

Supporting Children at School with Medical Conditions Policy – Part 1 2026 - 2029

Including

Children with Health Needs who Cannot Attend School Policy – Part 2 2026 - 2029

This policy is reviewed and updated annually by the Trust Safeguarding Lead. It is approved triennially by the Trust Board and implemented by all schools within the Trust.

This policy has been written and reviewed in conjunction with the sources listed on Page 2.

Reviewed: May 2026

Ratified: July 2026

Next Review Date: May 2029

In collaboration with



Main Purpose

- Section 100 of the Children and Families Act 2014 places a duty on The Trustees and Local Governing Bodies to make arrangements for supporting children at their school with medical conditions.
- The aim of this policy is to ensure that each school within the Spire Church of England Learning Trust carries out their statutory duty to make arrangements to ensure children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play as full and active role as possible in school life, remain healthy, achieve their academic potential and access and enjoy the same opportunities at school as any other child.
- We recognise that children with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual.
- We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving children and their parent/carers every confidence in the school's approach
- The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Health Care Plan (EHCP). We will work together with other schools, regulated health professionals, other support services, and the Local Authority where this is in the best interest of the child. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.
- No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made.
- Suitable education is arranged for children on roll who cannot attend school due to health needs.
- Children, staff and parent/carers understand what the school is responsible for when this education is being provided by the Local Authority.
- In carrying out this duty, The Spire Church of England Learning Trust (The Trust) and all its schools will have due regard to the following documents:
 - Department for Education's current statutory guidance, 'Supporting children at school with medical conditions' (This statutory guidance also refers to other specific laws.)
 - <https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>
 - Children and Families Act 2014 (Section 100)
 - Equality Act 2010
 - Special Educational Needs Code of Practice
 - Education Act 1996
 - The Education (Pupil Registration) (England) Regulations 2006
 - Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Special Educational Needs.

This policy has not been developed by a specific medical professional or organisation / body.

This policy should be used as a starting point and customised to reflect the management, training, administering and medication storage procedures of the individual school.

Part 1 - Supporting Children at School with Medical Conditions

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

- **The Local Governing Body (LGB) and the Trustees**

- (a) The Local Governing Body and the Trustees should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.
- (b) Make arrangements to support children with medical conditions in school, including making sure that this policy is implemented.
- (c) Ensure that children with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- (d) Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- (e) Ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

- **The Headteacher/Head of School**

- (a) The Headteacher/Head of School has overall responsibility for the development of Individual Healthcare Plans within their school setting.
- (b) They should also make sure that school staff are appropriately insured and are aware that they are insured to support children in this way.
- (c) Ensure that the Supporting Children with Medical Conditions Policy is developed and effectively implemented with parent/carers, including all staff are aware of the policy and that they understand their role in implementing the policy. This will also include ensuring collaboration between relevant school staff, always acting within the latest DfE safeguarding guidance, and submitting any recommendation for changes to the Trust Central Team.
- (d) Ensure that all staff who need to know are aware of a child's condition.
- (e) Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the Individual Health Care Plans, including in contingency and emergency situations.
- (f) Have overall responsibility for the development of Individual Health Care Plans and ensuring these are monitored frequently.
- (g) Ensure that all staff are appropriately insured to support children in this way
- (h) Ensure the school nurse is contacted in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.
- (i) Ensure supply teachers are briefed on the needs of the child. Briefing pack held in the main office.
- (j) Ensure risk assessments are put in place for educational visits, and other school activities outside the normal timetable.

- **School Staff**

- (a) Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so.
- (b) Although administering medicines is not part of teachers' professional duties, they should take into account the needs of children with medical conditions that they teach.
- (c) School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- (d) Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.
- (e) Specific support for children with educational, social and emotional needs will be given-for example, how absences will be managed, and requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions and dealing with medical conditions during exams.

