

## Medical Conditions Policy & Supporting the attendance of pupils with additional health needs

Sept 2021

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<b>Associated documents:</b>	
Add in here what is relevant in your academy:  First Aid Procedures Educational Trips Procedures	
<b>Links to:</b>	
<ul style="list-style-type: none"> <li>• Safeguarding and Child Protection Policy</li> <li>• Attendance Policy</li> <li>• Equalities Policy</li> <li>• SEND Policy</li> <li>• Complaints Policy</li> <li>• Educational Trips Policy</li> </ul>	

## **Our Vision**

### **We have one core purpose:**

To have the biggest positive impact in the varied communities we serve through ensuring top drawer education for our learners. #TransformingLives

### **How do we ensure this across our trust?**

#### In all we do we are:

1. Ethical to the core, ensuring that education is always front and centre
2. Futures focused system leaders – never simply followers
3. Collaborative in every endeavour
4. Resolutely learner centred.

### **What does this look like across our trust?**

#### Education

We are:

1. Ruthlessly ambitious for all who learn and work with us
2. Unwaveringly inclusive – determined on eradicating barriers to educational success
3. Committed to excellent teaching
4. Determined upon academic excellence for all in our communities
5. Compassionate, ethical and caring advocates for all in our communities
6. Outwardly facing and globally conscious

#### Operations

We are:

1. Committed to the very best people development and empowerment
2. Determined to shout loudly and share proudly our successes
3. The best professional and technical experts (supporting education) in the sector
4. Committed to the very best understanding and management of risk

#### Financial

We are:

1. Providing the best possible public service for the best possible value
2. Determined to supplement our public income with shrewd income generation
3. Building financially sustainable models of educational improvement in our communities
4. Demonstrably efficient in all we do

### **Our values**

- We will work inclusively within our communities, embracing the varied localities we serve while sharing our common vision and values.
- We will develop the very best leaders of the future, working to improve education and transform lives.
- We will adhere unwaveringly to the ‘Nolan Principles’ of Public Service, which is made clear in our commitment to Ethical Leadership.

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## **Statement of intent**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to our academies as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place at an academy because arrangements for their medical condition have not been made.

We take our responsibility to keep children safe very seriously and that includes when administering medicines and/or providing first aid or medical assistance when a child is feeling unwell or has sustained an injury.

We will ensure that pupils with medical conditions, in terms of both physical and mental health, are fully supported so that they have full access to education, including academy trips and physical education, and can access and enjoy the same opportunities at the academy as any other child.

We will consult with healthcare professional colleagues, social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

Where children with medical conditions may be considered disabled, we will ensure compliance with our duties set out in the Equality Act 2010 (see Equalities Policy).

Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will meet the expectations of the Special Educational Needs and Disability (SEND) code of practice (see SEND Policy).

We will ensure that staff members are appropriately trained to provide the support that pupils need.

This document sets out our policy for supporting pupils with medical conditions. This policy will be made readily available to parents/carers, staff, volunteers and any other professionals working to support the health and well-being of our pupils.

## **1 Legal framework and definitions**

1.1 This policy has due regard to statutory legislation, including, but not limited to

- The Education Act 2002
- The Freedom of Information Act 2000
- The Immigration Act 2016
- The Equality Act 2010
- The General Data Protection Regulation (GDPR)
- The Data Protection Act 2018
- The Education (Independent School Standards) Regulations 2014.
- The Human Medicines (Amendment) (No. 2) Regulations 2014

1.2. For the purposes of this policy, we follow the statutory guidance set out in the Department for Education's document Supporting Pupils at School with Medical Conditions 2015 and for Early Years settings the Statutory Framework for the Early Years Foundation Stage.

1.3 Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will have due regard to the Special Educational Needs and Disability (SEND) code of practice.

## **2 Scope of this policy**

2.1 This policy applies to

- All those involved in the governance of Academy Transformation Trust.
- All staff and volunteers working within Academy Transformation Trust.
- Local authority professionals working to support children in our academies.
- Clinical commissioning groups (CCGs), NHA England professionals working to support children in our academies.
- Parents/carers and pupils.
- Health Care professional and Social Care professionals working to support children in our academies.
- Anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision.

