**Supporting Students with Medical Conditions Policy Addendum – November 2020**

Please note additions to the existing the policy below.

**The school identifies all children with medical conditions**

* In academic year 2020-2021 parents of all students identified on the medical register were required to update care plans as a priority. An electronic link which takes parents to an online care plan is the preferred way of doing this but paper care plans can be provided if requires, by contacting the school welfare officer.

In addition, generalised information about medical needs and care plans was shared with all parents through the newsletter and separate emails were sent to all new starters.

* It is the responsibility of parents/carers to communicate with the school if their child’s medical needs mean they are categorised as clinically vulnerable or clinically extremely vulnerable.
* This is particularly important to ensure that the school’s records are accurate and risk assessment processes can be enacted for those in COVID-19 vulnerable groups.

**All children with a medical condition have an individual healthcare plan**

* Where parents/carers notify the school that their child has a condition that is categorised as a clinical extreme vulnerability an individual risk assessment will be offered. In collaboration with relevant medical professionals, the school will seek to implement additional control measures if possible and these will be agreed on an individual Risk Assessment. [As per DfE Guidance for full opening: schools](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#attendance) (updated November 2020) “All pupils, including those who are [clinically extremely vulnerable](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#Clinically), can continue to attend school at all Local COVID Alert Levels unless they are one of the very small number of pupils or students under paediatric care (such as recent transplant or very immunosuppressed children) and have been advised specifically by their GP or clinician not to attend school.”
* Parents/carers of students with conditions that make them clinically vulnerable can request a Risk Assessment if they wish although guidance suggests this is not necessary. The school will require input from the appropriate medical professional to complete the risk assessment process.

**Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training**

* Staff to be made aware of the categories of vulnerability within training regarding COVID risk management processes in school.
* Need to know groups to be aware of particular children’s risk assessment amendments.
* The school’s information management system alerts relevant staff of children’s medical conditions.

**The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible**

* As per the DfE schools reopening guidance, the priority and expectation of students with medical conditions is that they are attending school and engaging in the curriculum alongside their peers.
* The curriculum offer for students with medical conditions will not be off-site unless that is the agreement of the school and medical professionals following a thorough Risk Assessment process. This may involve collaboration with the Borough Attendance Team. Where this is agreed the remote education offer will be in line with that for students isolating.

**The school understands the impact a medical condition may have on attendance and learning (see also addendum to Attendance Policy).**

* That said, the national guidance is clear regarding expectation that all but a very few students do not attend school. Medical evidence will be required to support any absence that is related to clinical extreme vulnerability.