



Learning for Life

Fawbert & Barnard's Primary School

Supporting Pupils with Medical Conditions and Children Absent from Education due to health needs, Policy

Ratified by Governors: September 2023 Review Date: September 2026

This policy is written in line with the requirements of:

- Children and Families Act 2014 – section 100
- Supporting Pupils at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0 – 25 SEND Code of Practice, DfE 2014
- Mental Health and Behaviour in Schools: Departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- KCSIE 2023
- Children missing in education 2016

This policy should be read in conjunction with the following school policies Admissions policy, Inclusion Policy/SEND Information Report, Child Protection Policy, Complaints Policy, Intimate Care Policy, Anti-bullying Policy, Computing and Online Safety Policy, Keeping Children Safe in Education and Children Unable to Attend School Due to Health Needs.

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types: -

Short-term affecting their participation at school because they are on a course of medication

Long-Term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health, and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0 – 25 SEND code of Practice and the school's SEN Policy/SEN Information report and the Individual Healthcare Plan will become part of the EHCP.

The statutory duty of the local governing body

The local governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The local governing body of Fawbert & Barnard's Primary School will fulfil this by: -

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;

- Ensuring that the arrangements give parents and pupils' confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need in line with professional advice;
- Ensuring that pupils are supported if they are unable to come to school both online and at home through home-school communication.
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when a notification is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of Individual Healthcare Plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on Individual Healthcare Plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day visits, residential trips and sporting activities);
- Considering whether to develop:
 - Transport healthcare plans in conjunction with the Trust for pupils with life-threatening conditions who use home to school transport
 - Train staff in the use of defibrillators
 - Consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);

- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the local governing body. The local governing body have conferred the following functions of the implementation of this policy to the staff below, however, the local governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Deputy Head will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable.

The SENCO will be responsible in conjunction with parents/carers and healthcare professionals, for drawing up, implementing and keeping under review the Individual Healthcare Plan for each pupil with an EHCP or other non-asthma conditions and making sure relevant staff are aware of these plans. The SENCO is also responsible for the monitoring of Individual Healthcare Plans. The receptionist will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the Individual Healthcare Plan for each pupil with asthma and dietary needs. Where these are written up by a healthcare professional, the school will adopt these.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Fawbert & Barnard's Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Fawbert & Barnard's Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such

activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, with the updates from KCSIE, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

In any cases when a pupil is unable to partake in curriculum activities due to medical reasons, sufficient evidence should be provided to ensure that we are safeguarding the pupil from persistent absence in line with KCSIE updates to reduce the risk of children being absent from education – see paragraph 175 – KCSIE 2023.

Fawbert & Barnard's Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the SENCO, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers and be put in place.

Individual Healthcare Plans

Individual Healthcare Plans will help to ensure that Fawbert & Barnard's Primary School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, is best placed to take a final view with advice from professionals around the child with evidence they have collated. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan 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. Where a child has SEN but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual Healthcare Plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps, which Fawbert & Barnard's Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Fawbert & Barnard's Primary School will ensure that Individual Healthcare Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Fawbert & Barnard's Primary School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption, safeguarding children from being absent from education. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the Individual Healthcare Plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- 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;
- 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, 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 school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and the Headteacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- 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

Children Missing Education Due to Medical Needs

As a school we work alongside parents and the Local Authority to support pupils who are missing education due to medical needs. This would be regularly checked and any concerns would be raised to our safeguarding team – in line with KCSIE. We would make a referral to the education access team, if a pupil had missed 15 school days due to their medical needs. The school would attend professional meetings,

visit the home and follow actions agreed at professional meetings. Annex B outlines the Local Authority's procedures which we follow.

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Fawbert & Barnard's Primary School.

In addition, we can refer to the Community Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

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 – such as governing bodies of maintained schools, 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. 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).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should 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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Inclusion Manager and Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs should always be viewed by a member of staff who is trained where appropriate.

