Trust premises, and also off the premises while on academy visits.
- Establishing principles for safe practice in the management and administration of prescribed medicines (including asthma), non-prescribed medicines, maintenance drugs, emergency medicine (including asthma).
- To appoint and ensure the appropriate number of suitably trained staff to meet the needs of the academy.
- To provide relevant staff training and guidance to ensure medical needs of pupils are effectively managed, including First Aid provision.
- To provide sufficient and appropriate resources and facilities to meet medical needs management.
- To inform staff, parents / carers and other appropriate support services of the Academy's medicines and medical needs arrangements.
- To keep relevant records in relation to medical needs management and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 1995 (RIDDOR).

### **Roles and Responsibilities**

#### **Medical Lead(s)**

Each academy should nominate a member of staff to act as Medical Lead to support the Senior Leadership Team (SLT) and staff in the implementation of medical policies and procedures within the academy setting. At the Principal's discretion and depending on the needs of the academy, this role may be allocated to more than one member of staff.

The Medical Lead(s) will:

1. act as initial point of contact for staff seeking advice and guidance on medical matters within the academy setting
2. act as first point of advice for parents / carers in relation to pupils' medical needs and care plans
3. provide medical support to pupils as required
4. support the monitoring of accident records for trends or emerging issues that may require action and advise the SLT accordingly
5. monitor medical resources and facilities within the academy

#### **First Aiders**

First aiders must complete a training course approved by the Health and Safety Executive (HSE) and at least one member of staff present on the premises or outings will hold a current paediatric first aid certificate.

The main duties of a first aider are to:

1. give immediate help to casualties with common injuries or illnesses
2. when necessary, ensure that an ambulance or other professional medical help is called.

### **Appointed Persons**

An appointed person is someone who assists a First Aider when the First Aider is dealing with an injured individual. Any member of academy staff may undertake this role as circumstances dictate. Their responsibilities include:

1. take charge and co-ordinate necessary actions when someone is injured or becomes ill;
2. summons other staff to assist as required.
3. ensures that an ambulance or other professional medical help is summoned when appropriate.

Appointed persons are not qualified first aiders. They should not give first aid treatment for which they have not been trained. However, it is intended that all staff receive regular emergency first aid training/refresher training, as appropriate.

### **Responsibility of the Local Governing Body**

As part of their wider responsibility for Health and Safety, Governors will ensure that the academy implements procedures in line with CAT policy in relation to the management of medicines and medical needs (including first aid provision) to support pupils. These procedures and their effectiveness will be reviewed in line with CAT policy review or more frequently if best practice guidelines change and/or experience requires a change.

The academy's Committee with a Health and Safety remit will be responsible for overseeing the management of medicines and medical needs (including first aid provision) in-line with CAT policy and ensuring reviews are carried out as required.

Governors with responsibility for Health and Safety will ensure that accurate records are kept in relation to Individual Healthcare Plans (IHCP), the management of medicines and medical needs (including first aid provision).

Governors will ensure that there are appropriate systems for sharing information about medical needs provision to children in the academy and that relevant information is shared with parents / carers who will then be responsible for passing this information onto any other person they consider relevant. It is important parents / carers are made aware of this responsibility. Use of PRIME recording system and Health and Safety Executive RIDDOR reporting will also be used if appropriate.

### **Responsibility of the Principal**

The Principal has responsibility for;

- ensuring that the academy has procedures in place in order to implement the relevant policies and the management of medicines and medical needs (including first aid provision),
- that these are appropriately reviewed on a regular basis,
- that records are accurately kept,
- that the policy and procedure are put into practice within the academy
- that all staff are appropriately trained and briefed on their responsibilities.

Day to day decisions will fall to the Principal or, in their absence, the appropriate member of the SLT.

The Principal will make sure that all staff and parents are made aware of academy procedures for the management of medicines and medical needs (including first aid provision). The Principal should also make sure that the appropriate systems for information sharing are followed.