**We have clear separate guidance on the administration and management of medication within Academies which can be found in [Appendix 2](#).**

### 3.1 Roles and responsibilities

3.1.1 Supporting a child with a medical condition during academy hours is the responsibility of all staff. We recognise that our ability to provide effective support often depends on working co-operatively with other agencies. We will ensure that our staff engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents/carers and pupils.

#### 3.1.2 Table of Responsibilities

Person	Responsibility
The Principal Patrick Butterell	Has overall responsibility for Medical Conditions.
The Associate Assistant Principal for SEND and Inclusion Sarah Bailey-Wiles	Has day to day responsibility for ensuring the policy is put into practice.
The Principal Patrick Butterell	Has responsibility for ensuring that sufficient staff are suitably trained.
The Associate Assistant Principal for SEND and Inclusion Sarah Bailey-Wiles	Has responsibility for ensuring a register of Individual Health Care Plans is maintained.
The Associate Assistant Principal for SEND and Inclusion Sarah Bailey-Wiles	Has responsibility for ensuring relevant staff are made aware of a child's condition (including briefing relevant supply teachers).  Key staff who work with supply staff to provide them with information upon arriving at the academy will also share this responsibility
The Associate Assistant Principals Sarah Bailey-Wiles Stacey Anderson-Gilling	Is responsible for ensuring that appropriate risk assessments are in place for academy trips, holidays and other activities outside the normal timetable.
The Associate Assistant Principal for SEND and Inclusion Sarah Bailey-Wiles	Is responsible for monitoring individual healthcare plans on annual basis (or sooner if needs have changed) and ensuring they are followed.
Cheryl Morphus Inclusion and SEND Administrator	Is responsible for ensuring medication is in date and stored appropriately within the academy.

3.1.3 Key roles and responsibilities are set out below:

#### Trustees of Academy Transformation Trust

- 3.1.4 Trustees have overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed.

### **Principal**

- 3.1.5 The Principal is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- 3.1.6 The Principal will ensure that all staff who need to know are made aware of a child's condition and ensure that sufficient trained numbers of staff are available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Whole academy training and induction training for new staff will be available on a regular basis.
- 3.1.7 The Principal will ensure that information about what action is required for staff to take in a medical emergency is displayed in prominent locations for all staff.
- 3.1.8 The Principal has overall responsibility for the development of individual healthcare plans and will contact the school nursing service in the case of any child who has a medical condition that may require support at the academy, but who has not yet been brought to the attention of the school nurse.
- 3.1.9 The Principal will ensure relevant information is shared with new staff to the academy, in particular temporary and supply staff.

### **Academy Staff**

- 3.1.10 There is a common law duty of care owed by all staff to pupils both during and at either side of the academy day in the event of an emergency. In an emergency situation academy staff are required, by the common law duty of care, to act in the best interests of the pupil as an ordinary reasonable, prudent parent/carer. This may include administering medicine.
- 3.1.11 Any member of academy staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so.
- 3.1.12 Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach and seek to act in the pupils' best interests.
- 3.1.13 Academy staff including temporary and supply staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help including common medical conditions such as asthma, diabetes and epilepsy.

### **School Nurse**

- 3.1.14 The school nursing service is responsible for notifying the academy when a child has been identified as having a medical condition which will require support at the academy. Wherever possible, they will do this before the child starts at the academy.
- 3.1.15 It is not the role of the school nursing service to ensure that the academy is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly

training. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs.

3.1.16 The community nursing team can also be a valuable source of advice and support.

#### **Other healthcare professionals, including GPs and Paediatricians**

3.1.17 Other healthcare professionals will notify the school nurse when a child has been identified as having a medical condition that will require support at the academy and may provide advice on developing healthcare plans.

3.1.18 Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy, cancer).

3.1.19 Where the pupils also have an Education Health and Care Plan advice should be taken to ensure all needs are recognised and catered for in the healthcare plan.

#### **Pupils**

3.1.20 Pupils with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their own individual healthcare plan.

#### **Parents/Carers**

3.1.21 Parents/carers are required to provide the academy with sufficient and up-to-date information about their child's medical needs. In some cases, they will be the first to notify the academy that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents/carers are requested to 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.

3.1.22 Academies are under a duty to ensure that they have two emergency contacts recorded for every pupil.

#### **Local Authority (LA)**

3.1.23 The LA is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

3.1.24 The local authority will provide support, advice and guidance, for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

### **4 Notification that a pupil has a medical condition**

4.1 Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (staff training and support) are put in place prior to the start of the relevant term.