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. Fawbert & Barnard's Primary School does also recognise that children who take their medicines themselves and/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.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At Fawbert & Barnard's Primary School the following procedures are to be followed

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so:

- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Fawbert & Barnard's Primary School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the front Office where the door can be locked; with the exceptions of those that are used for life saving emergencies. These will be kept in the classrooms but be available throughout the day with staff responsible for ensuring that they follow the children around the school. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers are to be kept in class. Blood glucose testing meters and adrenaline pens should be always readily available state and not locked away. Asthma inhalers should be marked with the child's name;
- During school visits the first aid trained member of staff will carry all medical devices and medicines required;
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. Fawbert & Barnard's Primary School will keep a record (see template C and D) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all

medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

In the event of a child suffering from breathing difficulties or cardiac arrest the flow chart should be followed as shown in Annex C.

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should 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 school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day visits, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day visits, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school visits.

Unacceptable practice

Although staff at Fawbert & Barnard's Primary School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

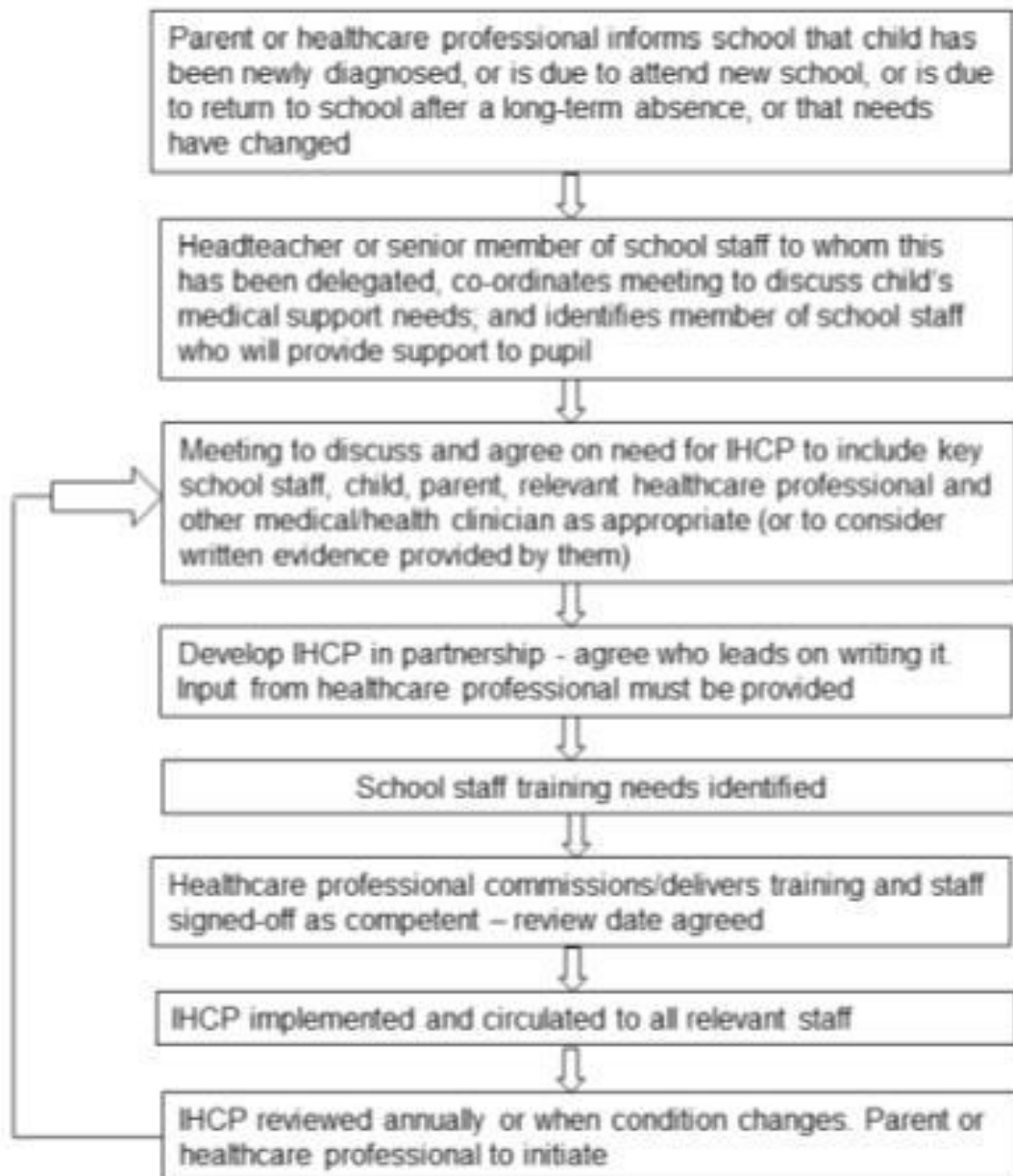
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal 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 suitable;

