# Supporting Pupils with Medical Needs and Children with Health Needs who Cannot Attend School Policy

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**Supporting Pupils with Medical Needs and Children with Health Needs who Cannot Attend School Policy**

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the 'best from everyone'.

# Part One: Supporting pupils with medical needs

## 1. Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption, or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school and can take part in the normal school activities. However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

## 2. Introduction

United Learning is committed to ensuring that the necessary provision is made for every pupil within their schools' communities. The Trust celebrates the inclusive nature of its schools and strives to meet the needs of all pupils including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirements of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

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**Bayside Academy: Supporting Pupils with Medical Needs Policy**

| |
|---|
| **Context** |
| This policy was developed in consultation with parents/carers, staff and pupils and has regard to:<br>• Statutory Guidance: Supporting pupils at school with medical conditions – DfE – December 2015<br>• Section 100 of the Children and Families Act 2014 and associated regulations<br>• The Equality Act 2010<br>• The SEND Code of Practice (updated 2020) |
| **Headteacher:** |
| The named member of school staff responsible for this medical condition policy and its implementation is:<br>**Name: Mrs Leanne Tucker**<br>**Role: Principal** |
| **Governor with responsibility for Medical Needs** |
| **This policy will be reviewed annually.** |
| **Agreed by Governing Body: Pending Ratification** |
| **Review date: November 2027** |

**This policy is to be read in conjunction with our:**

- SEND Policy
- Allergy Safety Policy
- Safeguarding policy
- Equality Objectives and Equality Statement
- Behaviour and Anti Bullying policies
- Health and Safety Policy/ Emergency Policy
- School Visits Policy
- Complaints Policy

## 3. Aims and Objectives

**Aim**

To ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

**Objectives**

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- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our pupils' education as possible
- To develop staff knowledge and training in all areas necessary for our pupils
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

## 4. Roles and Responsibilities

### 4.1 The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Bayside Academy.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

### 4.2 The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Bayside Academy
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

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- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

**4.3 Staff Members**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

**There is no legal duty which requires staff members to administer medication; this is a voluntary role.**

**4.4 School Nurses**

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support staff on implementing a child's individual healthcare plan and provide advice where appropriate
- Liaising locally with lead clinicians on appropriate support.

**4.5 Parents/Carers/Guardians**

- Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. Draft in Annex 1
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

**4.6 The Pupil**

- Pupils are often best placed to provide information about how their condition affects them.

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- Pupils should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Pupils are unable to keep medicines and devices on their person. Parents and carers must hand in to the school office with appropriate form. Medicines will be stored securely in the office which is less than 5 minutes away from any point in the school and all staff have access.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

**4.7 Local Authorities**

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## 5. Individual Health Care Plans

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

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- Parents will receive a copy of the Health Care Plan with the originals kept by the school. Medical notices, including pictures and information on symptoms and treatment are placed in the main office and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

## 6. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the -main office. All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- Any medications left over at the end of the course will be returned to the child's parents.
- The main office holds all children's inhalers and two spare inhalers in case of an emergency. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.
- Electronic records will be kept of any medication administered to children. An example can be found in Annex 3.
- Pupils will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps. This is located in the school office
- Defibrillators. Located in the office foyer at the front of the school and can be used by our trained first aiders and who can use it.
- Bayside Academy cannot be held responsible for side effects that occur when medication is taken correctly.

## 7. Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

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- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the
  class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

## 8. Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should not provide specific advice, nor be the sole trainer.

## 9. Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
  - What constitutes an emergency
  - What to do in an emergency
  - Ensure all members of staff of aware of emergency symptoms and procedures
  - Other children in school should know to inform a teacher if they think help is needed

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If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

## 10. Unacceptable Practice

**As outlined in the DfE statutory guidance.**

Although school staff should 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 or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school 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
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## 11. Complaints

Please refer to the school's complaint's policy.

## 12. Other Considerations

**Defibrillators**

The governing body will ensure the local NHS ambulance service has been notified of its location.

**Emergency Inhalers**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The use of the emergency inhaler is based on - *Guidance on the use of emergency*

*salbutamol in schools (DoH, 2015)*.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).

## 13. Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Section 100 – Children and Families Act 2014

http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted

The Equality Act 2010

https://www.gov.uk/guidance/equality-act-2010-guidance

The SEND Code of Practice – 2015 (updated 2020)

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

http://medicalconditionsatschool.org.uk/

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## Annex 1: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|---|---|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

**Medicine**

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

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

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**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 school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

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## Annex 2: Individual Healthcare Plan

| | |
|---|---|
| Name of school/setting | |
| 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**

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| | |
|---|---|
| Name | |
| Phone no. | |

**G.P.**

| | |
|---|---|
| Name | |
| Phone no. | |

| | |
|---|---|
| Who is responsible for providing support in school | |

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

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Daily care requirements

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

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Arrangements for school 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

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## Annex 3: record of medicine administered to an individual child

| | |
|---|---|
| Name of school/setting | |
| Name of child | |
| Date medicine provided by parent | |
| Group/class/form | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

Staff signature _____

Signature of parent_____

| | | | |
|---|---|---|---|
| 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 | | | |

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**C: Record of medicine administered to an individual child (Continued)**

| | | | |
|---|---|---|---|
| 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 | | | |

| | | | |
|---|---|---|---|
| Date | | | |

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| | | | |
|---|---|---|---|
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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## Annex 4: Record of medicine administered to all children

**Name of school/setting:**

| Date | Child's Name | Time | Name of Medicine | Dose Given | Any Reactions | Signature of staff | Print Name |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Annex 5: staff training record – administration of medicines

| | |
|---|---|
| Name of school/setting | |
| Name | |
| Type of training received | |
| Date of training completed | |
| Training provided by | |
| Profession and title | |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

**I confirm that I have received the training detailed above.**

Staff signature _____

Date _____

Suggested review date _____

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## Annex 6: Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

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## Annex 7: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

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## Annexe 7: Asthma Form for Parents and Carers

**Asthma Form**

Name:..... Class:.....