- **Other regulated professionals**

- (a) The school will liaise with other medical professionals in order to gain advice and guidance on how best to support children with medical conditions.
- (b) These regulated professionals may include school nurses, community nursing teams, GPs, paediatricians and local specialist health teams.
- (c) They will provide advice on developing healthcare plans.
- (d) Be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy, ADHD, anxiety)
- (e) Ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

- **Children**

Children with medical conditions may be best placed to provide information about how their condition affects them. They should be 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 children will often be sensitive to the needs of those with medical conditions.

- **Parent/Carers**

- (a) Parent/Carers should provide the school with sufficient and up-to-date information about their son/daughter's medical needs.
- (b) They must carry out any action they have agreed to. For example, provide medicines and equipment and ensure that they, or another nominated adult, are contactable at all times.

- **Local Authority**

- (a) The Local Authority will work with the school to support children with medical conditions to attend full time.
- (b) Where it is not possible for a child to receive a suitable education in school because of their health needs, the Local Authority has a duty to make other arrangements.

- (c) The Local Authority will 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) under section 19 of the Education Act (1996).

Supporting Children with Medical Conditions

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Healthcare Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- Once the school is notified of a child's medical condition staff will notify either the SENDCo, the pastoral team or a member of the Safeguarding team and they will take advice on the necessity to complete an Individual Healthcare Plan (IHP). One of the following members of staff will, if necessary, complete the IHP:
 - SENDCo
 - A member of the Pastoral team
 - A member of the Safeguarding team
- The IHP will be recorded or stored on Provision Map for all staff to access as needed.
- The school does not have to wait for a formal diagnosis before providing support to children.
- Should an IHP be necessary, a meeting to discuss the relevant needs will be convened with parents/carers, the child, the school nurse (where appropriate) and any other necessary regulated health professionals/specialist support services.
- Where a child is identified with a special educational need but does not have an Education and Health Care plan (EHC), this should be stated on the IHP. The SENDCo will consider whether an Education and Health Care plan (EHC) is needed if the child has a special educational need arising from a medical condition.
- The delegated person for ensuring that sufficient staff are trained to support a child's medical needs is a member of the school SLT.
- The Author of the IHP will keep all relevant staff informed of the child's needs.
- The Cover Administrator will provide supply teachers with a log on to SIMs. This will allow them to access the register and details of the medical conditions of children within their classes.
- The EVC coordinator will ensure that risk assessments for visits and other school activities beyond the normal timetable ensure adequate provision for children with IHPs.
- A member of the Safeguarding or Pastoral team will coordinate a review annually of all IHPs to ensure information contained in them is up-to-date and provision is still appropriate. Any amendments will be shared with relevant staff.
- Hard copies will be held securely in the school admin office.

Information to be recorded on an IHCP

When deciding on the information to be recorded on Individual Health Care Plans, the following will be considered:

- (a) The medical condition, its triggers, signs, symptoms and treatments
- (b) The child'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 / noisy conditions, travel time between lessons

- (c) Specific support for the child's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- (d) The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- (e) Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a regulated healthcare professional; and cover arrangements for when they are unavailable
- (f) Who in the school needs to be aware of the child's condition and the support required
- (g) Arrangements for written permission from parent/carers and the Headteacher/Head of School for medication to be administered by a member of staff, or self-administered by the child during school hours
- (h) 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, eg. Risk assessments
- (i) Where confidentiality issues are raised by the parent/carer or child, the designated individuals to be entrusted with information about the child's condition
- (j) What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency Health Care Plan prepared by their lead clinician that could be used to inform the development of their Individual Health Care Plan.

Staff Training and Support

- Staff must be appropriately trained to undertake healthcare procedures and administer certain medications (e.g. epipens).
- Any member of staff providing support for a child with medical needs should receive suitable training.
- Appropriate training to support the child in school will be determined by an appropriate medical professional. Should the medical needs of a child be more complex, the school will take advice from the school nurse and other appropriate medical professional, including specialist services, on providing training.