4.2 Where pupils have a new diagnosis or join us mid-term we will make every effort to ensure that appropriate arrangements are in place as quickly as possible.

4.3 Where pupils transfer between schools, we will liaise with the pupil's previous school to help ensure a smooth transition.



4.4 Where a child's medical needs mean that they will attend an academy on a reduced or part time timetable we will adhere to the guidance for doing this and will ensure that the relevant person or team at the Local Authority is informed when a part time timetable has been set up.

## **5 Individual healthcare plans**

5.1 Individual Health Care Plans are used to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.

5.2 We will liaise with our healthcare colleagues and parents/carers (and if appropriate the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils (see appendices 1 and 2).

5.3 We recognise that the responsibility to ensure that healthcare plans are finalised and implemented rests with the academy.

5.4 Healthcare plans will be readily accessible to all who need to refer to them and procedures are in place so that a copy of the pupil's Individual Health Care Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible. However, we will ensure that confidentiality is maintained.

5.5 If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. We will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the academy's senior leadership team.

5.6 We will ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

5.7 Healthcare plans will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, 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.);
- 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;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional 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/carers and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during academy hours;

- Separate arrangements or procedures required for trips or other activities outside of the normal academy timetable that will ensure that where possible, the child can participate (e.g. risk assessments etc.);
- Separate arrangements for fire evacuation in the case of a fire alarm;
- Where confidentiality issues are raised by the parents/carer/child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **6 The child's role in managing their own medical needs**

- 6.1 After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.
- 6.2 Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children, who can take their medicines themselves or manage procedures, may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. Where children appear unable to adequately self-manage further advice and guidance shall be sought from parents/carers and /or relevant health care professionals, and a record made in the individual Health Care plan.

## **7 Staff training and support**

- 7.1 Any member of staff providing support to a pupil with medical needs will receive suitable training, appropriate to the individual healthcare plans of children they support.
- 7.2 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. However, in some cases, written instructions from the parent/carer or on the medication container dispensed by the pharmacist may be considered sufficient providing that parents have completed a consent form (Appendix 5).
- 7.3 We will ensure that an appropriate number of staff have received basic training including giving out medication, asthma support, EpiPens etc. and that training is refreshed at least annually.
- 7.4 For more complex medical needs the academy will liaise with the school nursing service to discuss training requirements.

## **8 Emergency procedures**

- 8.1 We have risk management processes and arrangements in place for dealing with emergencies for all academy activities wherever they take place, including on academy trips within and outside the UK.
- 8.2 Where a child has an individual healthcare plan, it must clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy will, if appropriate, be made aware of what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 8.3 If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.
- 8.4 With regard to **asthma inhalers** held for emergency use, where the academy holds an emergency inhaler, it will only be given to children for whom parental permission to use the

emergency inhaler has been given. We will ensure that staff are trained in the use of the inhalers and will follow the Department of Health protocol on their storage and use.

## **9 Day trips, residential visits and sporting activities**

- 9.1 We will actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Pupils will always be included; unless evidence from a clinician such as a GP states that this is not possible.
- 9.2 Our planning arrangements will take account of any adjustments needed to ensure that pupils with medical conditions are included. This requires consultation with parents/carers and pupils, advice from relevant healthcare professional and a risk assessment to ensure that pupils can participate safely.

## **10 Home to academy transport**

- 10.1 With regard to **home-to-academy transport**, where appropriate, transport healthcare plans will be put in place for pupils with life-threatening conditions.

## **11 Unacceptable practice**

- 11.1 This policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
  - Assume that every child with the same condition requires the same treatment;
  - Ignore the views of the child, their parents/carers or ignore medical evidence or opinion (although this may be challenged);
  - 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;
  - If the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
  - Penalise children for their attendance record if their absences are related to their medical condition (e.g. hospital appointments etc.)
  - 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/carers, or otherwise make them feel obliged to attend the academy to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs;
  - 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/carers to accompany the child).

## **12 Liability and indemnity**

- 12.1 Staff are assured that when providing support to pupils with medical conditions, they are covered by our insurance.

## **13 Complaints**

13.1 Any complaints regarding our support to pupils with medical conditions should be made in the first instance to the member of staff most likely to have knowledge of the child's needs. More serious complaints can be taken up using our complaints policy and procedure which is available on our website.