Date of Birth: .....

Condition:.....

Viral Induced Asthma: yes/no (circle as appropriate)

Parent will notify school if child requires inhaler on the day ☐

Self Administered: yes/no (circle as appropriate)

| DAILY MANAGEMENT OF.....'S CONDITION AND EMERGENCY CARE |
| --- |
| ..... will have an in-date inhaler at all times in the classroom. |
| **Plan 1**- No treatment in school as your child is fit and well and can participate in school activities. Preventative Treatment is ensuring asthma is controlled.<br><br>What are your child's triggers for their asthma? |

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| **Plan 2**- Child is showing symptoms. Please inform school if your child has shown symptoms at home which mean that they will require their inhaler that day. Bayside Academy will also look out for symptoms and will inform you if child needs their inhaler.<br><br>What symptoms does your child show which indicate they need to use their inhaler?<br><br>What dosage and how often should your child have their inhaler when showing these symptoms? |
| **Plan 3**- Symptoms are not relieved when using inhaler as above. If this happens whilst child at school, Bayside Academy will inform you.<br>Instructions for dosage and how often if symptoms are not relieved:<br><br>**In the event of an emergency school staff will call 999 and contact parent immediately** |

| | |
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| Signed | |
| Print Name | |
| Date | |

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## Annexe 8: Prescribed Medication Form

### Bayside Academy

### Administration of Prescribed Medicines

To: Principal

My child has been diagnosed as suffering from .....

……

They are considered fit for school but requires the following prescription medication to be administered during school hours.

**DETAILS OF PUPIL**

Surname .....

Forname(s) .....

D.O.B. ..... Class .....

**MEDICATION**

Name/Type of Medication (as described on container) .....

Date dispensed ..... Expiry date ……..

For how long will your child take this medication? .....

FULL DIRECTIONS FOR USE

Dosage and method .....

Timing (eg lunch time) .....

Special precautions (if any) .....

Side Effects (if any) .....

Self Administration .....

Procedures to take in an Emergency .....

**CONTACT DETAILS**

Name ..... Relationship to Pupil .....

Daytime Tel No .....

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Address .....

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

Date ..... Signature(s) .....

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## Part Two: Children with Health Needs who cannot attend school Policy

### 1. Rationale

The Government's policy intention is that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Therefore alternative provision and the framework surrounding it should offer good quality education on par with that of mainstream schooling, along with the support pupils need to overcome barriers to attainment. This support should meet a pupil's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

### 2. Introduction

Bayside Academy aims to support the LA in ensuring that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential. Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, students should receive their education within their school and the aim of the provision will be to reintegrate students back into school as soon as they are well enough. We understand that we have a continuing role in a student's education whilst they are not attending school and will work with the LA, health, other statutory agencies and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

Students who are unable to attend school as a result of their medical needs may include those with:

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

| **Context** |
| --- |
| This policy reflects the requirements of the Education Act 1996.<br>It also has due regard to all relevant legislation and statutory guidance including, but not limited to:<br>• Equality Act 2010<br>• Data Protection Act 2018 |

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| • DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs'<br>• DfE (2015) 'Supporting pupils at school with medical conditions'<br>It also based on guidance provided by BCP<br>This policy complies with our funding agreement and articles of association. |
| **Principal – Leanne Tucker:** |
| The named member of school staff responsible for this medical condition policy and its implementation is:<br>**Name: Mrs Leanne Tucker**<br>**Role: Principal** |
| **Governor with responsibility for Medical Needs: Mrs Julie Murphy** |
| **This policy will be reviewed annually** |
| **Agreed by Governing Body: Pending Ratification** |
| **Review date: November 2027** |

This policy operates in conjunction with the following policies:

- Attendance Policy
- Safeguarding and Child Protection Policy
- Data Protection Policy
- Records Management Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Pupils with Medical Conditions Policy

## 3. Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when the local authority is providing this education

## 4. Local Authority Responsibilities

Local Authorities are responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

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The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

Guidance provided BCP can be found at { Education for medical needs policy | BCP

## 5. Responsibilities of the school

The school will ensure:

- Arrangements for students who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- The termly review of the arrangements made for students who cannot attend school due to their medical needs.
- Roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all.
- Robust systems are in place for dealing with health emergencies and critical incidents, for both on and off-site activities.
- Staff with responsibility for supporting students with health needs are appropriately trained.
- Reviewing this policy on an annual basis.

The staff member with responsibility for supporting students with health needs is Mrs Sarah Hanney, SENDCo

This may include:

- Ensuring that if a child is unable to attend school due to a medical condition that safeguarding and well checks are completed at least every 10 days.
- Work will be provided for the child to complete at home
- Reporting to the local authority any absence that is expected to last for 15 days or more school days either in one absence or over the course of a school year so that local authority support and guidance can be followed.

## 6. Reintegration

When reintegration is anticipated, the school will work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

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## 7. Attendance Registers/School Roll

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

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

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

## 8. Examinations

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 students with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the Academy, or LA if more appropriate, as early as possible.

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