The Child's Role in Managing Their Own Medical Needs

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age, and the school will encourage children to manage the use of their inhalers and adrenaline auto injectors (epipens) accordingly.
- The school acknowledges that the age at which children are ready to take care of and be responsible for, their own medication varies. Regulated health professionals need to assess, with parent/carers and child, the appropriate time to make this transition.
- If a child refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the school must take prompt action by informing the parent/carer and regulated healthcare professional as soon as possible, as outlined in their IHCP.
- If a child refuses to take a non-prescribed medication, this should be recorded in the child's records.
- Parent/carers should be informed of the refusal on the same day

Managing Medicines on the School Premises

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:
 - (a) Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
 - (b) No child will be given prescription medicines without their parent/carer's written consent (see form 2) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carers. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the 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 pump, rather than its original container.
 - (c) Non-prescription medicines (over the counter medicines) do not require any written consent from a doctor, dentist, nurse, pharmacist or other regulated healthcare professional to allow school staff to administer them. However, schools can only administer non-prescription medicines where written permission for that particular medicine has been obtained from the child's parent/carer (see form 2). Prior to administering the non-prescription medication, the school will contact the parent/carer to ensure they are aware. Children are not allowed to carry their own non-prescription medicines and must not bring them into school.
 - (d) No child will be given a medicine containing aspirin and/or paracetamol unless it has been prescribed by a doctor. Parents/carers will be required to give their written consent (see form 2)
 - (e) Where non-prescription medication is required long term (over 2 weeks) school may request medical evidence to support its ongoing use due to the possible side effects of being used on a long term basis. E.g. ibuprofen.
 - (f) Medicines will be stored safely. This will be in the medical room in the school office.
 - (g) Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are kept.
 - (h) On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
 - (i) If a controlled drug has been prescribed, it will be kept securely and stored in a locked cabinet in the medical room. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
 - (j) When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal.

Oral Mixtures

- (a) A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the child for them to administer the dose themselves. Each individual child's spoon/syringe/vessel should be cleaned and kept with their own medication.

Tablets and Capsules

- (a) Children who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.
- (b) Children should go to the admin office and ask for their tablets from the appropriate member of staff (see Training)

Inhalers

- (a) Inhalers will be kept in the medical room in the office unless there is a specific reason why this is not appropriate, which must be documented in the IHCP. When the child needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher/admin staff should record this on a daily record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and will be able to pass this information onto the parents/carers, so that the 'preventer' inhaler dose can be checked by their GP.
- (b) Children are trained how to access and use their inhaler, and the importance of adult supervision. Children should be supervised when they take their inhaler. If they have any difficulty, the First Aider should be called to assist.

Emergency Medication for Anaphylactic Shock

- (a) Children with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their regulated healthcare professional.
- (b) Where an adrenaline autoinjector has been prescribed, the child's parent/carer should ensure that two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school.
- (c) Consistent with MHRA best practice, children at risk of anaphylaxis should **always carry two AAls**; school spares are a **backup**, not a replacement.
- (d) If appropriate, the child may keep an autoinjector on their person – refer to the section on Self Management. If this is not appropriate, both autoinjector should be kept safely in the medical room in the school office to be available for administering if the child goes into anaphylactic shock.
- (e) If a child is going into anaphylactic shock, the emergency services will be called immediately.
- (f) If there is an emergency situation where a child has no previous history or knowledge of having an allergy but symptoms suggest anaphylactic shock is occurring, the emergency services will be called.
- (g) If advised to do so by the emergency services, another child's autoinjector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.
- (h) Food allergen control measures are managed in line with the Trust's Allergen Management Policy

Emergency Salbutamol inhalers in school

- (a) From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children for whom written parent/carer consent for use of the emergency inhaler has been given, who have

either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

- (b) The inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for the child and potentially save his/her life. Parent/carers are likely to have greater peace of mind about sending their son/daughter to school. This does not negate the parent/carer's responsibility to ensure that their son/daughter has his/her own inhaler prescribed by his/her GP.
- (c) Children should have their own inhaler with them to treat symptoms and for use in the event of an asthma attack.
- (d) An asthma register will be accessible to staff and designed to allow a quick check as to whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered.
- (e) The register will include a photograph of the child, with parent/carer consent, to allow a visual check to be made.