- 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, 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 creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at Fawbert & Barnard's Primary School they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Fawbert & Barnard's Primary School Complaints Procedure.

Annex A: Model process for developing individual healthcare plans



Template A: individual healthcare plan

Individual Healthcare Plan for

	Pupil's name	
	Date of birth	
	Year group	
	Date of plan	
	Review date	
	Medical Condition	

Contact Information

Family contact 1		Family contact 2	
Name		Name	
Relation		Relation	
Contact number 1		Contact number 1	
Contact number 2		Contact number 2	

G.P. Contact		Hospital/Clinic Contact	
Name		Name	
Location		Location	
Contact number		Contact number	

WHAT CONSTITUTES AN EMERGENCY AND ACTION TO TAKE IF THIS OCCURS?

Symptoms of a severe attack requiring emergency treatment:	Action to be taken:
•	•

WHO IS RESPONSIBLE IN AN EMERGENCY?

--

MAIN BODY OF PLAN

Description of medical condition, medication and details of pupil's individual symptoms:

Medication (including expiry dates):	
Mild reaction:	Treatment:
Intermediate reaction	Action to be taken:

Daily care requirements/risk assessment:

--

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

--

Arrangements for school visits/trips etc

--

Staff training needed? State which training for whom and date of course

--

Plan developed with

--

Signatures of those who agree to the above statements and proposed care arrangements:

Parent/Carer		Date	
Class teacher		Date	
Headteacher		Date	

In year review

Signatures of those who agree to the above statements and proposed care arrangements:

Parent/Carer		Date	
Class teacher		Date	
Headteacher		Date	

Files copied to:

<input type="checkbox"/>	Parents
<input type="checkbox"/>	Office medical File
<input type="checkbox"/>	Class medical File

**CARE PLAN FOR CHILDREN WITH ASTHMA WHO REQUIRE
MEDICATION IN SCHOOL**

NAME	
DATE OF BIRTH	
YEAR GROUP	
DATE OF PLAN	
REVIEW DATE	
MEDICATION	
TRIGGERS	
ALLERGIES	

(Name) has been diagnosed with asthma and requires medication within school. Please follow care plan below.

Contact Information

Family contact 1

Family contact 2

Name		Name	
Relation		Relation	
Contact number 1		Contact number 1	
Contact number 2		Contact number 2	

G.P. Contact

Name	
Location	
Contact number	

<p>Severe asthma attack</p> <ul style="list-style-type: none"> • Distressed and gasping or struggling to breathe • Cannot complete a sentence • Showing signs of fatigue or exhaustion • Pale sweaty, maybe blue around lips • Reduced level of consciousness 	<ul style="list-style-type: none"> • Dial 999 for ambulance • Follow instructions given by ambulance staff • Stay with child • Reassurance • If able call parents/carers. • While waiting for ambulance give/continue to give inhaler give puffs/minute for as long as instructed • Do not attempt to put arm around child or cuddle • Do help child breathe slowly, sit up right, lean forward, loosen clothing
---	--

<p>Mild asthma attack</p> <ul style="list-style-type: none"> • Increase in coughing • Slight wheeze • No difficulty in talking • Not distressed 	<p>Help child to:</p> <ul style="list-style-type: none"> • Breathe slowly. • Sit upright. • Loosen tight clothing. • Give Puffs of preferably through a spacer repeat as required up to Puffs maximum, until symptoms resolve. • Notify parent YES/NO • If no improvement
<p>When well No asthma symptoms</p>	<p>Regular controller treatment everyday 1. Regular controller medication given at home as prescribed.</p>
<p>Before exercise (if applicable) (Ensure inhaler is accessible for PE) *Symptoms: difficulty in breathing, wheezing coughing*</p>	<p>Give Puffs of before exercise.</p> <p>Give Puffs of when needed* during exercise.</p>