The Principal will consider the findings of the risk assessment in deciding on the number of first-aid personnel required, in particular the needs of specific times, places and activities (for example);

- Off-site PE
- Academy trips
- DT/Art rooms
- Adequate provision in case of absence, including trips
- Out-of-hours provision e.g. clubs, events

The Principal will ensure that staff receive appropriate training to ensure the management of medicines and medical needs (including first aid provision) policy / procedures can be implemented within the academy.

The Principal will ensure that there are sufficient members of staff employed and appropriately trained to meet the management of medicines and medical needs (including first aid provision) of the academy, allowing also for absences due to leave, training, sickness, off-site visits / residentials, etc.

The Principal will ensure that there is a designated Medical / First Aid Room and sufficient resources (especially numbers and locations of appropriately stocked First Aid containers, emergency medicines) available to meet academy needs.

### **Responsibility of Staff**

Staff are required to make themselves familiar with and adhere to this policy / procedures on the management of medicines and medical needs (including first aid provision). This should be seen as a wider responsibility for Continuous Professional Development.

Staff will act as the Appointed Person at the scene where first aid is being provided by a First Aider (see definitions and responsibilities - page 2).

Staff undertaking First Aid responsibilities are doing so on a voluntary basis. Staff nominated as First Aiders should identify where they require training and raise this at an appropriate level for action. Staff already trained should request re-training / qualification in a timely manner. All newly qualified entrants to the early year's workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, are required to hold either a full PFA or an emergency PFA certificate.

Staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the academy in the same way that parents might be expected to act towards their children. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Staff should ensure they make timely and accurate written records in relation to the management of medicines and medical needs (including first aid provision) using the appropriate forms/systems.

Staff should always seek advice and guidance from the nominated Medical Lead if they have any concerns about the management of medicines and medical needs (including first aid provision).

Staff will make every effort to adhere to parents' requests in relation to the management of medical needs and medicines; however, no responsibility can be accepted for missed dosages etc. If doses of medication are missed for any reason staff will contact the parent / carer at the earliest opportunity to discuss and agree what action should follow next.

Individual Healthcare Plans (IHCP) are used to help staff identify the necessary measures to support pupils with

medical needs and ensure that they and others are not put at risk. Staff should make themselves familiar with IHCP for pupils in their class or for whom they are responsible outside of class (i.e. one to one support / playground monitoring).

Educational visits - Staff will consider what reasonable adjustments they may need to make to enable the pupil with medical needs to participate fully and safely on visits. A copy of an individual's health care plan (IHCP) should always be available during visits to ensure provision of prescribed care in the event of an emergency. Staff should also consider whether there are sufficient First Aid trained staff with the group.

Staff should advise their Principal if they have any concerns about the management and administration of medicines / medical needs support within the academy.

Supervised Administration of Medicines – Cheshire Academies Trust endeavours to provide support to and encourage young people, who are able, to take responsibility to manage their own medicines. Staff and health professionals will assess, with parents and the child, the appropriate time to make this transition. Once a child can take their own medicine themselves staff will continue to provide an appropriate level of supervision during the administration of the medicine. Staff are still required to record that a self-administered dose of medication has been taken on the appropriate medical records form.

### **Responsibility of Parents/Carers**

Parents/carers have primary responsibility for their child's health and should provide the academy with information about their child's medical condition and needs. CAT Academies do not have a nurse and this places a greater burden on the academy and its staff, if information is not current or is unknown.

If your child requires medication, parents must discuss with their prescriber the possibility of it being prescribed in does frequencies which enables it to be taken outside of academy hours. If this is not possible and your child requires medicine during the school day then it is the responsibility of the parent/carer, or their nominee, to visit school and administer this medicine.