Emergency autoinjectors in school

Schools are now also able to keep an autoinjector for use in emergencies as above.

In **exceptional circumstances** where anaphylaxis is reasonably suspected in someone **not known** to be at risk (e.g., a first presentation), a school's spare AAI **may be used** under the guidance received from a medical professional.

Injections

School staff will not give a child an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by an appropriate person, such as the School Nurse or a Regulated Healthcare Professional.

Ointments/Creams

- (a) Schools will only administer ointments/creams prescribed by regulated healthcare professionals.
- (b) All efforts should be made for the child's ointment/cream to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded. If it is a long-term prescription (ie, more than 4 weeks), a Healthcare Plan should be provided by the child's regulated healthcare professionals.
- (c) The child will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then the Department for Education's Template B should be completed.
- (d) A body map should be completed for the area where the cream/ointment is to be applied.

Eye, Nose and Ear Drops

- (a) Schools will only administer ear, nose or eye drops prescribed by regulated healthcare professionals.
- (b) All efforts should be made for the child's ear, nose or eye drops to be applied at home by parent/carers.
- (c) If it is necessary to apply a prescribed dose during school hours the drops should be administered, following the label's instructions by a member of staff.

- (d) Good infection prevention practice should be adhered to, ie using a clean environment, with handwashing facilities immediately available.

Storage

- (a) All medications should be stored safely.
- (b) Children with medical conditions should know where they are at all times and have access to them immediately.
- (c) The school should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a regulated healthcare professional.
- (d) Medications should not be stored in any first aid boxes on the premises, except for the emergency first aid kit in case of fire.
- (e) The school should only accept prescribed (and non-prescribed) medication that is in date, labelled and in its original container including prescribing instructions for administration.
- (f) Medicine (with the exception of individual inhalers) should be stored in a named Medical Box with each child's medicine clearly marked with the child's name and the dose to be taken. A photograph of the child can be attached to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP.
- (g) Parent/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

Emergency Procedures

- A child's Individual Health Care Plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- It may be necessary to inform other children in general terms so that they can inform a member of staff immediately if they think help is needed.
- If a child is taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.
- Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Educations Visits and Sporting Activities

- The school will consider how a child's medical condition will impact on their participation.
- The school will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included.
- This will require consultation with parent/carers and children and advice from the relevant regulated healthcare professional to ensure that children can participate safely.

Record of medicine administered to an individual child

- An accurate record will be kept, and countersigned, of all medicines administered using the book in the school's medical room or similar medical space.

Unacceptable Practice

- Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
 - (a) Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
 - (b) Assume that every child with the same condition requires the same treatment
 - (c) Ignore the views of the child or their parent/carers; or ignore medical evidence or opinion, (although this may be challenged)
 - (d) 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 Health Care Plans;
 - (e) Penalise children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments
 - (f) Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
 - (g) Require parent/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/carer should have to give up working because the school is failing to support their child's medical needs.
 - (h) Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g by requiring parent/carers to accompany the child.

Controlled Drugs (CDs)

- Some children may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The school should follow these to ensure that all legal requirements and best practice are adhered to.
- A list of commonly encountered controlled drugs can be found at the following link: <https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>
- Guidance on how a controlled drug is classified can be found at the following link: <https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>
- An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.
- Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.
- A controlled drug can only be admitted on the school premises if it is recorded in the child's individual healthcare plan. When a controlled drug is prescribed, and has to

be administered during school hours, it should be highlighted on the individual health care plan. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from regulated healthcare professionals, or the School Nurse, together with consultation with the parent/carers.

- The following requirements should be met, in line with the above legislation:
 - (a) The medication should be double locked, ie in an appropriate storage container, in a locked room.
 - (b) The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.
 - (c) Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
 - (d) Two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.
 - (e) A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.
 - (f) If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher/Head of School, and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from regulated healthcare professionals.
 - (g) Unused controlled drugs should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from regulated healthcare professionals.