#### **14 Record keeping and data protection**

- 14.1 Each academy will ensure that written records are kept of all medicines administered to children. (see Appendix 7).
- 14.2 We will always inform parents/carers if their child has been unwell at the academy.
- 14.3 Individual Health Care Plans will be stored in a secure central location at each academy.
- 14.4 Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Care Plans. These copies will be updated at the same time as the central copy. The academy will ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated and hold the same information.
- 14.5 Parents/carers and pupils (where appropriate) will be provided with a copy of the pupil's current agreed Individual Health Care Plan.
- 14.6 We will ensure that all staff protect pupil's confidentiality.
- 14.7 Each academy will maintain a centralised register of pupils with complex health needs. An identified member of academy staff has responsibility for the register at each academy. The academy must ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure will be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the academy is updated on the academy's record system.
- 14.8 The responsible member of academy staff will follow up with the parents/carers and health professional if further detail on a pupil's Individual Health Care Plan is required or if permission or administration of medication is unclear or incomplete.
- 14.9 The responsible member of academy staff will inform parents/carers that the Individual Health Care Plan would be sent ahead to emergency care staff, should an emergency happen during academy hours or at an academy activity outside the normal academy day. This is included in the Individual Health Care Plan.
- 14.10 The information in the Individual Health Care Plan will remain confidential and on a 'need to know basis' unless needed in an emergency.

## **Appendix 1:** Supporting the attendance of pupils with additional health needs

### **1. Local Authority (LA) Duties:**

The LA must arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. The school has a duty to support the LA in doing so.

#### **The LA should:**

- Provide such education as soon as it is clear that a pupil will be away from school for 15 days or more, whether consecutively or cumulatively. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the pupil.
- Ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual pupils in arranging provision.
- Have a named officer responsible for the education of pupils with additional health needs and ensure parents know who this is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.
- Review the provision offered regularly to ensure that it continues to be appropriate for each pupil and that it provides suitable education.
- Give clear policies on the provision of education for children and young people under and over compulsory school age.

#### **The LA should not:**

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.
- Have policies based upon the percentage of time a pupil is able to attend school rather than whether the pupil is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

### **2. Definitions**

Children who are unable to attend school as a result of their medical needs may include those with (list not exhaustive):

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.

- Terminal illnesses.
- Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

- **Hospital school:** a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- **Home tuition:** many LAs have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- **Medical PRUs:** these are LA establishments that provide education for children unable to attend their registered school due to their medical needs.

### 3. Roles and Responsibilities

#### 3.1 The governing board is responsible for:

- Ensuring arrangements for pupils who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.

#### 3.2 The Principal is responsible for:

- Ensuring the termly (or more frequent) review of the arrangements made for pupils who cannot attend school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in the arrangements to support the needs of pupils are clear and understood by all.
- Ensuring staff with responsibility for supporting pupils with additional health needs are appropriately trained.
- Working with the governing committee to ensure compliance with the relevant statutory duties when supporting pupils with additional health needs.
- Working collaboratively with parents and other professionals to develop arrangements to meet the best interests of pupils.
- Ensuring the arrangements put in place to meet pupils' health needs are fully understood by all those involved and acted upon.
- Appointing a named member of staff who is responsible for pupils with additional health needs and liaises with parents, pupils, the LA, key workers and others involved in the pupil's care.

Sarah Bailey-Wyles -SENDCo

- Ensuring the support put in place focusses on and meets the needs of individual pupils.
- Providing teachers who support pupils with additional health needs with suitable information relating to a pupil's health condition and the possible effect the condition and/or medication taken has on the pupil.

- Notifying the LA when a pupil is likely to be away from the school for a significant period of time due to their health needs.

### **3.3 The above-named member of staff is responsible for:**

- Dealing with pupils and their families who are unable to attend school because of their health needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying pupils' education providers with information about pupils' capabilities, progress and outcomes.
- Liaising with the LA, Principal, education providers and parents to determine pupils' programmes of study whilst they are absent from school.
- Keeping pupils informed about school events and encouraging communication with their peers.
- Providing a link between pupils and their parents, and the LA.

Teachers and support staff are responsible for:

- Understanding confidentiality in respect of pupils' health needs.
- Designing lessons and activities in a way that allows those with additional health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting pupils with additional health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of individual pupils' health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency.
- Keeping parents informed of how their child's health needs are affecting them whilst in school.