Signatures of those who agree to the above statements and proposed care arrangements:

Parent/Carer		Date
Class teacher		
Headteacher		

Files copied to:

	Parents	Asthma storage box	
	Class medical file	Office medical file	

Template B: parental agreement for setting to administer medicine



Learning for Life

Fawbert & Barnard's Primary School

Parental agreement to administer medicine

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

Date for review to be initiated by	
Name of school	Fawbert & Barnard's Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and number of days to be administered	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency	
Arrangements for administering medicine who to alert who to administer	Office to alert class.

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver and collect the medicine personally to	The Office staff

I agree to the procedures detailed in this plan being administered in school and to my child's photo and condition being displayed in the staffroom and the class Medication Folder to ensure that all relevant parties are aware. In the event that these procedures cannot be implemented at any time, the school will follow advice received from the health professionals in summoning the emergency services where appropriate.

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

Template C: record of medicine administered to an individual child



Learning for Life

Fawbert & Barnard's Primary School

Record of medication administered to an individual child

Name of school	Fawbert & Barnard's Primary School
Name of child	
Date medicine provided by parent	
Class	
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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



Learning for Life

Fawbert & Barnard's Primary School

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			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children



Learning for Life

Fawbert & Barnard's Primary School

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			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

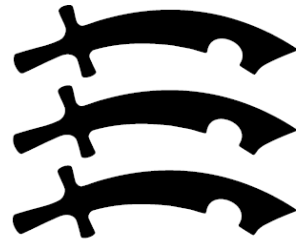
For medication stored securely in class, details of administration are kept in a book e.g. for use of asthma pumps.

A label is at the front of each book to record the following: Please record the following information when administered. Date:

Time given:

Dose given:

Name of member of staff: Staff initials:



Essex County Council

**Education Access
Vulnerable Pupil Specialist Education
Service**

**Children missing their education due to
health needs**

Policy updated: September 2020

Contents

1. Statutory duties for supporting pupils with medical needs
2. Managing a pupil's medical needs school
3. Obtaining medical advice and guidance for pupils who are struggling to maintain regular school attendance
4. Pupils with an EHCP, SEND or undergoing an EHC needs assessment
5. Pupils unable to attend school because of pregnancy
6. Pupils without a school roll
7. Electively home educated pupils
8. Pupils who are not of compulsory school age
9. Pupils in hospital
10. Pupils leaving Adolescent Mental Health Units
11. COVID -19
12. Making a referral to Education Access
13. Consideration of the referral
14. Education for pupils accepted as medical referrals
15. Multiagency working
16. Roles and Responsibilities

17. Ending of support

18. Further advice and guidance

1. Statutory duties for supporting pupils with medical needs

Schools:

Most children's educational needs are best met in school and Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions.

Governing bodies have a duty to ensure that their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The responsibilities under this duty are set out in statutory guidance that was issued by the Department for Education (DfE) in December 2015 - **Supporting pupils at school with medical conditions**.

[Supporting pupils at school with medical conditions](#)

The aim of the statutory guidance is to ensure that all children with medical conditions, in terms of both 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. For children with SEN, the guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Local Authority:

Where a pupil would not be able to receive a suitable full-time education in a mainstream school because of their health needs, the local authority (LA) has a duty to make other arrangements.

The responsibilities and duties of LAs are set out in statutory guidance that was issued by the DfE in January 2013 - **'Ensuring a good education for children who cannot attend school because of health needs'**

[Ensuring a good education for children who cannot attend school because of health needs](#)

This policy document seeks to outline how Essex County Council will fulfil their statutory duty to pupils unable to attend school because of medical needs. This policy applies to all children and young people who would normally attend mainstream schools, including academies, free schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

Julie Keating, Education Access Manager, is the named officer responsible for the education of children with additional health needs.