Liability and Indemnity

- The individual school will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises. The Department for Education's guidance for "Supporting Children at School with Medical Conditions 2015" refers to the appropriate level of insurance being in place, or that the school is a member of the Department for Education's Risk Protection Arrangements (RPA). RPA is a scheme provided specifically for academies. <https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>
- The insurance arrangements will cover staff providing support to children with medication conditions. Insurance policies should be accessible to staff providing such support.
- The level and ambit of insurance cover required must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied with. Insurers should be updated when a child is newly diagnosed, if a child's condition changes resulting in extra support needs, or if a child with a medical condition leaves the school.

Part 2 - Children with Health Needs who cannot attend School

Individual School arrangements

Initially, each school will attempt to make the arrangements to deliver the same high standard of education for children with health needs who cannot attend school. These arrangements will be decided in consultation with parent/carers and could include through providing work at home or allowing children to remotely access the classroom.

If the Local Authority makes the arrangements

If our school can't make suitable arrangements, or if it is clear that a child will be away from school for 15 days (consecutive or over the course of the year) or more because of their health needs, Worcestershire County Council will become responsible for arranging suitable education for these children.

Worcestershire County Council will discuss the child's needs at their Children Who Cannot Attend School (CASS) Panel and appropriate provision arranged. When a Local Authority arranges alternative education, the education should begin as soon as possible, and at the latest by the 6th day of the child's absence from school.

Where full-time education is not in the child's best interest for reasons relating to their physical or mental health, the Local Authority must arrange part-time education on whatever basis it considers to be in the child's best interests.

In cases where the Local Authority makes the arrangements, the school will:

- Provide to the Local Authority, at agreed intervals, the full name and address of any children of compulsory school age who are not attending school regularly due to their health needs
- Work constructively with the Local Authority, providers, relevant agencies and parent/carers to ensure the best outcomes for the child
- Collaborate with the Local Authority to ensure continuity of provision and consistency of curriculum, including making information available about the curriculum
- Along with the Local Authority, regularly review the provision offered to ensure it continues to be appropriate for the child and that it is providing suitable education
- Share information with the Local Authority and relevant health services as required
- When a child has complex or long-term health issues, work with the Local Authority, parent/carers and the relevant health services to decide how best to meet the child's needs (e.g. through individual support, arranging alternative provision or by them remaining at school, being supported at home and back into school after each absence)
- Where possible, allow the child to take examinations at the same time as their peers, and work with the Local Authority to support this
- Help make sure that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the Local Authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the child to access the same curriculum and materials that they would have used in school as far as possible, including through digital resources

- Enable the child to stay in touch with school life (e.g. through newsletters, emails, digital learning platforms, social media platforms, invitations to school events or internet links to lessons from their school), and, where appropriate, through educational visits
- Create individually tailored reintegration plans for each child returning to school, which includes extra support to fill any gaps arising from the absence
- Consider whether any reasonable adjustments need to be made

Complaints

- The school will ensure that any complaints concerning the support provided to children with medical conditions will be investigated appropriately.
- Should parent/carers be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