### **3.4 Parents are expected to:**

- Ensure the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school to ensure the best possible outcomes for their child. Notify the school of the reason for any of their child's absences without delay.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Attend meetings to discuss how support for their child should be planned.

## **4. Managing Absence**

Parents are required to contact the school on the first day their child is unable to attend due to illness.

Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

We will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the pupil's parents to arrange schoolwork, as soon as the pupil is

able to cope with it, or part-time education at school. We will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their parents and relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named member of staff with responsibility for pupils with additional health needs will notify the LA, who will take responsibility for the pupil and their education.

Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the pupil's absence.

For hospital admissions, the appointed named member of staff will liaise with the LA regarding the programme that should be followed while the pupil is in hospital.

The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil's education to work together.

We will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education other than at school.

We will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

- The pupil has been certified as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
- Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from the school's medical officer, even if the LA has become responsible for the pupil's education.

## **5. Support for Pupils**

Where a pupil has a complex or long-term health issue, we will discuss the pupil's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the pupil.

The LA expects the academy to support pupils with additional health needs to attend full-time education wherever possible, or for the academy to make reasonable adjustments to pupils' programmes of study where medical evidence supports the need for those adjustments.

We will make reasonable adjustments under pupils' Individual Health Plan (IHP).

Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

During a period of absence, we will work with the provider of the pupil's education to establish and maintain regular communication and effective outcomes.

Whilst a pupil is away from school, we will work with the LA to ensure the pupil can successfully remain in touch with their school using the following methods:

- School e-newsletters / updates on social media platforms



- Safer School App
- Emails
- Invitations to school events
- Cards and letters from staff / peers
- Weekly staying in touch calls
- TEAMS

Where appropriate, we will provide the pupil's education provider with relevant information, curriculum materials and resources.

To help ensure a pupil with additional health needs is able to attend school following an extended period of absence, the following adaptations will be considered:

- A personalised or part-time timetable, drafted in consultation with the named staff member
- Access to additional support in school
- Online access to the curriculum from home
- Movement of lessons to more accessible rooms
- Places to rest at school
- Special exam arrangements to manage anxiety or fatigue

## **6. Reintegration of pupils**

When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the LA.

We will work with the LA when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.

As far as possible, the pupil will be able to access the curriculum and materials that they would have used in school.

We will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.

For longer absences, the reintegration plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.

We are aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

The reintegration plan will include:

- The date for planned reintegration, once known.
- Details of regular meetings to discuss reintegration.
- Details of the named member of staff who has responsibility for the pupil.
- Clearly stated responsibilities and the rights of all those involved.
- Details of social contacts, including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.

- Follow-up procedures.

We will ensure a welcoming environment is developed and encourage pupils and staff to be positive and proactive during the reintegration period.

Following reintegration, we will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

## **7. Sharing Information**

It is essential that all information about pupils with additional health needs is kept up-to-date.

All colleagues, teachers, TAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via the staff shared one drive 9SCA Portal and sent out when necessary using School Robin.

Parents will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, we will:

- Ensure this policy and other relevant policies are easily available and accessible.
- Provide the pupil and their parents with a copy of the policy on information sharing.
- Ask parents to sign a consent form which clearly details the organisations and individuals that their child's health information will be shared with and which methods of sharing will be used.
- Consider how friendship groups and peers may be able to assist pupils with additional health needs.

When a pupil is discharged from hospital or is returning from other education provision, we will ensure the appropriate information is received to allow for a smooth return to the school. The named member of staff will liaise with the hospital or other tuition service as appropriate.

## **8. Record keeping:**

In accordance with the Supporting Pupils with Medical Conditions Policy, written records will be kept of all medicines administered to pupils.

Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

All records will be maintained in a secure environment.

## **9. Training:**

Colleagues will be trained in a timely manner to assist with a pupil's return to school.

Once a pupil's return date has been confirmed, colleagues will be provided with relevant training before the pupil's anticipated return.

Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required.

Training will be sufficient to ensure staff are confident in their ability to support pupils with additional health needs.

Parents of pupils with additional health needs may provide specific advice but will not be the sole trainer of staff.

#### **10. Examinations and Assessment:**

The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate.

Relevant assessment information will be provided to the alternative provision provider if required.