If this is not possible a request may be made for medicine to be administered in the academy, either via supervised administration (see below guidance) or by staff. The parent/ carer will be required to complete a Request for the Academy to Give Medication Form. It is our policy that verbal messages alone from children will not be acted upon. **Parents/Carers must remember that staff retain the right to refuse to administer medicine and therefore may have to make their own arrangements.**

Parents / Carers also have ultimate responsibility to ensure relevant information about their children's medical needs are shared appropriately with other educational service providers. Parents who are presented with particular problems are asked to call in to discuss the situation with their child's class teacher.

Parents/carers must ensure that all medicines they provide are in date and that those no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.

### **Responsibility of Children**

Pupils with asthma are encouraged to carry and use as appropriate their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough, usually in Years 5 and 6.

## **PROCEDURES**

### **Management of Medicines and Medical Needs (including First Aid provision).**

#### **Risk assessment - (Prevention is better than Cure)**

Health and Safety Risk Assessments are required to be carried out at least annually, or when circumstances require, as per CAT Health and Safety Policy. This will greatly reduce the chances of injuries occurring in the

Academy setting.

### **Re-assessment of first-aid provision**

- the Principal reviews the academy's first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.
- First Aiders check the contents of the first-aid kits to be taken on off-site visits at least termly or following use of the contents will arrange to replace items as required.

### **Providing information about medical needs support**

The Principal will make arrangement to:

- provide information packs for new staff as part of their induction programme on policy / procedures for medical needs management.
- maintain a first-aid notice board in the staff room.
- give all staff information on the location of equipment, facilities and first-aid personnel. This will appear in the staff handbook.
- make available to parents on request a list of staff who have a current PFA certificate.

### **First-aid materials, equipment and facilities**

The First Aider must ensure that there are an appropriate number of first-aid containers according to the risk assessment of the site and that they are available and fully stocked.

- All first-aid containers must be marked with a white cross on a green background and be easily accessible.
- Each trip leader must carry a first-aid container
- First aid containers must accompany PE teachers off-site
- First aid containers must be kept fully stocked and near to hand washing facilities
- Spare First Aid box replacement stock should be kept in academy.

### **Medical Room**

A suitable room, prepared for medical treatment and care of children will be provided during academy hours. This area must be maintained in a condition suitable for the provision of First Aid and other medical treatment.

### **Hygiene/Infection control**

Basic hygiene procedures must be followed by all staff and volunteers. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

### **Reporting accidents**

### **First Aid Record Keeping**

The academy will keep a written record of any first aid treatment given by First Aiders or appointed persons. Accident Record booklets should be taken on educational visits away from the Academy setting.

*The accident record should include:*

- the date, time and location within academy (or other if academy trip) of incident
- the name and year group of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards, whether they were fit to remain at the academy and whether parents were contacted immediately afterwards.
- name and signature of the first aider or person dealing with the incident.

A duplicated copy of the above accident record will be sent home to parents / carers if it is judged by the staff member completing the accident record that this is appropriate in the circumstances.

The Principal will ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.

### **Local Authority Reporting**

Any incident at the academy or during off-site Academy organised visit / residential that requires a pupil, member of staff or visitor to attend hospital will be recorded on the Local Authority on-line recording system by a member of the Senior Leadership Team (SLT).

### **RIDDOR**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the Health and Safety Executive (HSE).

The Principal will make a record of any RIDDOR reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

The following accidents must be reported to the HSE involving pupils, staff or other people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than seven days.

### **Reportable major injuries are:**

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;

- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

*For fuller definitions, see HSC/E website guidance on RIDDOR 2013, and information on Reporting.*

The Principal is responsible for ensuring the RIDDOR report is submitted to the Health and Safety Executive (HSE) via their on-line reporting process and template.

The Principal must inform the Trust's Director of Operations of any RIDDOR incidents who will liaise with the academy's insurers.

## **Monitoring**

The academy's accident records will be regularly monitored and analysed by the Senior Leadership Team and a nominated Governor for Health and Safety in order to identify trends, areas for improvement and future training needs. (NB: The Academy's annual independent Health and Safety Audit also checks that this is being carried out).