APPENDICES

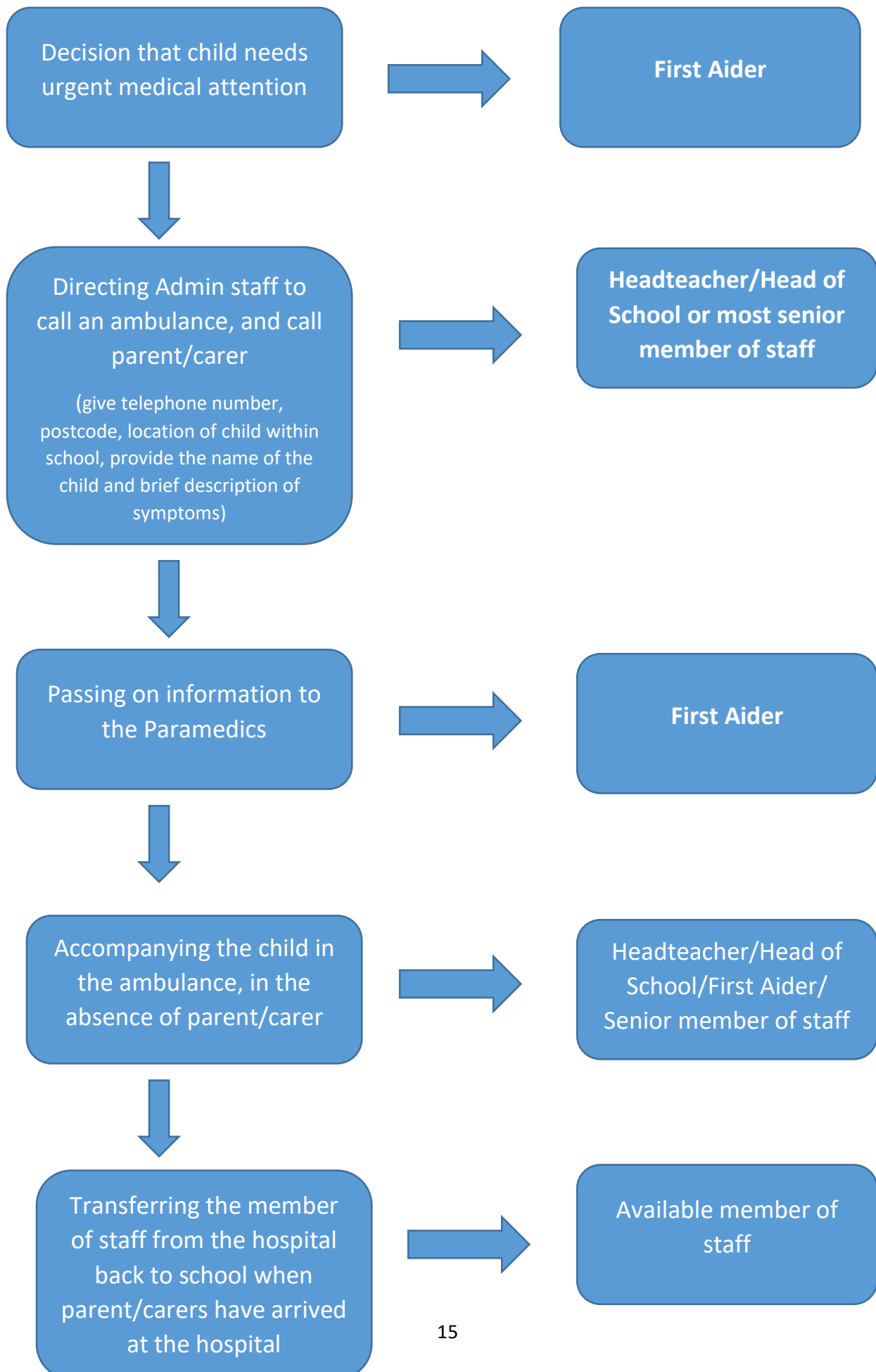
The following appendices are taken from a number of sources, to be used at the school's discretion.

The flowchart follows the Department for Education statutory guidance.

Staff should not take children to hospital in their own vehicle.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.

Flowchart – Department for Education Statutory Guidance



APPENDIX 1 – Example of IHCP. Alternatives, including Provision Map templates may be used

Individual Health Care Plan

Individual Health Care Plan		
Child's Name:		
School		Photo
Address		
Class		
Date of Birth		
Medical Condition		
Medication		
Contact Information		
First Contact:		Second Contact:
G.P:		Other regulated health care professionals:
Other regulated health care professionals:		Other regulated health care professionals:
Other regulated health care professionals:		Other regulated health care professionals:
What do you need to know?		
How to help/Emergency procedures		

This medical care plan and associated risk assessment has been shared with all staff at _____, including lunch time supervisors, teaching assistants, cleaning, cooking and office staff.

Signed: _____ (Staff)

Signed: _____ (Parent/Carer)

Name of School _____

The school will not give your child medicine unless you complete and sign this form, and the Headteacher/Head of School has agreed that school staff can administer the medication.

Please note that pain killers (e.g. aspirin and paracetamol, including junior forms such as Calpol) cannot be administered by staff to children, even at the request of parent/carers.