Awarding bodies may make special arrangements for pupils with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as early as possible.

## **Appendix 2 – Administration and Management of Medicines**

### **Administration – emergency medication**

- 1.1 Pupils with medical conditions should have easy access to their emergency medication.
- 1.2 It is essential to ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

### **Administration – general**

- 2.1 Medicines will only be administered at the academy when it would be detrimental to a child's health not to do so.
- 2.2 All use of medication will be done under the appropriate supervision of a member of staff unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child in the first instance.
- 2.3 No child under 16 will be given prescription or non-prescription medicines without their parent/carer's written consent (see Appendix 5) – except in exceptional circumstances where the medicine has been prescribed for the child without the knowledge of the parents/carers. In such cases, every effort will be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.
- 2.4 Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages, dosage frequency and when the previous dose was taken. Parents/carers will be informed.
- 2.5 There is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- 2.6 For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- 2.7 Academy staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered will be noted. (See Appendix 6)
- 2.8 In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Care Plan.
- 2.9 Parents/carers at the academy understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the academy immediately. Parents/carers should provide the academy with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital. I
- 2.10 If a pupil refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
- 2.11 All staff attending off-site visits will be made aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an

emergency and any other additional support necessary, including any additional medication or equipment needed.

### **3 Managing medicines on academy premises**

#### **3.1 Safe storage – emergency medication**

- 3.1.1 Emergency medication is readily available to pupils who require it at all times during the academy day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- 3.1.2 Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who to ask for the key to the storage facility.
- 3.1.3 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important when outside of academy premises, e.g. on trips.
- 3.1.4 If the pupil concerned is involved in academy activities outside the normal academy day then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved.

#### **3.2 Safe storage - non-emergency medication**

- 3.2.1 All non-emergency medication is to be kept in a secure place, in a lockable cupboard in a cool dry place.
- 3.2.2 Pupils with medical conditions must know where their medication is stored and how to access it (usually at main reception).
- 3.2.3 Staff will ensure that medication is accessible only to those for whom it is prescribed.