2. Managing a pupil's medical needs in school

School's role:

Where a pupil is unable to attend school due to their medical needs, the school must be able to demonstrate that they have sought and followed advice from all relevant agencies, including health, EP service, Specialist Teachers, Essex County Council Attendance Team and their SEND Quadrant team. The SENCo must be consulted for their advice on how best to manage the pupil's needs. This must be evidenced, where appropriate, using the One Planning process. **All mental health requests must have oversight from the school SENCo and Senior Leadership Team.**

Schools would be expected to refer to the tool kit for schools that is available on the Essex Schools Infolink to assist with identifying how best to support pupils.

The school, in discussion with health care professionals, may wish to prepare an individual health care plan to evidence how the pupil's health needs can be managed in school – this should be shared with parents and the pupil where appropriate.

The school will be expected to demonstrate that they have made all reasonable adjustments and followed any advice recommended by the services supporting the pupil before a referral for support will be considered. Any advice or guidance issued to the school and the school's response should form part of the referral - this can be demonstrated using One Plan documentation.

Schools should demonstrate how they have used their notional Special Educational Needs funding to support a child on SEN support; identifying strategies, implementation and expense incurred via one planning etc. The notional SEN Fund is the sum of money the Local Authority expects individual schools to make available to support pupils with SEN and AEN. These resources are intended to provide support that is 'additional to and different from' that provided to typically developing pupils with universal needs. Schools are expected to fund the first £6,000 of 'additional to and different from' support for **all** pupils that require it.

Parent / Carers role:

There is an expectation that parents and carers will have sought advice from a qualified medical practitioner or, for children with mental health issues, the Emotional Wellbeing and Mental Health service (EWMHS). Parents should seek medical guidance around reasonable adjustments that the school should consider, alongside strategies to support. Advice should be shared with the school to assist them with their support plan or individual health care plan.

3. Obtaining medical advice and guidance for pupils who are struggling to maintain regular school attendance

Whilst there is an expectation that referrals will be accompanied by appropriate medical advice and guidance outlining the situation, referrals will not be delayed because a pupil is awaiting specialist support.

The Education Access team will consider all available evidence and will, where appropriate, review the educational needs of the pupil with the school, parents/ carers and all other professionals involved.

If there is insufficient medical evidence to support a referral for a pupil who is unable to access school, the school should seek advice from their SEND Quadrant team.

4. Pupils with an EHCP, SEND or undergoing an EHC needs assessment

Where a school is seeking support on medical grounds for a pupil with SEND, the school should first discuss the situation with the Statutory Assessment Service (SAS) to determine the most appropriate route to follow.

Where a pupil is presenting with an anxiety condition, an urgent review of the pupil's provision is required through the annual review process. This should be attended by the relevant SEND Operations Partner from the SEND Operations Team and the referring school. Generally, professionals require two / three weeks' notice to attend formal review meetings.

Where a change of provision is considered appropriate but there is a delay in securing an appropriate placement, access to interim education arrangements should be discussed with the Statutory Assessment Service.

The school may wish to advise the parents / carers to contact the SEND IASS team.

5. Pupils unable to attend school because of pregnancy

It is an expectation that pupils who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the pupil. Any request for teaching out of school must be made on the appropriate referral form and be accompanied by written medical evidence confirming when the baby is expected. Each case will be considered on an individual basis in accordance with the current policy. Support will generally be provided for six weeks prior to and six weeks following the birth of the baby. However, where there are extenuating circumstances, supported by appropriate evidence, it is possible to consider support outside the normal timeframe. The pupil will remain on the roll of the school. If the pupil has not reached statutory school leaving age, she will be expected to reintegrate into school following the birth.

6. Pupils without a school roll

For pupils who are not on a school roll for reasons other than elective home education, Education Access will consider support, subject to appropriate medical advice. Parents / carers will continue the process of securing a suitable placement for future reintegration.

7. Electively home educated pupils

Referrals will be considered for pupils who are electively home educated but are no longer able to access their education due to a physical or mental health need. Once the pupil is well enough to continue with their education, the expectation is that the

pupil will resume their home education unless this has been failed by the Elective Home Education team. If the pupil wishes to return to a mainstream school, Education Access will offer advice and guidance to assist the parents/carers in the application process. Support options will be considered once a school placement has been secured.