If antibiotics are to be administered to children, these only need to be bought into school if they are to be given more than 3 times per day.

DETAILS OF CHILD

Surname: Class:

Forename:

Address:

DOB: M/F:

Condition or illness:

MEDICATION

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

How long your child take this medication:

Date dispensed:

FULL DIRECTIONS FOR USE

Dosage and method:

Timing*:

Special Precautions:

Side Effects:

Self-Administration:

Procedures to take in an emergency:

CONTACT DETAILS

Name: Daytime telephone no.:

Relationship to Child:

I understand that any medicine must be delivered to the school office and accept this is a service which the school is not obliged to undertake.

Date: Signature:

*Does your child attend After School club and will medication need to be taking during their time there Y/N?

Name of School _____

Consent form for the use of an Emergency Salbutamol Inhaler

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my son/daughter has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate).
2. My son /daughter has a working, in-date inhaler, clearly labelled with his/her name, which he/she will bring to school with him/her every day.
3. In the event of my son/daughter displaying symptoms of asthma, and if his/her inhaler is not available or is unusable, I consent for him/her to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. I give consent for my son/daughter's photograph to be kept on the register to allow a visible check to be made.

Signed: Date:

Name (print):

Child's name:

Parent/carer's address and contact details:

.....
.....
.....

Telephone :

Email:

Name of School _____

Specimen letter to inform Parent/Carers of Emergency Salbutamol Inhaler use

Child's name: _____

Class: _____

Date: _____

Dear, [Delete as appropriate]

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when

A member of staff helped them to use their asthma inhaler. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.*

They were given puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. *

[* Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Name of School _____

Consent Form : Use of Emergency Adrenaline Auto Injector

Child showing symptoms of anaphylaxis shock

1. I can confirm that my child has been diagnosed with a food (please state which food.....)
/ wasp/bee sting / latex allergy / [other allergy] and has been prescribed an adrenalin auto injector.
[delete as appropriate].

2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.

3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Signed: _____ Date: _____

Name (print): _____

Child's name: _____

Class: _____

Parent/Carer's address and contact details: _____

Telephone: _____

E-mail: _____

Name of School _____

BODYMAP (The body map must be completed by the parent/carer before any cream or ointment is applied at school)