Dept. for Education - Guidance on First Aid for Academies: A Good Practice Guide (DfE) 2000 (Updated Feb 2014) has been consulted and forms the core of this policy.

## **Medicines in Academy**

This procedure covers the situation where a child is free from infection, is fit enough to return to Academy but still requires medication within the Academy setting. There may be a short term medical need, i.e. finishing a course of antibiotics or a long term medical needs e.g. epilepsy. Others may require medicines in particular circumstances such as those with severe allergies who may need an Epipen injection. In most cases children with medical needs can attend academy and take part in normal activities.

While the need to provide the child with medication is important this has to be balanced against the overriding consideration which must be to protect other children from the potentially harmful effects of medicines that are brought into Academy.

## **Supervised Administration of Medicines**

Cheshire Academies Trust endeavours to provide support to and encourage young people, who are able, to take responsibility to manage their own medicines. Staff and health professionals will assess, with parents and the child, the appropriate time to make this transition. Once a child can take their own medicine themselves staff will continue to provide an appropriate level of supervision during the administration of the medicine. Staff are still required to record that a self-administered dose of medication has been taken on the medical records form.

## **Medicines - Prescribed**

Only medicines that have been prescribed by a doctor, dentist or nurse practitioner will be accepted. Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescribers' instructions for administration. The academy will not accept medicines that have been taken out of the original container as originally dispensed nor make changes to the dosage on parent's instructions.

The academy will not administer the first dose of a new medication to a pupil. This will be the parents' responsibility and if this takes place at the academy the parent will be asked to stay with their child for 30 minutes to monitor that there are no adverse side-effects of the new medication on their child.



## **Asthma Inhalers**

Please refer to the academy's Asthma procedure (see below) for information on the use of asthma inhalers.

## **Non- Prescribed Medicines**

It is not within our normal procedures to administer non-prescription medicines. Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents, which will be entered into at the Principal's discretion. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written agreement for the setting to administer medicine. A short written agreement with parents may be all that is necessary. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Appendix 1 and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

However, during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the '**Parent/Guardian Consent for an Educational Visit**' form.

**A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.**

## **Asthma Inhalers**

Please refer the academy's Asthma procedure (see below) for information on the administration of asthma inhalers.

The medication should be brought into the academy by the parent/carer and it should be delivered personally to the child's class teacher. Children should NOT bring medicines into academy.

When the medicine is first delivered to academy the parent must complete the Request for the Academy to Give Medication Form, indicating that the teacher is authorised to administer the medicine. The form must be fully completed as it includes the timings for medication, the dosage and other helpful information.

The completed form will be kept in the class medical folder along with any other information relevant to the administration of the medicine to the child.

All medicine containers should be labelled with:

1. The child's name
2. The required dosage
3. The frequency of medication
4. Any other relevant information

## **Disposal**

It is not responsibility of staff to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal. 'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

## **Storage**

Medicines that need to be kept refrigerated must be supplied in a clearly labelled airtight container. These medicines will be stored in refrigerator that is used solely for this purpose. Access to refrigerators containing medication is restricted to staff only. Medicines not requiring refrigeration may either be stored in a cupboard in the Medical Room OR in a suitable location in the classroom/office inaccessible to children to enable staff access to the medicine in a timely manner. Prescribed emergency medicines are stored in the First Aid room on an allocated shelf.

## **Training and Instruction**

The academy will ensure that any member of staff who agrees to accept responsibility for administering prescribed medicines will receive appropriate training, guidance and support from Health Professionals and Academy's Medical Lead. A written record of training on and authority to carry out procedure is kept both by the Academy and the member of staff.

## **Record keeping**

Details are recorded each time a medicine is given and staff are responsible for completing and signing this record. If a young person refuses to take medicine they will not be forced to do so but staff will note this in the records and inform parents/carers as soon as possible that same day.

It should be ensured that there are appropriate systems for sharing information about children's medical needs in the academy and that relevant information is appropriately passed to other organisations providing an educational service for academy children. Parents / Carers also have a responsibility to ensure relevant information about their children's medical needs are shared appropriately with other educational service providers.