#### **3.3 Safe storage – general**

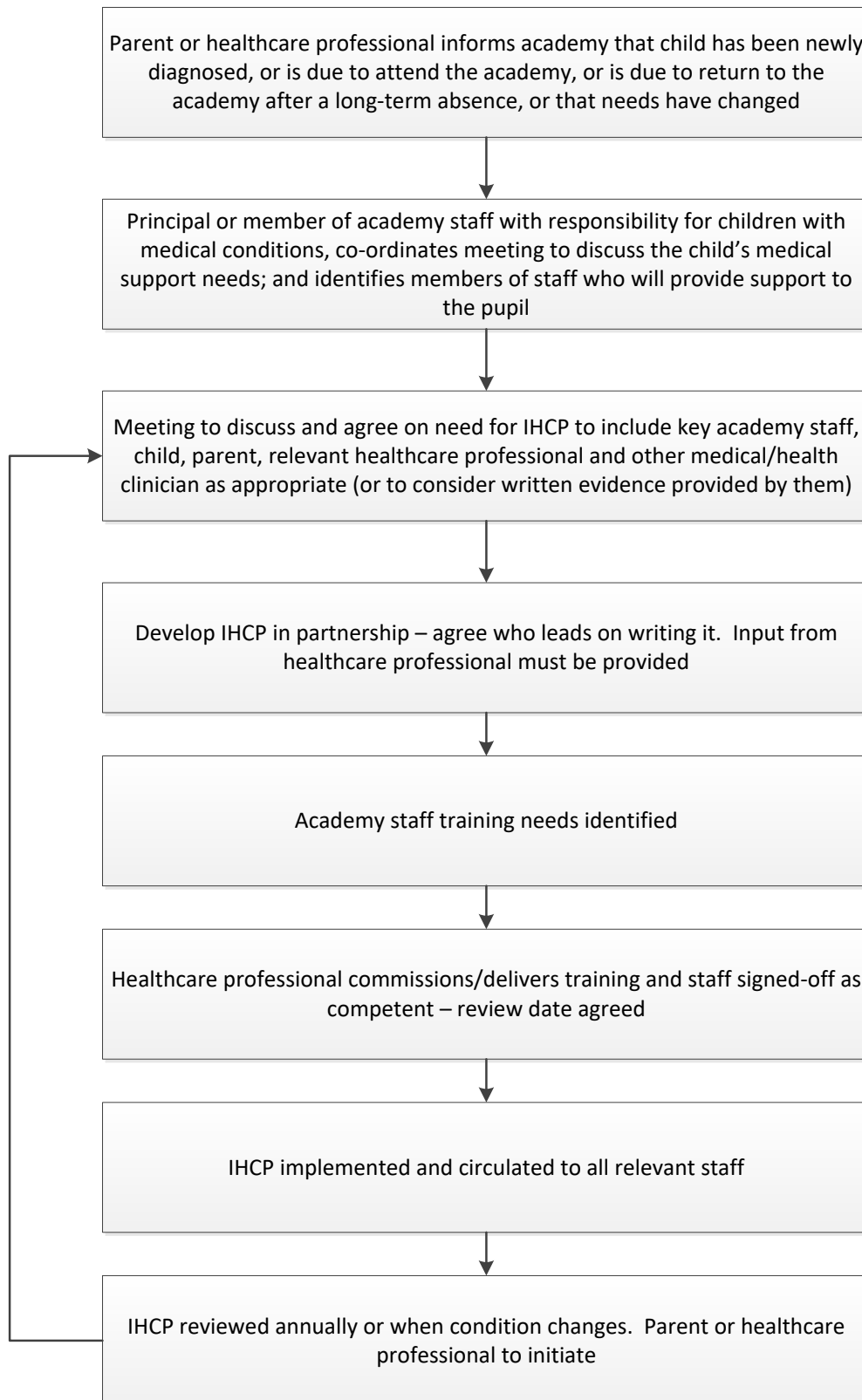
- 3.3.1 Each academy will have an identified a member of staff/designated person who ensures the correct storage of medication at the academy.
- 3.3.2 Where a child has been prescribed a controlled drug (e.g. morphine, pethidine or methadone), they may legally have it in their possession if they are competent to do so; however, it will be made clear to them that passing it to another child for use is an offence. Monitoring arrangements will be put in place as appropriate. Otherwise, controlled drugs that have been prescribed for a pupil will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the academy (see Appendix 6).
- 3.3.3 The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but is generally inside an insulin pen or a pump, rather than in its original container.
- 3.3.4 The identified member of staff must check the expiry dates for all medication stored at academy each term (i.e. three times a year).
- 3.3.5 Medication must be stored in accordance with the manufacturer's instructions, paying particular note to temperature.

- 3.3.6 Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils or lockable as appropriate.
- 3.3.7 All medication (including blue inhalers) is sent home with pupils at the end of the academy term.
- 3.3.8 It is the parent/carer's responsibility to ensure new and in date medication comes into academy with the appropriate instructions and ensures that the academy receives this.

#### **Safe disposal**

- 3.3.9 Parents/carers must be asked to collect out-of-date medication.
- 3.3.10 If parents/carers do not pick up out-of-date medication, or at the end of the academy year, medication must be taken to a local pharmacy for safe disposal.
- 3.3.11 A named member of staff will be responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check must be done at least 3 times a year and always documented.
- 3.3.12 Sharps boxes must be used for the disposal of needles.
- 3.3.13 If a sharps box is needed on an off-site or residential visit, a named member of staff must be responsible for its safe storage and return to a local pharmacy, to the academy or to the pupil's parent.
- 3.3.14 Collection and disposal of sharps boxes must be arranged with the local authority's environmental department.
- 3.3.15 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed academies to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Academies are not required to hold an inhaler – this is a discretionary power enabling academies to do this if they wish. Academies which choose to keep an emergency inhaler should establish a protocol for the use of the emergency inhaler based on this guidance.

### Appendix 3 - Process for Developing Individual Healthcare Plan



**Appendix 4 – Individual Healthcare Plan Template**

Name of academy

--

Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

**Family Contact Information**

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

**Clinic/Hospital Contact**

Name

--

Phone no.

--

**G.P.**

Name

--

Phone no.

--



Who is responsible for providing support in the academy

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for academy visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

**Appendix 5 – Consent for Medication Administration Form**

The academy will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of academy	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine NB: Medicines must be in the original container as dispensed by the pharmacy**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the Medical Conditions Policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 6 – Individual Child Medication Administration Form**

Name of academy/setting

Name of child

Date medicine provided by parent/carer

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff


Staff initials

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Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