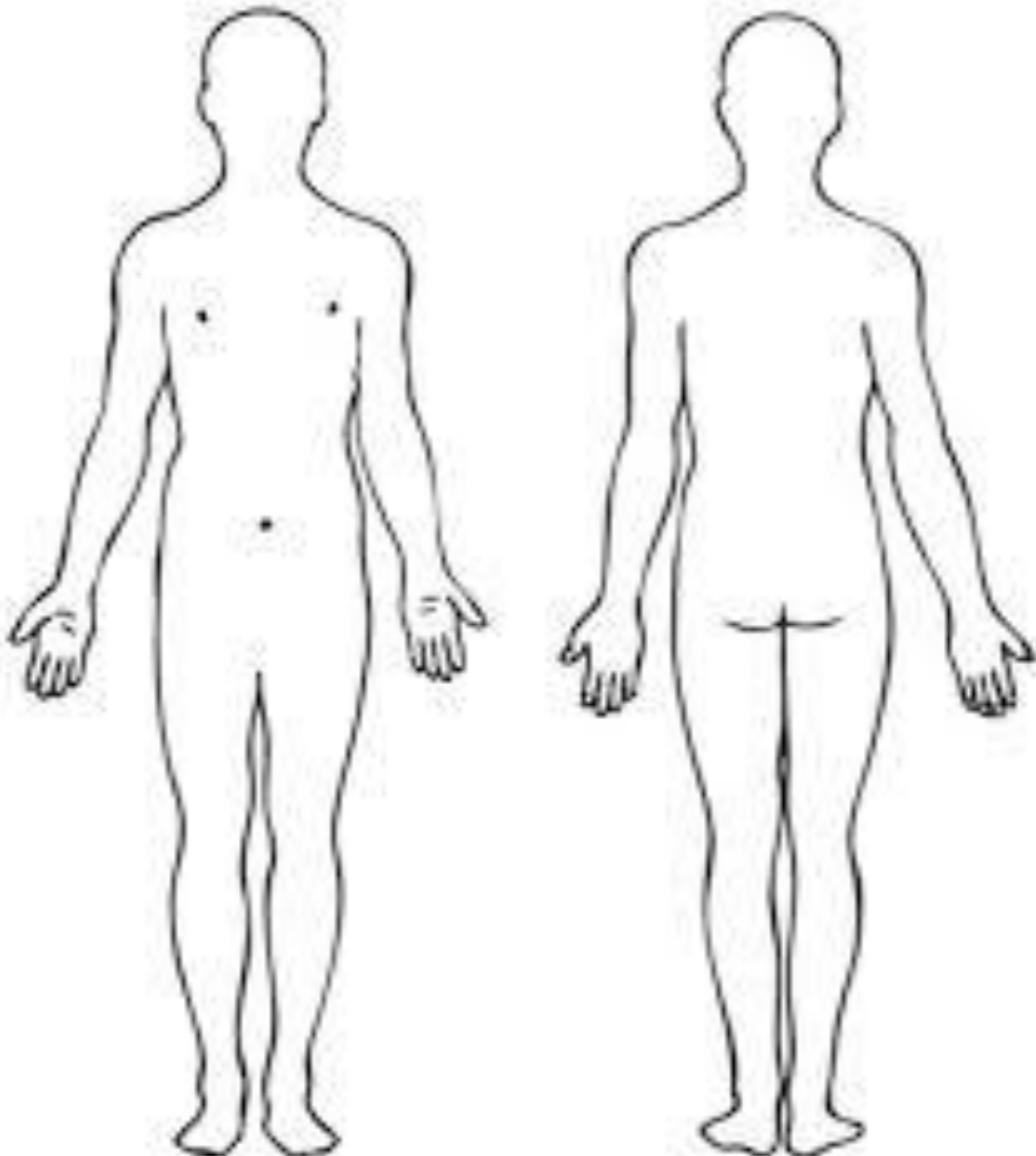
Name of Child: _____ Date of Birth: _____

Class: _____

Name of staff to apply prescribed cream/ointment: _____

Name of medication: _____

Reason for and frequency of application: _____



Name of School _____

Bumped Head Letter

Child's Name..... Date.....

Approximate time and cause of head injury

.....

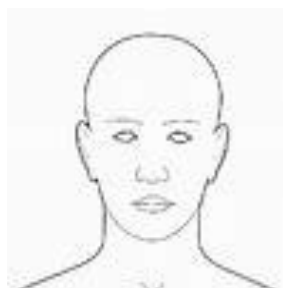
.....

Dear Parent/Carer,

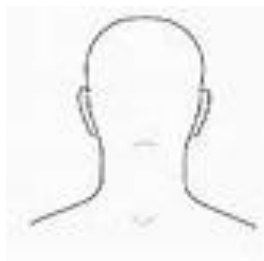
Today your child received a bump to the head. One of our First Aiders looked after and assessed your child and at that time, it was not thought necessary to refer him/her for further attention.

However, in rare circumstances, symptoms can develop up to 24 hours after the injury. Should any of the following conditions occur, please refer the child to a Doctor or at the A&E or Minor Injuries Department.

- Severe headache, excessive sleepiness
- Does not like bright light
- Vomiting and/or fever
- Dizzy, double or blurred vision, weakness of any limbs
- Becomes disorientated or confused, cannot remember the recent time
- Has an apparent alteration in consciousness level



Front of head



Back of head

The diagram above shows where your child received a bump to the head.

Yours sincerely,

First Aider

Model letter inviting parent/carers to contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

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 children at(insert 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 each child needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parent/carers, children, and the relevant regulated 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. We 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, regulated 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. Please feel free to contact by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of School _____

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

Name of School _____

Record of Medicine Administered to All Children

Name of School	
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Date	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name