8. Pupils who are not of compulsory school age

The LA will not normally be able to provide support for pupils who are under or over compulsory school age.

A request for support for pupils who have yet to reach statutory school age will be considered based on the individual needs of the pupil. For pupils above statutory school age repeating a statutory school year due to medical reasons may also be considered on an individual basis.

Schools should make an application through the medical@essex.gov.uk mailbox. Referrals are subject to the same supporting evidence from medical/mental health practitioners. Schools should maintain the pupil on their roll.

9. Pupils in hospital

Education provision will be available during term time for pupils admitted to the childrens' wards of the following Essex hospitals by the following services:

- Basildon Hospital – Reintegration Service South
- Broomfield Hospital - Heybridge Co-operative Academy
- Colchester General Hospital - North East Essex Co-operative Academy
- Princess Alexandra Hospital - Reintegration Service West

10. Pupils leaving Adolescent Mental Health Units

The teachers in charge of the adolescent mental health units of Poplars or St Aubyns can contact Education Access to discuss Essex pupils who are due to be discharged and refer for support if appropriate. Essex pupils discharged from out of county units can also be referred to Education Access.

11. COVID – 19

In response to COVID-19, the Department for Education have produced guidance outlining the duties and responsibilities for pupils' full-time return to school in September, '<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools> (August 2020). As schools prepare for reopening there is an expectation that for most pupils this will be a positive opportunity to reengage with learning and reconnect with peers, staff and the wider school community. The Government advises that **'schools should use their existing resources to make arrangements to welcome all children back.**

For pupils who are shielding or self-isolating in line with public advice, there is an expectation for schools to be able to immediately offer these pupils access to remote education. Schools should monitor engagement with this activity.

There is a clear expectation that all pupils must attend school in September. Pupils and families may be anxious about returning to school. It is important for schools to acknowledge the impact that COVID 19 has had on some pupils, particularly those who have been away from school since March 2020. To respond to this, schools should:

- Communicate clear and consistent expectations around attendance to families
- Identify anxious / reluctant pupils who are at risk of disengagement and implement plans for reengaging them. Where necessary, work closely with other professionals to support a pupil's return to school.
- ***use the additional catch-up funding schools will receive, as well as existing pastoral and support services, attendance staff and resources and schools' pupil premium funding to put measures in place for those families who will need additional support to secure pupils' regular attendance.*** (Dfe: August 2020)

12. Making a referral to Education Access

When it is clear that a pupil is unable to attend school due to their medical needs for 15 days or more, whether consecutive or cumulative, the school should complete the Education Access medical referral form and submit electronically to medical@essex.gov.uk

All referrals need to be completed in full and accompanied by supporting medical advice as highlighted above to avoid delay.

13. Consideration of referral

As part of our consideration process, Education Access may seek advice from partner agencies.

All referrals are determined at the weekly Education Access panel. If a referral criterion is met, Education Access will commission appropriate support through one of our approved providers. Education Access will notify the school and provide advice on next steps.

Please refer to the Education Access guidance to schools on their roles and responsibilities for monitoring pupils accessing offsite provision on medical grounds.

If support is **not** agreed, Education Access will contact the school to confirm why the referral does not meet criteria. Education Access may offer the school further advice

and/or signpost the school to other agencies so the school can commission appropriate support.

14. Education for pupils accepted as medical referrals

Process and partnership agreement - September 2020 onwards

Where a referral has been agreed Education Access will work in partnership with the school, family and pupil to determine the most appropriate support. The aim will be to encourage a return to school as soon as the pupil is well enough.

The school will be asked to convene school-based partnership meeting. The *Partnership Agreement* document will be signed by all parties before the placement can begin. (see section 16 for roles of responsibilities)

Pupils will be offered a maximum of 12 weeks provision. The pupil will remain on the school roll and the school will be expected to arrange review meetings at week 6 and week 12. If provision is required beyond week 12 then updated medical evidence will be required as part of the on-going support plan for the pupil.