## **Emergency Procedures in Academy Grounds but Out of Academy Building**

The following procedure will be used to alert other staff for assistance when dealing with a medical emergency when the staff and pupil requiring medical attention are out of the Academy building.

When outside and not accompanied by a second adult, staff should instruct a responsible child to inform a member of the administration staff, or if administration staff are not in the office, any other member of staff they can find. The child will be told to describe where the staff member requesting emergency assistance is located outside of the building. The notified member of staff will then act as the Appointed Person and take control, summon further help and assist with the emergency outside, also ensuring that a member of the Senior Leadership Team is informed.

Individual Health Care Plans (IHCP) include instruction as to how to manage a pupil in the event of an emergency. The provision of prescribed emergency medication for use by the academy is the responsibility of the parent/carer. Any child returning to academy without required emergency medication will not be allowed to attend until the emergency medication has been appropriately supplied to the academy by the parent / carer.

## **Exercise and activity-PE and games**

Taking part in sports, games and activities is an essential part of academy life for all pupils. Pupils with asthma are encouraged to participate fully in all PE lessons. Inhalers will be kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

## **Sports coaches and out of hours' sports**

Sports coaches are aware of the potential triggers for pupils with asthma, how to minimise these and what to do in the event of an asthma attack. All sports coaches are advised of the children who suffer from asthma or other medical needs. Sport coaches will liaise with a key person at the academy.

## **Academy environment**

Cheshire Academies Trust does all that it can to ensure its academies environment is favourable to pupils with asthma. The Academy has a definitive no-smoking policy. As far as possible the Academy does not use chemicals in science that are potential triggers for pupils with asthma.

*National Guidance followed, including: - Dept. of Health; Guidance on the use of emergency salbutamol inhalers in academies, September 2014.*

## **Management of Children at Risk of Anaphylactic Shock**

Cheshire Academies Trust recognises that some children within the Trust may be identified as at risk of anaphylactic shock. This procedure is aligned to national guidelines as issued by the Department of Health and Department of Education, including the use of Adrenaline Auto Injections (AAI / Epi-pen)

## **Responsibility of Parents**

Parents/carers have the prime responsibility for their child's health, medical diagnosis and medical needs assessment. Parents / carers should provide the academy with information about their child's medical condition and actively contribute towards the development of their child's Individual Healthcare Plan (IHCP). The IHCP will include written parental consent for use of the emergency Epi-pen if required.

## **Adrenaline Auto-Injections (AAIs / Epi pens)**

Academies should hold a "spare" adrenaline auto-injector (AAI) which may be purchased without prescription, for emergencies. This may be administered only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), the academy MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

## **Return to Academy Following Major Injury / Exceptional Temporary Medical Condition**

A pupil returning to their academy after suffering one of the following; surgery, with a cast, stitches, crutches or other exceptional temporary medical condition, will not be allowed to resume learning within the academy setting until the following have been complied with.

1. A parent / carer must notify the academy of a proposed return date and attend a pre-arranged risk assessment meeting with the pupil.
2. The academy will carry out a risk assessment before re-admittance of the pupil.

The person carrying out the risk assessment will be one of the academy's Medical Leads, or in their absence the most qualified First Aider or a member of the academy management team. The person carrying out the risk assessment may request that the pupil's teacher or other member of staff (e.g. Sports Lead) is involved in the risk assessment process.

The person carrying out the risk assessment will make a written record on the appropriate risk assessment template. The risk assessor will decide whether the pupil can be safely readmitted into the setting and whether

any reasonable adjustments / restriction are required in order to safely accommodate the needs of the pupil or to ensure the safety of other pupils (e.g. potential injury from crutches / cast). If any reasonable adjustments / restrictions are identified, then the risk assessor will make an assessment of how long these adjustments / restrictions should be in place for. The relevant parent / carer and the pupil will be asked to agree to any reasonable adjustments / restrictions set by the risk assessor.

If the risk assessor considers that the medical condition of the pupil is such that they cannot be safely admitted to the academy, then the pupil will not be allowed to immediately resume lessons in the setting. If the risk assessor makes an assessment that the pupil cannot be readmitted they will propose a timeframe for a follow up risk assessment to be made.

If the parent / carer does not agree with the risk assessor's decision about admittance they will be asked to make arrangements with the pupil's GP for a medical assessment to be made of their condition and to only return to the academy when they have a doctor's note stating that the pupil is able to safely return. Notwithstanding the production of a doctor's note, reasonable adjustments / restriction may still be required by the Academy in order to safely accommodate the needs of the pupil or to ensure the safety of other pupils (e.g. potential injury from crutches / cast).

If the parent / carer does not agree with the risk assessor's decisions, they may appeal to the Principal. The Principal may seek additional advice from other appropriate sources, for example; a medical practitioner, the child's GP or other medical advisers for help in making the final decision. The Principal's decision on the matter is final and there is no further recourse for appeal to other parties.

## **Risk Assessment**

This involves a structured approach to the appraisal of all risks. The process involves identifying the significant risks arising out of daily activities. A template has been designed for recording risk assessment information. This is the first stage, to be followed by taking appropriate preventative and protective measures.

## **Supporting Pupils with Long-Term Medical needs**

Cheshire Academies Trust will continue to provide suitable education for pupils who are unable to attend the academy setting (either long-term or intermittently) because of their long-term medical needs. The period of absence is 15 days or more, either consecutively or cumulatively. The approach will be one of partnership between the academy, pupil, parents / carers and medical professionals. Specialist educational support and advice will also be sought, if appropriate, following guidance (Access to Education for children and young people with medical needs, September 2014). National guidelines and legislation will also inform the decision making process.

It is important to have up to date and sufficient information about the medical condition of any young person. Staff need to be informed about any particular needs before the child attends academy for the first time or when they develop a medical condition. It is difficult to apply hard and fast rules and each case must be professionally assessed based on individual needs and circumstances, including; location of the pupil (home or hospital), planned or unplanned, the specific medical condition, the level, type and duration of educational support provided.

The case must be reviewed on a regular basis to ensure the best service is being provided taking into account all of the changing circumstances. The Trust recognises that there will be a wide range of circumstances where a child has a health need. We will endeavour to adopt effective and appropriate strategies central to the needs of the child, for them to be educated and included in the academy. The aim is to reintegrate pupils at the earliest opportunity. It may be helpful to develop a written Individual Health Care Plan, involving parents, the Medical Lead and relevant health professional. There may be a need to adopt a multi-agency approach to ensure needs are being met and to coordinate multi-agency planning a Team Around Family (TAF) assessment should be used.

The level of educational support provided should ensure, as far as reasonably possible, the pupil achieves the same level of attainment and progress as their peers and can reintegrate successfully as soon as possible.

The academy, at an early stage, may make a referral to the Local Authority Education Access Team if they are concerned about a pupil who is unable to attend because of medical reasons and is likely to be without access to education for more than 15 days. The academy will seek approval of parents / carers for referral to the Education Access Team before completing form MET/1 and obtaining medical confirmation from a health care professional, i.e. consultant paediatrician, child psychologist or hospital consultant. Evidence from a General Practitioner alone cannot be accepted.

Staff providing support will receive suitable training and support. They will also be given suitable information relating to the child's health condition, and the possible effects the condition / medication taken has on the child. The staff member will report to the SLT on progress being made by the pupil.

The timing of the intervention will have to take into account all of the circumstances, but in any case every appropriate effort will be made to minimise the disruption to the pupil's education.

When reintegration into the academy is anticipated the academy will take appropriate steps to ensure that this is done as smoothly as possible, taking into all of the circumstances and pupil's specific needs. The academy has established procedures for managing medical needs and medicines within the setting.