Support available may include:

- AV1 – No Isolation robots
- Online learning
- Mentoring
- Tuition support

Schools need to note that the decision whether to accept a pupil for support on medical grounds rests entirely with the education directorate within Essex County Council. Referrals must not be made directly to a provider; ECC will liaise with providers to ensure the best available offer is made.

Staff from the identified provider will support pupils in a suitable venue, or exceptionally, in the pupil's home if supported by appropriate medical evidence. If support is required in the home, it will be necessary for the provider to carry out an appropriate risk assessment. If the pupil is supported in the home, there must always be a responsible adult present.

15. Multiagency working

It is important to link with partner agencies to ensure appropriate support is in place to meet the pupil's educational needs. There is an expectation that the school, Education Access, provider, health and other support services along with the family and pupil will work together to ensure we achieve the best possible outcomes.

The expectation for the referring school is to work collaboratively with the commissioned service to ensure that the pupil is fully supported and is not educationally disadvantaged due to their medical need. The referring school will also assist the commissioned service in supporting reintegration once the pupil is well enough to begin transition.

16. Roles and Responsibilities

The **School's** role is to:

- Identify a senior member of staff, able to make decisions, to host and chair regular review meetings (normally every 6 weeks), produce action plans and distribute notes of these meetings
- Provide a named teacher with whom each party can liaise (usually the SENCO). The named contact will ensure that the class teachers / heads of departments provide all the curriculum resources in order that the pupil can complete courses and prepare for assessments and examinations
- Where possible support the pupil to access education in non-core subjects during the period that they are not attending school
- Be proactive in supporting the pupil to still feel part of the school community whilst they are not well enough to attend school.
- Provide a suitable working area within the school for the pupil / education provider where necessary
- Be proactive in supporting the reintegration of the pupil back into school as soon as they are well enough. Where necessary the school will need to make reasonable adjustments under equalities legislation.¹ This duty is anticipatory, and adjustments must be put in place beforehand to prevent a pupil experiencing disadvantage
- Ensure that pupils who are unable to attend school, are kept informed about school social events and are encouraged to maintain contact with their peers
- Ensure that there is updated medical advice provided to assist with progressing the case and to support reintegration
- Where a pupil is unable to take their exams within the school setting, it is the school's responsibility to organise those exams, secure an invigilator and locate a safe venue

The **Education Access Team** will be responsible for:

- Assessing all referrals to the service and brokering provision for those pupils who sufficiently trigger an intervention
- Working with the school, provider, family and pupil to ensure the delivery of a suitable curriculum that can meet the individual needs of the pupil
- Monitoring and evaluating the effectiveness of the education provision to ensure it continues to meet the needs of individual pupils
- Facilitating an agreed programme of reintegration and attending any relevant planning meetings

The **provider's** role is to:

- Liaise with the named person in school
- Liaise, where appropriate, with outside agencies
- Provide a flexible programme of support
- Provide regular reports on the pupil's progress and achievements
- Provide an opportunity for the pupil to comment on their report
- Attend review meetings

¹ The Equality Act 2010

- Help set up an appropriate reintegration programme as soon as the pupil is ready

Health and other support services role is to:

- Offer medical treatment, advice and support where appropriate to enable the LA to determine the most appropriate provision
- Where necessary contribute to a pupil's health care plan
- Provide outreach and training relating to the pupil's medical condition along with advice and support on managing health needs in school
- Attend or provide advice to review meetings
- Provide written reports where necessary

The **parents'/ carers'** role is to:

- Provide current medical guidance when requested
- Provide early communication if a problem arises or help is needed
- Attend necessary meetings
- Reinforce with their child, the value of a return to school
- Ensure that their child is ready for and attends all provision offered
- Take responsibility for safeguarding their child when they are not receiving education

The **pupil's role** is to:

- Be ready to work with the provider
- Be prepared to communicate their views
- Engage with other agencies as appropriate
- Prepare for reintegration as soon as they are able

17. Ending of support

The decision to end the commissioned alternative education programme sits with Education Access. Education Access will liaise with the school, provider, health services, family and pupil to ensure plans are in place to support the pupil with their education.

18. Further advice and guidance

For further advice or guidance please contact Education Access at medical@essex.gov.uk